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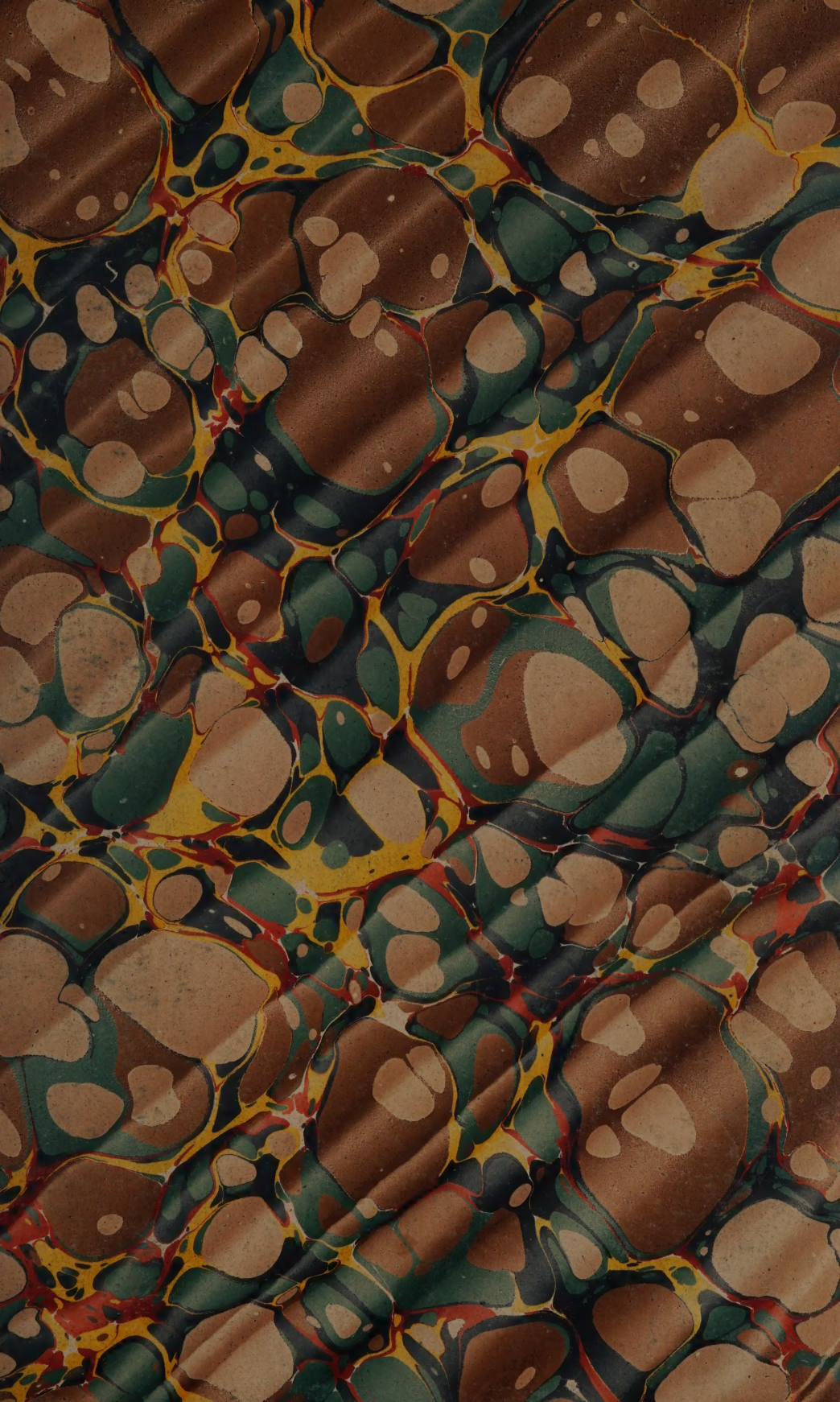
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Vol IV

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Vol. 4

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Sir Andrew Clark Bt.

THE
CYCLOPÆDIA
OF
PRACTICAL MEDICINE;

COMPRISING
TREATISES ON THE NATURE AND TREATMENT OF DISEASES,
MATERIA MEDICA AND THERAPEUTICS,
MEDICAL JURISPRUDENCE,
ETC. ETC.

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“Hæc demum sunt quæ non subgessit phantasiæ imaginatricis temeritas sed phænomena practica edocuerè.”—SYDENHAM.

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THE CYCLOPÆDIA OF PRACTICAL MEDICINE.

SOFTENING OF ORGANS.—The term *softening* is employed to designate a diminution of the natural and healthy consistence of organs. It is only of late years that this change has been investigated and described as a special morbid condition; and whether we consider the frequency of its occurrence, the variety which it presents as to degree and extent, the serious and often fatal effects to which it gives rise, or the wide difference of its nature in the same or in different organs, it constitutes a subject of great interest and importance.

Before proceeding to describe softening of particular organs and tissues, we shall take a summary view of the opinions which are entertained regarding the nature of this lesion. Two opinions prevail regarding the nature of softening of the brain, an organ in which this change of consistence frequently occurs and often proceeds to a great extent. The first of these opinions is, that it is always a consequence of inflammation; the second, that it is a disease *sui generis*, entirely opposite in its nature to inflammation, and, consequently, that it ought to have a distinct place in the nomenclature of diseases. It is surprising that opinions so opposite should have received the exclusive support of pathologists of great merit, and whose extensive opportunities of studying the disease put them in full possession of the means of determining how far one or both of these opinions should be received as the truth.

It may not be altogether out of place to notice here what we conceive to have been the circumstances which led to the adoption of these two opinions on the nature of softening of the brain. M. Rostan, who may be regarded as the first who directed the attention of pathologists to softening of the brain, was one of the physicians of the Salpêtrière of Paris, an hospital destined exclusively for the reception

of females, the greater number of whom are very old. These old women, varying from sixty to upwards of eighty years of age, were the patients in whom he observed softening of this organ. In such patients, ossification and other diseased states of the arteries of the brain which give rise to obliteration of these vessels, and consequently to cessation of nutrition in the part to which they are distributed, may be said to be a frequent occurrence. The consequence of this state of the arteries is, as we shall afterwards endeavour to show, softening of the cerebral substance. But M. Rostan having overlooked this pathological state of the arteries, and not observing in the greater number of his patients, either the phenomena which generally accompany acute inflammation of the brain during life, or some of its least equivocal effects, such as various degrees of vascularity, and the presence of pus or coagulable lymph in this organ, after death, was led to believe, and to announce it as his belief in the work which he published on softening of the brain, that the disease in question is not the consequence of inflammation, but, as we have already said, a disease *sui generis*, resembling *gangrena senilis* more than any other disease with which we are acquainted.* The facts brought forward by Rostan in support of this opinion are far from being conclusive. He maintains rather than proves that the disease is not the consequence of inflammation, and has not attempted to elucidate its nature, with regard to which he seems satisfied by saying that it resembles *gangrena senilis*, which disease is the result of cessation of nutrition from ossification of the arteries; but what is most remarkable is, that, after having made such a

* *Recherches sur le Ramollissement du Cerveau.*

statement, he brings forward no evidence to show that softening of the brain is produced by a similar state of these vessels. Nay, among the great number of cases of softening of the brain, the histories of which are detailed in his work, there is not one in which ossification of the arteries of this organ is mentioned as having been observed at the autopsy. Such being the case, the opinion of M. Rostan on the nature of softening of the brain is at most but a plausible conjecture, in so far as the evidence which he has brought forward in support of it is concerned. But the fact is, these researches were imperfect; for we have had frequent opportunity of examining the state of the arteries of the brain in softening of this organ in the old women of the Salpêtrière, and in the great majority of cases we have found ossification or other morbid states of these vessels. Had this anatomical fact been stated by M. Rostan, and shewn to have the same relation to softening of the brain as it has to *gangrena senilis*, he would have proved that there is at least one form of softening of this organ, the origin of which is independent of inflammation:—that it is the consequence of a cessation of nutrition from an interruption to the arterial circulation, a state of gangrene or local death from this cause.

The chief supporter of the opposite opinion is Lallemand of Montpellier. This able pathologist seems to have studied softening of the brain for the most part in young and middle-aged persons, and in several of his cases it occurred in consequence of external injury. Under these circumstances he had a full display of the inflammatory phenomena which precede softening of this organ. He has traced, if not in all, at least in the greater number of the cases he has related, its inflammatory origin and progress, that is to say, he has shown its connection with vascular injection of various degrees, with the presence of coagulable lymph, or with pus either infiltrated or collected in the form of an abscess.* Indeed, the researches of Lallemand on the nature of softening of the brain are so conclusive, that even Rostan himself tacitly admits, in the second edition of his work already referred to, that this lesion may occur under two forms—the inflammatory and the non-inflammatory, or that which he compares to *gangrena senilis*.

Dr. Abercrombie describes softening of the brain as the consequence of chronic or acute inflammation, but he thinks it may also occur from obliteration of the arteries, as supposed by Rostan.†

Softening of the mucous membrane of the digestive organs, a much more frequent occurrence than softening of the brain, has for a long time engaged the attention of pathologists. But it is more especially softening of the mucous membrane and other tunics of the stomach which has been made the subject of

pathological investigation. The great extent to which softening often proceeds in this organ, and its occurrence under conditions of the most opposite kind, as relates to the state of the stomach individually or to that of the economy in general, are circumstances which have given rise to great diversity of opinion regarding the nature of softening of this organ. The following are the chief opinions which have prevailed on this point. 1st. That softening of the stomach is the consequence of irritation or inflammation. 3. That it is produced by the operation of an acid and corrosive fluid, formed in consequence of irritation of the mucous membrane of the stomach. 3d. That it is a change effected after death by the gastric juice, this fluid having been previously modified by disease of the stomach. 4th. That it is produced after death by the dissolvent property of the gastric juice, this fluid as well as the stomach itself being in the natural state.

Of these opinions, two only appear to us to merit attention, viz. the first, which ascribes softening of the stomach to an inflammatory condition of this organ; and the fourth, which refers this change to the natural dissolvent property of the gastric juice acting on the stomach after death. We have, therefore, the same lesion said to be produced by two agents, and under circumstances of the most opposite nature. In the first case, softening of the stomach is a pathological condition—a disease; in the second, it is not a disease, it is merely a *post-mortem* lesion. But although occurring after death, softening of the stomach from the chemical action of the gastric juice requires to be particularly noticed in the present article, because of its having been described by many eminent pathologists as a diseased state. We shall, therefore, endeavour to demonstrate in another part of this article the separate existence of these two forms of softening of the stomach, and more particularly the characters by means of which the one may be distinguished from the other.

The forms of softening which we have noticed are confined to particular organs or tissues. But there are other forms of this lesion of a much more general character, and which are also very different in their nature from the former. In the first of these forms the softening occurs in almost all the textures of the body at the same time, although it may be so slight in some as hardly to be observable; whilst in others, even the hardest, it may be strongly marked. It is never observed unless in individuals in whom nutrition in general is greatly modified. The modification of nutrition which precedes the softening process is, however, very different in kind in different individuals—a difference which obviously exercises a great influence in determining the seat and severity of the disease. Thus, in children born in a state of debility and emaciation, and in those who have been long deprived of the wholesome necessities of life, we find all the tissues and organs of the body more or less soft, and easily injured by external causes. This general diminution of cohesion is always ac-

* *Recherches Anatomico-Pathologiques sur l'Encéphale et Ses Dépendances.* Paris, 1820.

† *Pathological Researches on Diseases of the Brain and the Spinal Cord.* Edin. 1828.

accompanied by universal pallor, a watery, scanty, and aplastic state of the blood. Such, also, is the case in advanced stages of scrofula and scorbutus; the bones as well as the other textures being found in those who die of these diseases, soft, spongy, and infiltrated with a sero-albuminous or sero-sanguinolent fluid. In another class of patients, the softening, while it pervades to a certain extent all the tissues of the body, exists in a much greater degree in the bones, and from the superincumbent weight which they have to support, or the impulse which they receive from the action of neighbouring muscles, they lose their natural forms, and become bent or flattened to an extraordinary degree. It is this form of softening which has been termed *rachitis*, *mollities ossium*, or *osteo-malacia*. Great softness and pliancy of the bones constitute what is most frequently termed *mollities ossium*, whereas a degree of fragility, a want of cohesion, accompanied with softness, are more generally regarded as constituting *rachitis*. (See RICKETS.)

There is another form of softening, or rather flaccidity, which only requires to be noticed. It is best seen in the skin and cellular tissue when these textures, after having been greatly distended by an accumulation of fluid in the abdomen, are left unsupported by the removal of the distending cause. The looseness and flaccidity of these tissues is also very conspicuous in old people; in persons who, from a state of obesity, become lean, and in persons in general who become rapidly emaciated, particularly from disease.

Lastly, softening of organs and tissues may take place from maceration and putrefaction after death. With regard to softening produced by these causes, we shall only observe that it should be kept in mind by the physician in his *post-mortem* researches, lest it should be confounded with the pathological forms of this lesion.

From these general considerations, it would appear that the several forms of softening to which the different tissues and organs of the body are subject, may be ranged under two groups, the first comprehending those forms which occur during life; the second, those which are effected after death.

I.—Occurring during life.

1. Softening from inflammation.
2. Softening from obliteration of arteries.
3. Softening from a modification of nutrition.

II.—Occurring after death.

1. Softening from the chemical action of the gastric juice.
2. Softening from maceration and putrefaction.

We shall treat of three only of these forms of softening,—viz. the first and second of the first group, and the first of the second group,—because of the two former being special pathological states, and because of the latter occurring under circumstances which have often deceived the practical pathologist, and led him to describe it as a morbid alteration of the gravest character.

I. Softening from inflammation.—Before proceeding to describe inflammatory softening, it may be well to make a few remarks as to the manner in which the consistence of a tissue becomes diminished or entirely destroyed by inflammation. Two causes appear to co-operate in producing this change. The first is of a mechanical, the second of a physiological nature. Serosity or pus, when in considerable quantity, appear to effect, mechanically, a diminution of the cohesion of the tissue in which they are contained. The pressure which they exercise arrests the circulation, and it would appear, absorption also; for if this function were performed, we should have an excavation or ulcer formed instead of a mass of soft pulpy tissue. The circulation being thus arrested, nutrition ceases to be accomplished, and the molecules of the tissue are disunited and detached. If, while these changes are going on, or at some subsequent period, the function of absorption be resumed, the softened tissue is partially or wholly absorbed, and solutions of continuity of various extent are formed. The physiological cause of softening is referable to a change in the vital properties of the affected tissue. We are unable to say in what this change consists, but its effects on circulation and nutrition are sufficiently obvious, both these functions ceasing to be performed at an early period of the inflammatory process. Softening or dissolution of the affected tissue then takes place in the same manner as when produced mechanically. It is necessary to observe that the presence of serosity in a tissue from a mechanical obstacle to the return of the venous blood, as œdema of the inferior extremities from disease of the heart, does not give rise to softening; and for this reason, that it does not arrest, but only impedes the capillary circulation.

Locality of inflammatory softening.—There is no tissue in which softening may not occur as the mediate or immediate consequence of inflammation. It occurs in tissues which are never the seat of inflammation, as cartilage, tendon, fibrous tissues, &c. Thus, when inflammation exists in the immediate vicinity of these tissues, they are soon deprived of the materials of their nutrition, and, consequently, lose their natural consistence, become soft and pulpy, and even slough. The cellular tissue is by far the most frequent seat of inflammatory softening. The diminution of cohesion which follows inflammation of parenchymatous organs, is owing to softening of the interstitial cellular tissue. Slight pressure with the point of the finger lacerates or breaks down a portion of hepatised lung. Muscular tissue is also easily torn or separated into shreds in consequence of softening of the interstitial cellular texture by which its fibres are united, examples of which are sometimes met with in the heart, but more frequently in the muscles of voluntary motion.

Softening of the subcutaneous, submucous, and subserous cellular tissues, is often great in degree and extent in erysipelas phlegmonodes, enteritis, and peritonitis. The easy separation of these coverings, particularly the serous and

mucous, from the subjacent tissues after death, is always the consequence of inflammatory softening of their cellular tissue, and the degree of facility with which their separation is effected affords a ready means of determining the degree and extent of the inflammation to which this tissue had been subjected. Cases of peritonitis and meningitis occur which would escape the *post-mortem* researches of the pathologist but for this state of softening of the cellular tissue. In such cases there may be little increase of vascularity, and perhaps only a slight serous effusion, both of which may be overlooked, or, if observed, can afford no idea of the degree or extent of this morbid condition of the cellular tissue.

Softening of mucous membranes from inflammation is a frequent occurrence, and is often great in degree and extent. Softening of this tissue is more frequently met with in the digestive organs than in the respiratory, urinary, or generative organs. It is not, however, either so frequent or extensive in the mucous membrane of the digestive organs as has been supposed, for the reasons to which we have already alluded, and which we shall afterwards explain. Softening of the osseous tissue is seldom observed as a consequence of inflammation, unless in surgical diseases. It is, however, a change which always follows inflammation of this tissue, and is frequently so considerable that the hardest bones become as soft as cartilage or muscle.

Softening of the bloodvessels as a consequence of inflammation does not take place till after the destruction of their cellular sheath from the same cause. Softening of this sheath is a serious accident in surgical diseases of the arteries requiring the application of the ligature.

It has often been said that softening of the spleen, which is sometimes so great that this organ is transformed into a uniform pulpy mass, is the consequence of inflammation. We are, however, of the opinion of those who ascribe this state of softness of the spleen to a morbid condition of the blood with which it is filled, this fluid being in a state of extreme fluidity.

Inflammatory softening is no where so conspicuous, either as regards its physical characters, or the functional derangement to which it gives rise, as in the brain and spinal cord. Obvious functional derangement, as the direct consequence of inflammatory softening, is indeed not observed, unless when the brain or spinal cord is the seat of this lesion. We shall therefore commence with the medical pathology of inflammatory softening as it occurs in these organs.

Physical characters of inflammatory softening of the brain and spinal cord.—The degree of softening of the cerebral substance may vary from a slight diminution of the natural consistence of the part affected to that of cream or even of thin milk. The first stage of softening of this substance is often so slight, that it is hardly perceptible to the touch, and may, even when considerable, if not accompanied by some peculiarity of colour, be altogether overlooked. In the first case a gentle stream of water

allowed to fall upon the cerebral substance, is the best means of determining whether a portion of it has lost its natural consistence; and in the second case, the only way of detecting the presence of softening unaccompanied by any obvious change of form or colour of the affected part, is to submit the whole of the cerebral substance to a careful inspection, by removing it piecemeal in the form of thin slices.

In the first stage the cerebral substance is not yet broken down; it has only lost a certain degree of its cohesion, for it is still continuous with that by which it is surrounded. In the second stage the diminution of consistence is so great that it may be recognised at first sight, owing to the change of form by which it is accompanied. The cerebral substance is so soft that it sinks by its own weight beneath the level of the cut surface; and prominent parts, such as the thalami, corpora striata, and convolutions, become more or less flattened. In the third stage, a solution of continuity has been effected by the separation of the softened cerebral substance. It is now of the consistence of cream or milk, contained in an excavation of variable extent, situated in the substance of the brain, or confined between the membranes and convolutions of this organ.

The colour of inflammatory softening of the cerebral substance presents considerable variety. The principal varieties of colour depend on the quantity of blood contained in the affected part, on changes which this fluid undergoes some time after its accumulation or effusion, and on the presence of serosity and pus. Redness and vascularity are, in general, greater in the first than in the second stage, but the degree and extent of either greatly depend on the quantity of blood in the cerebral vascular system. In some cases a gradual increase of redness and vascularity can be traced to a considerable extent beyond the softened part; in others, these changes are limited to the immediate vicinity of the latter. The vascularity of the softened cerebral substance has frequently a hemorrhagic character. When this substance is divided, it presents a number of red points, streaks, or patches, produced by the blood accumulated in the veins, or effusion of this fluid. In some cases the effused blood is small in quantity compared with the extent of the softening; in others it pervades the whole of the softened substance, and presents the same appearance as hemorrhagic apoplexy. The redness, vascularity, and hemorrhagic character of inflammatory softening, are never so conspicuous as when this lesion occupies the brown substance, as that of the corpora striata, thalami, and convolutions. Inflammatory softening of the cerebral substance is not always accompanied by those changes of colour which we have just described. The affected part may have preserved its natural colour, or it may be much paler than natural. Thus the septum lucidum may be converted into a mere pulp, without its colour being perceptibly altered; and the same degree of softening may take place in the brown or cortical substance, which has become so pale as hardly to be distinguished from

the medullary substance in its vicinity. Pale softening in either of these situations, viz. in the medullary or cortical substance of the brain, is a frequent occurrence in hydrocephalus, and it is also this variety of softening which is sometimes met with in those fevers in which the brain is primarily or secondarily affected. Mons. Recamier described this pale softening of the brain in his clinical lectures at the Hotel Dieu of Paris, long before Rostan, Lallemand, or Abercrombie published on softening of this organ. This author regarded the pale softening as a primary condition of nervous or malignant fevers, and therefore he called it *ramollissement ou dégénérescence ataxique; foyer ataxique*. In such cases of softening of the medullary or cortical substance, we always find the brain in general pale, its vascular system containing but a small quantity of blood, and its membranes infiltrated with serosity. It is, in fact, owing to the pressure which the effused serosity exercises on the bloodvessels, that the anæmic condition of the brain in general, and of the softened portion of it in particular, is to be attributed.

When the redness which accompanies softening arises from the presence of effused blood, it may always be regarded as evidence that the softening is of recent occurrence. But there are other modifications of colour which accompany softening of the cerebral substance, and which for various reasons require particular notice. They indicate that the disease has existed for a considerable time—several weeks, or two or three months. The principal modifications of colour consist of brown, yellow, and orange colours, either separately or combined, and occupy either the softened substance, the part of the brain contiguous to it, or both at the same time. They are not observed unless the softening has been accompanied by effusion, and originate in changes taking place in the effused blood. Such are the modifications of colour to which we allude, so frequently observed to take place in the blood effused in the subcutaneous cellular tissue in consequence of external violence. The brown colour appears first, and is very limited in extent compared with the orange and yellow by which it is succeeded,—circumstances which enable us to form a tolerably accurate opinion regarding the extent of the sanguineous effusion by which the softening had been accompanied. Knowing that these colours accompany cerebral softening, the pathologist will be put on his guard, and not confound this disease with hemorrhagic apoplexy, in which the same colours are present.

A pale yellow straw-coloured tinge of the softened cerebral substance arises also from the presence of pus. But this is rarely observed unless the softened substance be in contact with the membranes of the brain. The presence of serosity in the softened cerebral substance produces, as we have already observed, a diminution of the red colour alluded to; but it likewise communicates a glossy albuminous aspect to softening, which it does not present in any other circumstances.

When softening of the brain is accompanied by an increase of bulk, it is generally owing to

the softened part being infiltrated with serosity.

The *situation* of softening, or those portions of the brain in which this change of consistence occurs, requires to be pointed out. Thus, it has been found in the central portions of the medullary substance and in the convolutions of the anterior, posterior, and middle lobes of the brain; in the corpora striata and thalami; in the corpus callosum, septum lucidum, and fornix; in the pons Varolii, crura cerebri and cerebelli; in the cerebellum and the surface of the lateral, third and fourth ventricles. It is much more frequent in the brown than in the medullary substance, and more so in the brown substance of the convolutions than in that of the thalami or corpora striata. Softening may occur in both substances at the same time, which is generally the case when it occupies the two latter situations. It may also occupy several portions of the brain at the same time, as the septum lucidum, fornix, and walls of the lateral ventricles; the corpora striata and thalami; one or more lobes; a portion of one or both hemispheres; the brain and cerebellum; and is rarely met with in the latter organ without its being present in the former,—circumstances which give great variety and complexity to the functional derangement by which it is accompanied.

In all the portions of the brain which we have named, the softening may be confined to a very limited spot, or pervade the greater part of their entire substance. There are examples of nearly the whole of one of the hemispheres of the brain having undergone this change of consistence; and in children, probably on account of the natural softness of this organ in them, both hemispheres have been found reduced almost to a pulpy or fluid consistence.

Such is a general description of the physical characters of inflammatory softening of the brain. Whatever may have given rise to the inflammation of the cerebral substance or its membranes, which terminates in softening, the physical characters of this lesion are always such as we have described them. It is, however, of great practical importance to make a distinction between softening from idiopathic inflammation, and that which follows the presence of foreign bodies, such as bony and fibrous tumours, tubercles, carcinoma, melanoma, hydatids, &c. formed in the brain or its membranes, and foreign bodies forced into it from without, which, at some period of their development, or after their introduction, excite inflammation and softening.

The description which we have just given of inflammatory softening of the brain, applies generally to the same lesion of the spinal cord. In this organ the softening may be confined to the medullary or cortical substance, or may occupy both at the same time. The whole of the cord may be softened, or only particular portions of it, as the cervical, dorsal, and lumbar,—differences of situation which are accompanied by corresponding differences in the seat of the functional derangement to which this lesion gives rise. The nature of the functional

derangement, especially of sensation and motion, it is now well known depends on the situation of the softening, the former being deranged when the softening occupies the posterior surface, and the latter being affected when it occupies the anterior surface of the cord. Softening of the cord may, like softening of the brain, be the consequence of idiopathic inflammation, or of this pathological state succeeding to the presence of foreign substances, or arising from external injury.

The simultaneous occurrence of inflammatory softening in the brain,—cerebrum, cerebellum, and spinal cord, is rarely observed, unless in infants. Of thirty cases of softening of the cerebral substance observed by M. Billard in infants, in ten these three divisions of the nervous system were simultaneously affected. In these children, softening of the cord was rarely observed to occur without softening of the brain; and on the contrary, softening of the brain was frequently considerable without any similar change being present in the cord.*

Before proceeding farther in the description of inflammatory softening of the brain, we shall point out the physical characters of this lesion when produced by obliteration of the arteries, as it will be more advantageous to treat of the causes, symptomatology, diagnosis, prognosis, and treatment of both forms of the disease at the same time.

II. *Softening of the brain from obliteration of the arteries of this organ.*—This form of softening depends on the presence of osseous, cartilaginous, and fibrous substances formed in the interior of the arteries or between their coats. These accidental products may exist in the form of cylinders occupying the entire caliber of arteries of considerable size, and also the smaller branches; or they may form patches or small masses projecting internally, which obstruct the circulation of the blood. The obliterated arteries may occupy the softened cerebral substance, and can be seen ramifying through it; and when this substance is removed by pouring water upon it, the solidified vessels retain their situation, and feel sometimes as hard as fine wires. If the obliteration be confined to a limited portion of an artery whose branches terminate in the softened part of the brain, the cause of the softening may be overlooked. In the case of obliteration of minute arteries, or of a single small arterial trunk, the softening is generally limited to a space not exceeding an inch or two inches in breadth; but if several large contiguous branches be obliterated at the same time, the extent of the softening is considerably increased; and if the obliteration takes place in the carotid or one of its principal divisions within the brain, the greater part or the whole of a hemisphere may be completely softened. This form of softening is, like the inflammatory, not confined to any particular portion of the brain. Like it also, it occurs far more frequently in the brown

than in the medullary substance, or in those parts most abundantly supplied with blood-vessels, as in the optic thalami, corpora striata, and cortical substance of the convolutions. If the obliteration has taken place in the minute arteries or small branches, the softening is generally confined to the brown substance; and when a large trunk or several small trunks are obliterated, both the brown and medullary substances are softened.

Softening, from obliteration, of the corpus callosum, septum lucidum, and fornix, is extremely rare, and we have only met with one example of it in the pons Varolii. We have not observed it in the spinal cord.

The degree of softening from obliteration, as well as the various colours which this change presents, are very similar to those observed in inflammatory softening. It is necessary, however, to observe that redness is seldom considerable, and vascularity and effusion of blood are generally wanting on account of the impervious state of the arteries. When it does happen that blood is effused, it is probably the consequence of rupture of the obliterated vessels, or some of the small arteries in the softened part having remained pervious, and yielding to the increased momentum of the blood.

Before concluding this part of our subject, it may be well to observe that the sanguineous effusion which succeeds to softening of the brain is sometimes so extensive that it is extremely difficult to distinguish such cases from sanguineous apoplexy. Nor should it be overlooked that softening of the brain is occasionally the cause of apoplexy, as apoplexy may be the cause of softening, although some authors have maintained that apoplexy is always preceded by softening. It is only when the softening extends considerably beyond the effused blood, or when this fluid has been thrown out in several points of the softened cerebral substance, that we can feel authorized to say that apoplexy has occurred subsequently to the softening. That apoplexy may occur without previous softening is as true as the occurrence of hemorrhage in other tissues, such as the cutaneous, mucous, and cellular, where it is not preceded by any such alteration. That hemorrhage may take place under similar circumstances in the brain is obvious from what is observed in many cases of apoplexy, in which the only change consists in the presence of effused blood. Nor are the portions of brain which have been broken down and mixed up with this fluid always softened. In those cases where death has taken place suddenly, such portions of brain are found to have lost very little of their natural consistence.

To distinguish softening from obliteration from softening produced by inflammation, it is only necessary to ascertain the presence of the morbid state of the arteries which we have described.

We shall conclude the pathological anatomy of softening of the brain with a short description of the changes which occur in those cases in which this lesion does not prove fatal. It is now well known that blood effused into the

* C. Billard, *Traité des Maladies des Enfants*, &c. Paris, 1828.

substance of the brain may be absorbed, and the solution of continuity which it had occasioned become cicatrized. The softened cerebral substance may also be removed by absorption; but we have never seen a case in which its removal was followed by cicatrization.

The first change which indicates the removal of the softened cerebral substance is the formation of an excavation containing a milky, greyish, reddish, or yellowish fluid matter, with sometimes a small quantity of loose cellular tissue. By-and-bye this matter becomes fluid and limpid, and the cellular tissue is found transformed into a serous membrane which lines the surface of the excavation. This cystiform membrane is very delicate, and when the excavation which it lines is situated near the surface of the brain, it may acquire a large size. We have met with a cyst of this kind which would have contained an orange. It occupied one of the thalami and a portion of the corpus striatum on the same side, and extended to the surface of the brain, where it was covered only by the pia mater and arachnoid. It is only in the inflammatory form of softening that we have met with examples of this mode of cure. In three cases in which we have seen it, the patients, from thirty to forty years of age, could not afford us any particulars of their respective cases, but they had been paralytic of both extremities of one side from an early period of life.

Causes of softening of the cerebral substance.

—The exciting causes of the two forms of softening which we have described are, as we have seen, inflammation and obliteration of the arteries of the brain. The predisposing causes of the first form of this lesion will be found enumerated under the article BRAIN. Those of the second form have as yet received no elucidation, further than that the ossification which gives rise to the obliteration of the arteries and softening, consists in a modification of nutrition peculiar to an advanced period of life. It is, therefore, between seventy and eighty years of age that softening from ossification and obliteration of the arteries of the brain is most frequent. The inflammatory softening occurs at every age. It has been met with in infants a few days after birth, in children, adults, and old persons.

Symptoms and progress of softening of the brain and spinal cord.—In both forms of softening of the brain it is necessary to distinguish two periods; the first period comprehending the symptoms which precede the state of softening; the second, the symptoms which accompany or follow the existence of this lesion.

1. *Symptoms of inflammatory softening of the brain and spinal cord.*—As the symptoms of the first period of inflammatory softening of the brain must necessarily be those of inflammation of this organ, its membranes, or both, it would be superfluous to describe them here. (See BRAIN, INFLAMMATION OF.) It may, however, be observed that the severity of these symptoms does not always indicate a corresponding condition as to the degree and extent of the softening which they precede; nor do

they present any one character which can be regarded as a sign that the inflammation on which they depend will terminate in softening. When, however, they are taken in conjunction with those of the second period, they are frequently of great value, as they afford us the means of establishing our diagnosis in cases where it would otherwise be impossible. We shall, therefore, as we proceed, allude to the more important of these the precursory symptoms of softening of the brain.

The symptoms of the second period of inflammatory softening of the brain are, generally speaking, of an entirely opposite character to those of the first period. Those of the first depending on the presence of irritation or a morbid stimulus, are characterized by a state of excitement; whereas those of the second being the consequence of the softening or disorganization of the cerebral substance, are necessarily marked by a state of prostration, collapse, or paralysis. They are announced by the gradual or sudden diminution of the intellectual powers; by the occurrence of stupor or coma; by paralysis, difficulty or loss of speech, and diminution of the sensibility of the skin, eye, and ear. The relative frequency, degree, and extent of these symptoms, as well as the order of their occurrence, present considerable variety. Thus, the derangement of the *intellectual faculties*, such as their diminution, suspension, or abolition, is always present at the commencement of the second period, that is, so soon as the softening of the cerebral substance has taken place. In some cases the derangement which they manifest is at first slight, increases gradually or rapidly, and terminates in their entire abolition. In others, these faculties are, from the commencement, gravely compromised and give no signs whatever of their existence. It is not rare to meet with cases in which their derangement is marked by remissions and exacerbations, or the occurrence of lucid intervals succeeded by profound stupor. The delirium which accompanies the first period of inflammatory softening either disappears or diminishes greatly in intensity when the second period is announced by the derangement of the intellectual faculties to which we have alluded. It diminishes with the diminution of these faculties, and ceases when their suspension or abolition is indicated by the presence of coma and complete paralysis.

An imperfect state or the entire loss of memory and speech are necessary consequences of these latter conditions of the intellectual faculties. But the absence of any derangement of these faculties is not necessarily unaccompanied by derangement of memory and speech, particularly the latter, for a patient may recover the consciousness of his existence, perceive and comprehend what is passing around him, and yet be incapable of expressing himself in words, on account of paralysis of the muscles by means of which the act of speech is accomplished. The diminution, suspension, or abolition of the intellectual functions, are always accompanied with *paralysis* of the mus-

cles of voluntary motion, and the degree of the paralysis is, generally, in the direct ratio of the extent of the derangement manifested by these functions.

The paralysis is rarely complete at the commencement. It is generally progressive, with occasional alternations of increase and decrease, before it becomes ultimately complete. The situation and extent of the paralysis present considerable variety, and in many cases seem to correspond with the situation and extent of the softening, in the same manner as in apoplexy. The paralysis occupies one or both extremities of the same side, when the softening is limited to one of the hemispheres of the brain, and paraplegia or universal paralysis is produced when both hemispheres, the pons Varolii, &c. are the seat of this lesion. It has been said that paralysis occurs more frequently in the superior than in the inferior extremities; that the seat of the lesion in paralysis of the former is the corpus striatum, and of the latter, the optic thalamus of the opposite side of the brain.

Softening of certain parts of the brain may, however, exist without occasioning paralysis. Such cases are observed in softening of the septum lucidum, fornix, and corpus callosum.

Paralysis of the muscles of the face, of the eye, of the tongue, and of deglutition, depends likewise on the situation of the softening. Paralysis of the bladder and rectum is a frequent consequence of softening of the brain, and gives rise, in the first place, to an accumulation of the contents of these organs, and afterwards to their involuntary escape, more particularly of the urine, from the distention of the bladder and the subsequent dilatation of its sphincter. The difficulty with which vomiting is sometimes effected in this affection of the brain is also, no doubt, owing to a similar state of the muscles which participate in the accomplishment of this act. The state of stupor of the intellectual faculties will, however, explain, in great part, why the urine and fæces are retained, and why emetics as well as purgatives frequently fail to produce their usual effects. For in this state of the brain the impressions of external objects are feebly or not at all perceived. It is under similar circumstances of the brain that the organs of hearing and of sight, which in the first or inflammatory period of softening are highly susceptible, are rendered obtuse to a degree that a strong light or loud sounds impressed on the eye and ear pass unperceived.

One of the most constant symptoms of inflammatory softening of the brain is a state of permanent *contraction* of the flexor muscles of the extremities. This state is well described byALLEMAND.* In some cases the contraction of these muscles amounts only to a slight degree of stiffness; in others it is carried to such an extent that the hand is clenched and remains pressed against the shoulder, and the heel against the hip. The spasmodic contraction of the muscles is sometimes so great that it is

not possible to extend the affected limb. The muscles themselves are prominent, feel hard, and the projecting tendons resemble cords stretched beneath the skin. Acute pain is frequently the immediate consequence of an attempt to overcome the contraction of the muscles. A pricking sensation or even lancinating pains, more marked in the superior than in the inferior extremities, sometimes precede the contraction of the muscles, which, according toALLEMAND, always commences in one of the superior extremities, in which, unless it be already carried to the utmost extent, it is always greater than in the inferior extremities. It is sometimes limited to the former, or does not extend to the latter until a considerable time after.

It is of importance to note the presence of this state of the muscles of the face and eyes, as it produces changes peculiarly characteristic of paralysis from softening. We have seen that a paralysed extremity may be contracted and held in a state of permanent flexion. The same thing happens in the paralysed side of the face. The muscles of this side, spasmodically contracted, are drawn upwards and backwards, and produce that deviation in the form and situation of the mouth observed in this disease as well as in apoplexy. But the fact to be noticed in the present case is the deviation of the mouth to the paralytic side, the opposite of what is observed in apoplexy, in which disease it is drawn towards the healthy side. When, however, the spasmodic state of the muscles has ceased, the mouth immediately assumes the position which it occupies in the latter disease. As the spasmodic contraction of the muscles depends on the presence of irritation around the softened cerebral substance, the former coincides, diminishes, increases, or disappears with the latter. Hence it is that these contractions have an intermittent character, precede the paralysis, and seldom accompany it till the fatal termination of the disease. The paralysis is not otherwise recognized during the spasmodic contraction than by the immobility of the paralysed limb, which is not under the command of the will. When the contraction ceases, the limb becomes flaccid, and remains in a state of immovable extension. If the spasmodic state of the muscles returns, the limb is again contracted, and thus the stiffness and flaccidity, the flexion and extension of the muscles, occur at irregular intervals of time. Slight convulsive motions, referable to the same cause as the contractions, viz. the presence of irritation of the brain, the degree of which is suddenly increased and diminished, accompany sometimes the contraction of the muscles, or agitate the paralysed limb.

The spasmodic contraction of the orbicular muscle of the eye is also not unfrequently very marked. When the eyelids are raised by the finger, they immediately return to their former position, and cover the entire surface of the eyeball; and when the motor muscles of this organ are affected, there is strabismus. The pupil, too, undergoes marked changes of con-

* Loc. cit. p. 252.

traction and dilatation. It is contracted only during the first period of the softening, or when this change is accompanied by irritation of the brain; and during the second period, or when there is softening without subsequent irritation, it is dilated. This state of the pupil is also intermittent, and its permanent dilatation does not occur until the paralysis is complete. It is observed by Lallemand that the pupil is contracted only in those patients in whom the muscles are spasmodically contracted; that when the disease exists only on one side of the body, it is the eye of the same side that is affected; that when the spasmodic convulsions make their appearance by successive attacks, it is during these attacks that the pupil is contracted; and lastly, that in proportion as the paralysis increases, the pupil becomes more and more dilated; and, as we have seen, that as patients are unable to use their limbs although the action of the muscles is increased, so are they incapable of perceiving external objects, although the contraction of the pupil announces an augmentation of the sensibility of the retina.

In some cases the spasmodic contractions are confined to the paralysed extremity, a circumstance which depends on the irritation being limited to the same portion or side of the brain in which the softening exists. In other cases, the paralysed and healthy extremities are both spasmodically contracted from the irritation occupying both hemispheres of the brain. Such is frequently the case when the softening occupies the convolutions of the brain, or when it is preceded by meningitis of both hemispheres. In this latter instance too, the rigidity, contraction, and convulsive movements of the muscles, precede the paralysis. Lastly, one side of the body may be in a state of complete paralysis, and the other the seat of spasm or convulsive contraction, when one hemisphere of the brain is affected with softening, and the other or its membranes in a state of inflammatory excitement.

The precedence of spasmodic contractions to paralysis is not a constant character in inflammatory softening. We have seen two marked cases of paralysis from inflammatory softening which, so far as information could be obtained from the relatives of the patients regarding the previous history of both, appeared to have taken place suddenly without any precursory symptoms, such at least as were calculated to prevent the patients from carrying on their daily occupations.

The last symptom of inflammatory softening of importance to be noticed, is pain. It is obvious that this symptom cannot depend on the state of softening of the cerebral substance. It is the consequence of irritation or morbid excitement of the brain, the disorganization of which has not yet taken place. It is therefore generally most severe when it occurs as a precursory symptom; but it frequently accompanies the first period of the disease, and presents remissions and exacerbations, variable in duration and degree. It is seldom that it exists to the same extent in the second period as in the

first; on the contrary, it generally diminishes or disappears as the paralysis and the derangement of the intellectual faculties increase. The depressed state of these faculties not unfrequently prevents the patient from manifesting the existence of pain; and it is not until he is roused from the state of stupor in which he is plunged, that he gives signs of suffering by carrying the hand to that part of the head which is the seat of pain. We have already alluded to the pain which accompanies the spasmodic contraction of the muscles. It is hardly necessary to remark that pain can be present in those cases only in which the sensibility of the paralysed part remains unaffected.

Such are the modifications of function which are generally observed to accompany inflammatory softening of the brain, and which appear to be the immediate consequences of this lesion. We shall now notice briefly those which are observed in the functions of respiration, circulation, and digestion. Respiration is seldom much affected till near the termination of the disease, when it becomes embarrassed, afterwards hurried or irregular, and lastly stertorous. The pulse is sometimes frequent, full and strong; sometimes quick, or feeble and intermittent, but more frequently it does not present any very remarkable alteration. There is in general little or no appetite; sometimes nausea or even vomiting; thirst, and, as we have already noticed, difficulty or even impossibility of swallowing. The temperature of the skin is sometimes not much increased; at other times it is considerably so; the tongue and lips become dry, fissured, and covered with a brown or black sordes. It is at this period that the respiration becomes stertorous, the pulse sinks and intermits, and announces the approaching death of the patient, which takes place in the midst of the most profound stupor, and in a state of universal paralysis and prostration.

The progress of inflammatory softening of the brain is generally rapid. It is seldom stationary except during the first period. The second period is marked by a progressive increase of the principal symptoms, which, although sometimes observed for a short interval, re-appear under a worse form, and hasten towards a fatal termination. The average duration of the disease, or of the second period, is from five to seven days; death may supervene on the second or third day, or not until the third or fourth week, or even at a later period; but cases of the latter kind are extremely rare.

The symptoms of inflammatory softening of the spinal cord consist in modifications of sensation and motion, as the increase, diminution, or abolition of the former, the diminution or cessation of the latter. If the posterior portion of the cord be softened, sensation only is modified; if the anterior, motion only is modified; and when both portions are the seat of this alteration, both sensation and motion are modified. The lesion of sensation and motion, separately, does not so frequently happen as that of both; and when it does

occur is seldom of long continuance, both soon becoming affected. The situation, degree, and extent of the functional derangement are determined chiefly by the seat of the softening. If the softening has taken place in the cervical region, the functions of all the organs situated inferiorly, in so far as their accomplishment depends on the integrity of the cord, are altered. Paralysis of the superior and inferior extremities of one or both sides; diminution or increase of the sensibility in the same parts; difficulty of respiration; retention or involuntary discharge of the feces and urine, are produced, according as the softening occupies the anterior or posterior portions of the cord or both. The latter symptoms only are present when the dorsal or lumbar region of the cord is affected. Pain may or may not be present in the affected portion of the cord. It may exist as a consequence of the disease, or may not be perceived until it is developed by pressure or the direct application of heat or cold.

We formerly alluded to the simultaneous occurrence of softening of the brain and spinal cord. This complication rarely happens, however, in adults; and in the cases which we have seen, the softening of the cord being confined to the lumbar region, the general symptoms did not present any peculiarity worthy of notice. The same may be said of softening of the cerebellum, which we have never seen unaccompanied by softening of the brain.

2. *Symptoms of softening of the brain from obliteration of the arteries.*—This form of softening of the brain has, like the former, been divided into two periods. The symptoms of the *first period* consist of pain referable to a particular part of the brain. The pain may be slight or severe, of short or long duration, generally remittent or intermittent. The intellectual functions are often sensibly modified; memory is impaired, speech embarrassed; there is frequently drowsiness, an unwillingness to every exertion; sometimes numbness or stiffness of the extremities, a prickling sensation, or an increase of the sensibility to such a degree that even slight pressure occasions acute pain. The functions of the organs of sense are generally impaired; sight in one or both eyes may be less acute or entirely lost, and the pupil may retain its natural dimensions or be dilated; hearing may also be more or less imperfect, and taste and smell, when altered, are less acute than natural. The state of the digestive functions does not present any remarkable alteration, except inappetence or constipation; the latter symptom being generally accompanied with retention or a difficulty of voiding the urine.

These are the symptoms which generally occur during the first period, but they are not constant; they are seldom all equally manifest; several of them may be absent, or only one, two, or more of them may be so marked as to attract the attention of the physician, or excite the fears of the patient. The local symptoms, or those of the brain, may prevail, particularly pain, loss of memory or confusion of ideas; or it may be the general symptoms,

or those which indicate derangement of the functions of those organs which we have enumerated, especially the sensation of numbness and prickling felt in the muscles of the extremities or face, and difficulty of speech. It is, however, important to note that all the symptoms of this period may be regarded as denoting a diminution rather than an increase of function, the opposite of what is observed in the first period of inflammatory softening of the brain.

The symptoms of the *second period* are generally ushered in by a sudden aggravation of those of the first period, but chiefly by the occurrence of complete paralysis and the suspension or abolition of the intellectual faculties. The extent and situation of the paralysis, the modifications of the sensibility and contractility of the affected parts, and the ulterior progress of the disease, are so similar to those observed in the second period of inflammatory softening, that a description of them would be nearly a repetition of the latter. The important exceptions which they present will be more appropriately introduced when treating of the diagnostic symptoms of both forms of softening.

The *progress and duration* of softening of the brain from obliteration of the arteries do not essentially differ from those of inflammatory softening. In its progress it is, perhaps, less rapid than the latter. Although it may sometimes appear stationary, it is essentially progressive. The paralysis, if not complete at the commencement, increases till it becomes so, and the recovery of speech or of the intellectual faculties seldom insures more than a short suspension of the progressive increase of this form of softening. The duration of this lesion is very various. We have seen death take place as early as the second day, and not before the fourth or sixth week.

Diagnosis of softening of the brain and of the spinal cord.—We have here to distinguish, first, the symptoms of softening of the brain produced by inflammation, from those which accompany softening from obliteration of the arteries; and, secondly, the symptoms of both these forms of softening from those of other diseases between which and the former there is a greater or less resemblance.

First, the necessity of distinguishing between the two forms of softening of the brain can arise only when this disease affects persons after the decline of life. We shall not enter minutely into the description of the distinctive characters of the two forms of softening, as the treatment required in both is essentially the same, and as the importance of an accurate diagnosis diminishes in proportion as the disease approaches to that stage or period which constitutes the lesion of which we are now treating.

We have already observed that the two forms of softening of the brain are distinguishable from each other more by the phenomena of the first than by those of the second period; by the symptoms which precede rather than by those which accompany the state of softening. Inflammatory softening is preceded by local

and general excitement; there is present, from the commencement, an increased development as it were of the functions of the brain, and of those organs comprised within the sphere of its morbid activity. This state of local and general excitement does not occur in the non-inflammatory softening at the commencement. It takes place after this lesion is produced; is, in general, slight at first, and afterwards increases in severity, the opposite of what happens in the former. The delirium, the spasmodic contractions and convulsions, the contraction of the pupil, and increased sensibility of the eye and ear to their natural stimuli, which precede the former, are absent at the commencement of the latter, and do not occur until some time after the softening has taken place and is followed by irritation or inflammation of the substance of the brain, or its membranes.

When the second period of softening of the brain has arrived, there are few if any symptoms which indicate the kind of softening on which they depend, if those of the first period cannot be ascertained, or, as sometimes happens, have been wanting. The spasmodic contraction or convulsive twitchings of the muscles of the extremities and contraction of the pupils are, under these circumstances, the symptoms on which most reliance is to be placed. The presence or absence of these symptoms may, as a general rule, be regarded as indicating the presence, the former of inflammation, the latter of non-inflammatory, softening.

Secondly, the diseases the most likely to be confounded with softening of the brain are serous effusion, congestion, and apoplexy. The *serous effusion* which gives rise to symptoms resembling those of softening of the brain, occurs as a termination of meningitis. The delirium, derangement of the intellectual faculties, and febrile excitement which accompany the first stage of the latter disease, together with gradual and sometimes sudden super-vention of paralysis occasioned by the effused serosity, render it, in some cases, very difficult to distinguish this termination of meningitis from inflammatory softening. There are, however, two features in particular, in the symptoms of meningitis, of considerable diagnostic value,—namely, the prevalence of convulsions during the first stage, and the general character of the paralysis in the second stage, the latter symptom being seldom confined to one extremity or one side of the body in this disease. Paralysis from this cause is not likely to be confounded with non-inflammatory softening.

The symptoms of *congestion* are, generally speaking, very characteristic of the kind of lesion on which they depend. The ringing of the ears, dimness of the sight, the sensation of a weight within the cranium, giddiness, stupor, and the turgidity of the veins of the face and neck and conjunctiva, followed by the sudden diminution or suspension of the intellectual faculties, of sensation and motion, are symptoms referable to a rapid accumulation of blood in the vascular system of the brain.

And if this disease does not suddenly prove fatal, the disappearance of all these symptoms under the use of the ordinary remedies, and the rapid recovery of the patient, very soon put its nature beyond doubt.

The difficulty of distinguishing between inflammatory softening of the brain and *apoplexy* from sanguineous effusion is, in the great majority of cases, by no means great. The progressive character of the former, and the sudden invasion of the latter, constitute, in a general point of view, a marked difference between the two diseases. The state of excitement which precedes and accompanies inflammatory softening occurs in apoplexy only as a consecutive symptom, and is, perhaps, never equal in degree or extent to that observed in the former disease. The state of coma and collapse does not make its appearance till towards the termination of softening from inflammation, whereas it is the first symptom which indicates the existence of apoplexy. Inflammatory softening tends progressively to this state; whereas in apoplexy the most profound stupor may be of short duration; consciousness and the exercise of the intellectual faculties return, and, if the disease be curable, may regain the same degree of integrity which they possessed before the attack. The subsequent contraction and convulsive motions of the muscles, and the contraction of the pupil—conditions the opposite of those observed at first, namely, relaxation and dilatation,—present the same differential importance as the symptoms just alluded to. It is in those cases of apoplexy in which the stimulus of the effused blood gives rise to irritation of the cerebral substance with which it is in contact, that the difficulty of distinguishing between this disease and inflammatory softening is greatest, particularly if the inflammation which has preceded the latter has been slight, and confined to the cerebral substance.

It would be difficult to lay down even a general rule whereby to determine the distinctive characters of softening of the brain originating in obliteration of the arteries, from those of hemorrhagic apoplexy. Apoplexy is certainly, in general, more sudden in its occurrence and less frequently preceded by precursory symptoms than non-inflammatory softening. But it must not be forgotten that the former may be preceded by symptoms similar to those which precede the latter; and, *vice versa*, the latter may occur with all the rapidity of the former, and without its being announced by any marked modification of function.

Softening of the spinal cord will not readily be confounded with apoplexy of this organ. Apoplexy is a rare affection of the cord compared with softening; and its effects, loss of sensation and motion, are sudden, from the first complete, and without being announced by any precursory symptoms. In inflammatory softening, sensation and motion are gradually lost, are preceded by excitement, generally by local pain, although it may be slight; by an increase of the sensibility and contractility of the affected extremities, and sometimes by convulsions of the same parts.

Prognosis of softening of the brain and spinal cord.—We formerly observed that we had not met with a case of cure of non-inflammatory softening of the brain, and that, on the contrary, we had seen cases of the inflammatory kind in which the evidence of complete recovery was rendered obvious by the state of the brain examined some years after the attack. Rostan* says that the cure of softening of the brain, when it has attained the second period, must be regarded as problematical, and if he alludes to the non-inflammatory form of the disease, his opinion is in accordance with our own. Lallemand† and Abercrombie‡ both agree in opinion as to the curability of inflammatory softening of the brain, or, more correctly, of the curability of inflammation of this organ when the symptoms have been of the worst kind, and those too which accompany the second period. But at the same time they remark that this favourable termination of the disease is, under such circumstances, of rare occurrence. When, therefore, the symptoms of the second period of inflammation of the brain, or those ascribed to softening of this organ, manifest themselves, our prognosis must always be unfavourable, and the more so in proportion to the rapidity of the progress of the symptoms of the second period, and the degree of coma and paralysis by which they are succeeded. The prognosis of softening of the spinal cord is, if possible, more unfavourable than that of the brain.

Treatment of softening of the brain and spinal cord.—It would appear from the preceding remarks that the fatal termination of this disease has seldom been prevented by any mode of treatment hitherto adopted. There are no successful cases recorded of softening from obliteration of the arteries, and in the few cases of the inflammatory form of the disease which have terminated favourably, it is more than probable that the softening was very limited in extent, and affected the superficial or less important parts of the brain. As regards the state of softening, which, in point of fact, consists in a *solution of continuity* of the cerebral substance, it must be obvious that we possess no remedial agent capable of obviating such a change. The diseased state, therefore, of which we are treating, is incurable; that is to say, the solution of continuity which it constitutes will remain, even though the patient should recover. The essential part of the treatment of softening of the brain relates, consequently, to the local morbid conditions which immediately precede this change,—namely, the diseased state of the arteries on the one hand, and inflammation of the brain on the other. This state of the arteries, like the softening to which it gives rise, is, so far as we yet know, beyond the control of remedial agents. When, therefore, it is ascertained that the softening is the consequence of this state of the arteries, the only hope that can be indulged is partial

relief, and the prolongation of life for a short period beyond that at which the disease would have proved fatal had it been allowed to run its natural course. It is possible that the attack may be delayed by judicious treatment, employed when the first symptoms of cerebral derangement are perceived, such as pain in a particular part of the head, confusion of ideas, giddiness or unusual drowsiness and listlessness, together with a prickling sensation, or numbness in the muscles of the extremities, face, or tongue.

Bleeding from the temples, cupping in the nape of the neck, or small general bleedings, repeated from time to time as circumstances may require, may, by diminishing the quantity of the blood, facilitate the circulation of this fluid through the brain. But, perhaps, greater advantage would be derived by keeping the bowels freely open without inducing excitement or debility, chiefly by means of the neutral salts. The compound aloetic pill will be advantageously employed in those cases in which the disease occurs after the cessation of the catamenia, or suppression of a hemorrhoidal discharge. A diminution of the circulating fluids, as well as their equalization, will be effected likewise by promoting all the secretions, particularly the secretion of the urine and bile. The food and drink of the patient should be particularly attended to. His diet should consist of those kinds of food which are most easily digested by him, and which afford the greatest quantity of nourishment in the smallest bulk. Ardent spirits, strong wines, fermented liquors, even strong coffee or tea, and all stimulating potions should be avoided as more or less injurious. The occasional use of warm and rubefacient pediluvia, constant warmth to the feet and lower extremities, an elevated posture of the head, residence in a cool atmosphere, and tranquillity of mind, will greatly favour the operation of the other means, and afford the patient a chance of escaping the fatal termination of the disease.

It is with reluctance that we allude to any kind of treatment to be employed when softening has once taken place. Rostan recommends that the use of all debilitating means be avoided, when the softening does not present the inflammatory character, which kind of softening, we presume, is that of which we are now treating. He recommends the prompt use of rubefacients, irritating lavements, and those internal medicines which exert their influence on the large intestines; and the administration even of tonics, aromatics, and internal stimuli.

It is also by the early, prompt, and vigorous application of those means which have been found most efficacious in arresting the progress of inflammation of the brain and its membranes, that the termination of this pathological state in softening is to be prevented. As the treatment of inflammation of the brain and its membranes has been given in detail in another article, (see BRAIN AND ITS MEMBRANES, INFLAMMATION OF,) we shall, in this place, only allude to it generally. The principal are bloodletting, purgatives, and cold. The blood-

* Loc. cit. p. 462.

† Loc. cit. p. 287.

‡ Loc. cit. p. 158.

letting may be either local or general, or both; and in this respect, as well as quantity, we must be regulated by the violence of the attack, the age, habits, and constitution of the patient.

Drastic purgatives have been found the most beneficial, but in their employment the physician must be guided by the state of the stomach and intestines. With these, the tartar emetic may be combined, or given alone in such quantity as to keep up a state of nausea, but ought never to be carried so as to produce vomiting. As a purgative, Dr. Abercrombie strongly recommends the croton oil. The same author highly extols the beneficial effects of cold applied to the head, by means of pounded ice contained in a bladder; or a stream of cold water directed against the crown of the head, and continued until the desired effect be produced; but this is so powerful a remedy that it requires to be used with much discretion.

The treatment of the second period, or that of softening from inflammation, is the same in principle as that of the former, in so far as it regards the state of excitement with which this morbid change is generally accompanied. But if the paralysis be fairly established, and, notwithstanding the depletory and sedative measures which have been employed, continues to increase, neither our own observation nor the recorded experience of others would recommend a hardy perseverance in the means, the debilitating effects of which have not been sufficient to overcome the inflammatory excitement of the first period. Bleeding and active purgatives should now be laid aside; blisters or sinapisms should be applied to the inferior extremities, the nape of the neck, and superior part of the spine; the head should be kept cool by the constant application of evaporating lotions; the bowels evacuated once or twice a day by means of castor-oil or any mild aperient if it can be swallowed, or by injections; the secretion of the urine and the cutaneous perspiration should also be promoted by remedies of the least stimulating qualities. The retention of the urine is a complication which must be sedulously watched, that this fluid may be removed before it accumulates to a degree to prove injurious. Stimuli or tonics should now be employed with a view to support the strength of the patient, but they ought never to be employed to such an extent as to produce excitement, as the powers of life are already greatly exhausted by the stimulus of the disease.

Should the patient recover from this dangerous and so frequently fatal disease, every attempt to restore the functions of the paralysed limb should be deprecated in the strongest terms. There are, however, cases in which the paralysis is extremely slight, consisting in a slight degree of weakness, which disappears gradually of itself in the course of a few weeks. But in the former, the paralysis is from the commencement complete, the member remains in a state of flaccidity and immobility, from which it does not recover until after a considerable length of time, and, perhaps, never to such a degree as to be of much use to the patient. In such cases there must be a solu-

tion of continuity, which being permanent and the cause of the paralysis, the paralysis must be permanent also.

With regard to the treatment of inflammatory softening of the *spinal cord*, it is only necessary to observe that it is in every respect the same as that of softening of the brain. Topical bloodletting, however, the actual cautery or the moxa, may be employed according as the disease may be acute or chronic in its progress, and the more so that it is much more frequently the consequence of disease of the spine, which also requires this treatment, than of idiopathic inflammation.

III. *Softening of the mucous membranes.*—Softening of the mucous membranes may, as we have already remarked in the introductory part of this article, occur either as a *pathological* or *post-mortem* lesion. The first, being the consequence of inflammation, is met with in mucous membranes in general; but the second being the effect of the chemical action of the gastric juice, is observed only in the digestive organs. It is a remarkable fact that softening of the mucous membrane is much more frequent and infinitely more extensive in the stomach and intestines than in any other organ; a circumstance deserving of particular notice, inasmuch as it indicates some peculiarity in this portion of the mucous system considered in itself, or in its relations with external agents. It is, therefore, not surprising that softening of the mucous membrane of these organs should have attracted in a special manner the attention of pathologists, but more particularly after it was discovered that this membrane undergoes so frequently this change in various forms of fever, or when the seat of inflammation as a primary or secondary disease.

Before proceeding to describe softening of the mucous membrane of the stomach and intestines from inflammation and from the chemical action of the gastric juice, we shall make a few general observations on the natural consistence of this membrane in these organs, and the diminution of consistence which it undergoes from maceration and putrefaction. The importance and intricacy of this part of our subject render it absolutely necessary to possess an accurate acquaintance with the modifications which the mucous membrane presents in these respects.

The *natural consistence* of the mucous membrane of the digestive organs is always in proportion to its thickness. Thus it is found to be thickest in the duodenum and pyloric portion of the stomach, and in these situations it is most consistent; it is thinnest in the colon and fundus of the stomach, and there also its consistence is least. Its thickness progressively diminishes in the rectum, jejunum, and ileum, and in the same descending ratio its consistence. If where it is thickest it be cut through, it may be torn from its connexion with the cellular tissue, in pieces varying from a quarter of an inch to half an inch in length. This can be done in the pyloric portion of the stomach and rectum, but not in the duodenum, on account of the mode of attachment of this mem-

brane in this portion of the intestinal tube. At the fundus of the stomach and in the colon it can be detached in very small portions only; and in all cases of great emaciation, this membrane becomes so thin throughout the whole of the stomach and intestines, that it breaks whenever an attempt is made to raise it.

The relative degrees of the normal consistence of the mucous membrane in different portions of the digestive tube are nearly the same at every period of life. It is hardly necessary to remark that the consistence of this membrane, as well as that of the other tunics of the stomach and intestines, is much less in the infant than in the adult.

When a portion of intestine is submitted to *maceration*, the mucous membrane does not lose its consistence until after a considerable lapse of time. Billard made this experiment, and found that softening did not commence till towards the expiration of two months.* When exposed to the air, it does not begin to soften until about the commencement of the third week. But in both cases it would appear that putrefaction always precedes the softening, as the latter is not perceived until the former is announced by the peculiarity of its smell. Hence it has been suggested that as softening of the mucous membrane, from these causes, does not take place until at a period greatly beyond that at which the body is usually submitted to inspection, we ought not to regard as *post-mortem* examples of softening those which are met with in this membrane, say twenty or thirty hours after death. This, however, we shall find, is far from the truth, as we shall afterwards shew that complete softening of all the tunics of the stomach and intestines may take place in a much less space of time.

With regard to the influence of putrefaction in producing softening, it would not by any means be correct to say that it does not produce this change of the mucous membrane till after the expiration of weeks or months. Such appears to be the expression of the fact as regards the influence of putrefaction in modifying the consistence of healthy mucous membrane; but when this membrane has been the seat of disease before death, and more particularly when the disease has been of such a kind as to deprive this membrane suddenly of its vital properties, a few hours will suffice for its complete decomposition. This fact is illustrated in a general point of view by those cases of sudden death in which the nervous system, the blood, or both, are the vehicles of the destructive agent or of its influence, as in death from lightning and certain poisons. In such cases all the tissues run rapidly into putrefaction.

Having made these general remarks on softening from maceration and putrefaction, we shall now confine our attention to softening of the mucous membrane from inflammation and the chemical action of the gastric juice.

I. *Softening of the mucous membrane of*

the stomach and intestines from inflammation.—

It is said that the mucous membrane of the stomach is much more frequently affected with softening than that of the intestines. Now this statement is true only in so far as expressive of the occurrence of softening without reference to its nature. It is not true as regards inflammatory softening, while it is quite true if applied to softening as a chemical effect of the gastric juice. It is also said that the mucous membrane is most frequently found softened where it lines the fundus of the stomach. This circumstance does not, however, decide the locality of inflammatory softening in this organ. For it is precisely at the fundus of the stomach that the mucous membrane is almost always acted upon by the gastric juice after death. Softening of the mucous membrane from inflammation is, we should say, most frequently observed at the termination of the ileum; in the depending or fixed portions of the colon, or the cæcum, in the right and left hypochondriac regions and sigmoid flexure of this intestine. Although such are the parts in which inflammatory softening is most frequently observed, it may occur not only in any definite portion of the intestinal tube, but also throughout its whole extent, that is to say, from the cardiac orifice to the anus; but such cases are very rare. These remarks apply to inflammatory softening of the mucous membrane considered as a whole; but as this membrane is composed of distinct elements,—the mucous tissue properly so called, villousities and follicles,—this morbid alteration may take place in each of these parts separately, or in all of them at the same time. Softening of the mucous membrane in general, or of these its elements in particular, presents various degrees. In the first degree the mucous membrane, instead of possessing that degree of cohesion which permits of its being detached from the submucous tissue, breaks as soon as it is seized between the fingers or forceps; in the second degree the edge of a scalpel or the finger passed lightly over its surface converts it into a soft, somewhat opaque, creamy-looking pulp; and in the third or last degree it is so soft that it is removed by a stream of water poured upon it from the height of a few inches. In this stage portions of it are found partially or entirely destroyed, and, having been removed by the fluid contents of the stomach or intestines during life, the submucous or cellular tissue is thus found deprived of its mucous covering. It is in this manner that various forms of softening are produced, as irregular or round patches of various sizes. It is important to notice this circumstance, for when the softening is limited to the glandulæ solitariae, particularly in the large intestines, as is frequently the case in dysentery, it might be altogether overlooked. These bodies being very small, and their entire destruction from softening being often unaccompanied by any obvious alteration of the mucous membrane itself, the seat and nature of the intestinal affection might not be ascertained were it not for the presence of a number of minute circular patches, which,

* De la Membrane Muqueuse Gastro-Intestinale. Paris, 1825.

when narrowly examined, are found to be the result of softening of these follicles; for it often happens that enlarged follicles are seen intermixed with the patches, and which, when a scalpel is carried over the surface of the mucous membrane, break down or are removed, and thus other patches are formed similar to the former. These circular patches, which have the submucous tissue for their basis, are often described as ulcerations of the mucous membrane; but in all cases of doubt the use of the scalpel, as noticed above, will enable us to determine their nature. Softening of the mucous membrane in the form of stripes and bands has been described with great care and precision by Louis, and has been much insisted upon as characteristic of inflammatory softening. But for reasons which we shall afterwards assign, we are disposed to ascribe a very different origin to these forms of softening of the mucous membrane of the stomach, viz. the chemical action of the gastric juice.

Softening of the mucous membranes of the digestive organs may present various degrees of redness, or it may be quite pale. The redness may be confined to the softened part, or it may extend to the neighbouring parts at the same time, or the latter may be red and the former pale. The redness of the softened membrane may vary from a slight rose red, bright or dark red, to purple or brown,—varieties of colour, the value of which it is by no means easy to estimate, inasmuch as the quantity of blood in an inflamed tissue cannot be taken as the measure of the degree of inflammation which had caused the accumulation of this fluid. The pale inflammatory softening presents also some variety of tint which requires to be noticed. The softened mucous membrane is of a pale greyish or yellowish grey tint, being little altered from its natural colour; or it may be paler than natural, when it generally presents a milky aspect, owing to the colour of the submucous tissue being seen through it. The pale softening is very common in phthisical subjects, in tubercular disease of the mesenteric glands, as in all diseases followed by great emaciation, although the existence of this important lesion was not known to pathologists till very lately, owing to the imperfect mode of examination to which the digestive mucous membrane was subjected.

Instead of constituting the only disease of the mucous membrane, softening may be complicated with various other diseased states, such as thickening of this membrane, enlargement of its follicles, and ulceration; but its general characters do not, under these circumstances, differ from those we have just described.

Inflammatory softening has been described as affecting all the tunics of the stomach and intestines. It is said to proceed from the mucous membrane to the submucous tissue, and from the latter to the muscular coat and peritoneum, all of which it destroys in succession, and terminates in perforation of these organs. We, however, disbelieve this statement. Softening of all the coats of the stomach or intes-

tines, carried to the extent of perforation of these organs, does not arise in inflammation. It depends on the chemical action of the gastric juice.

Much has been said of the *symptoms* of softening of the gastro-intestinal mucous membrane, but it would serve no useful purpose to give an exposition of them in this place, inasmuch as when this lesion is the consequence of inflammation, the symptoms are those of gastritis or gastro-enteritis, and which will be found detailed under these heads respectively. It need hardly be observed that there are no symptoms referable to the states of softening which we have described, considered in itself, and as a termination of inflammation of the mucous membrane.

It may, however, be reasonable to suppose that, if a person recovers from gastritis or enteritis, followed by complete softening of the mucous membrane to a considerable extent, nutrition will be considerably modified, at least in degree. But how far this actually takes place has not been ascertained; and although we find the mucous membrane in some individuals, after death, presenting a very indistinct villous structure, either generally or in particular parts, it is easy to conceive how great must be the difficulty of deciding on the nature of such an appearance, the more especially as it has not been found to be connected with any peculiar modification of function.

The description, therefore, which we have given, of softening of the digestive mucous membrane is valuable only in so far as it becomes a *test* of the previous existence of inflammation. It is, in fact, only in this point of view that we can consider it in this place. It is a lesion of the mucous membrane which belongs exclusively to the pathologist, as it furnishes the physician with no sign of its existence. It puts him, however, in possession of the important facts to which we have alluded, viz. the frequency, extent, and consequences of inflammation in organs in which it had so long escaped his researches, thereby leaving him without the means of judging of the propriety of his practice, or of giving to it that stability and scientific character which it is more capable of receiving.

II. *Softening of the stomach and intestines from the chemical action of the gastric juice.*—The chemical dissolution of the mucous membrane and other tunics of the stomach was discovered by John Hunter, while engaged in a series of experiments on digestion.* He described it as *digestion of the walls of the stomach after death*, and as the immediate consequence of the solvent property of the gastric juice. As he had observed it only in healthy animals, and in persons who had been suddenly deprived of life by external violence, he believed that a perfect state of health, immediately before death, was absolutely necessary to its production. The opinions of Hunter on

* J. Hunter, on the digestion of the stomach after death. Phil. Trans. vol. lxii. p. 444; and Observ. on certain Parts of the Animal Economy, 2d edit. p. 226.

the dissolvent property of the gastric juice after death, were soon after confirmed by Spallanzani* and Dr. Adams;† and Mr. Allan Burns‡ contributed some important information on the subject, more particularly relating to the chemical dissolution of the stomach in individuals who had died in a state of great debility and emaciation from chronic disease, and also the occurrence of this lesion in portions of the stomach in which it had not before been observed.

Although the experiments and observations of Hunter, modified and extended by the contributions of Spallanzani, Adams, and Burns, clearly demonstrated the occurrence of softening and perforation of the walls of the stomach in certain animals, as fishes, rabbits, and dogs, and in man, in consequence of the chemical action of the gastric juice after death, British pathologists appear to have entirely overlooked the importance of the subject in relation to those morbid conditions of the stomach which bear a greater or less resemblance to the *post-mortem* effects of the gastric juice upon this organ. In France, the opinions of Hunter were at first received with doubt, afterwards turned into ridicule, and the most vague and absurd hypotheses set up in their place. French pathologists, instead of regarding the lesions pointed out by Hunter as *post-mortem* effects of the gastric juice, described them as grave alterations of the stomach produced during life by the direct operation of morbid agents. Chaussier,§ whose description of the appearances produced by the gastric juice accords with that of Hunter, ascribes the softening and perforation of the walls of the stomach to the presence of an *acid* and *corrosive* fluid produced by a *special* irritation of this organ, and which turns its activity even against the tissue whence it is derived, as well as other tissues with which it is brought in contact. Morin,|| Laisné,* and several others referred the same alterations of the stomach to the sudden development of a *high degree of local irritation*, terminating in the partial or complete destruction of the affected part of this organ, by a process similar to that of erosion or ulceration.

The researches of Jöeger** in Germany revived the opinions of Hunter, and directed the attention of pathologists anew to the experimental investigation of this interesting subject. The experiments and observations of this author led him to the conclusion that the softening and

perforation of the stomach occurs after death, but that these changes are not the result of the chemical action of the healthy gastric juice. He believes, on the contrary, that this fluid must have been altered by disease, the nature of which he does not explain, but supposes it to consist in some peculiar change taking place in the functions of the nervous system, and a consequent modification of the secretion of the digestive organs. Dr. J. Gairdner* has arrived at the following conclusions as the result of his observations on softening and perforation of the alimentary canal, viz. that these lesions are produced after death by the action of the fluids contained in the stomach and intestines; that these lesions probably occur in some cases without previous disease of the parts in which they are found to exist; but that they also take place in consequence of a peculiar disease of the alimentary canal, whereby portions of it are rendered more easily soluble by the action of its contents.

Such are the principal opinions of those who have adopted, rejected, or modified the views of John Hunter on softening and perforation of the alimentary canal. We may now allude briefly to those of Cruveilhier and Louis, who have described these *post-mortem* lesions as pathological alterations of the stomach and intestines, and as constituting a disease not hitherto observed by pathologists. Louis† has detailed, with great precision and accuracy, the symptoms and *post-mortem* appearances observed by him in a considerable number of cases in which the mucous membrane of the stomach was found more or less softened or destroyed. He considers this state of the stomach as produced during life, and referable to a state of irritation of the mucous membrane, the symptoms of which, although generally conspicuous, are sometimes wanting. In Cruveilhier's‡ memoir, we find this author describing the same lesion of the alimentary canal as it occurs in infants and children, and ascribing it to a high state of irritation of the mucous membrane, which, being followed by the repeated effusion of serosity, the delicate textures of the stomach and intestines become infiltrated, distended, and ultimately disorganized, thus producing, as it were mechanically, what he calls the *ramollissement gélatiniforme* of the walls of this organ, and perforation.

Such is a brief outline of the several opinions which have been entertained regarding the nature of the lesion now under consideration. Impressed with the importance of the subject when considered in connexion with several

* On the Natural History of Animals and Vegetables, Dissert. 5.

† On Morbid Poisons, &c. and London Med. Journal, vol. xxiii. p. 399.

‡ Observations on the Digestion of the Stomach after Death. Edin. Med. and Chir. Jour. vol. vi. p. 129.

§ Bulletins des Sciences Médicales du Département de l'Eure, no. 53. p. 7.

|| Considér. générales sur l'Erosion, Paris, 1806.

* Considér. Médico-légales sur les Erosions et Perforations spontanées de l'estomac, dans le recueil intitulé Méd. Lég. No. 104. p. 135.

** Über die Erweichung des Magengrundes, oder die Sogennante Verdauung des Magens nach dem Tode. Hufeland's Journal, 1811; and in Lond. Med. Repos. vol. x. p. 416.

* Cases of Infantile Disease, in which Erosions and Perforations of the Alimentary Canal were found after death. Trans. of Edin. Med.-Chir. Soc. vol. i. p. 311.

† Ramollissement avec Amincissement, et de la Destruction de la Membrane Muqueuse de l'Estomac, Archiv. Génér. de Méd. tom. v. p. 5; and, Recherches Anatomico-Pathol. sur diverses Maladies, Paris, 1826.

‡ Médecine Pratique éclairée par l'Anatomie et la Physiologie Pathologique.

morbid conditions of the stomach, more especially those produced by inflammation of this organ, the author of the present article instituted a series of experiments, modified in every possible way, with a view to obtain a satisfactory solution of the following questions.* Are the lesions described by various authors under the appellations of softening, erosion, perforation, gelatiniform softening, and digestion of the walls of the stomach, the same or different lesions? Are these lesions produced during life or after death? If in the latter case, are they the effects of the chemical action of the gastric juice? and what are the conditions and properties of this fluid to which they are to be ascribed? The following summary of the experiments alluded to appears to us to afford a satisfactory solution of these queries.

Softening, erosion, and perforation of the stomach and intestines from the chemical action of the gastric juice after death, in inferior animals.—When an animal, such as a rabbit or dog, in the most perfect state of health, is killed during the act of digestion, the following appearances are observed in the stomach if examined four, six, or eight hours after. In one series of cases, the mucous membrane of the most depending portion of the stomach, or this membrane, the submucous, and muscular coat, are softened or broken down into a pulpy substance. In a second series, the serous or peritoneal covering is also destroyed, or the stomach is perforated, and a quantity of digested food projects through the opening, and lies in contact with the liver, spleen, diaphragm, or intestines, one or all of which may present, to a greater or less extent, the same kind of softening as that observed in the stomach. In a third series, the diaphragm or œsophagus is perforated, and the liquid part of the digested food has passed into the cavity of the thorax, and all the parts with which it is in contact, as the pleura pulmonalis and costalis, and even the substance of the lungs, are softened or entirely dissolved. The colour of the softened parts was generally pale, sometimes of a yellowish tinge; and whenever vessels filled with blood traversed these parts, this fluid presented a brown or black colour. The softened mucous membrane of the stomach, when removed by passing a scalpel over its surface, appeared like a solution of starch in hot water. It was frequently found in this state covering the submucous coat like a thin layer of jelly, and could be carried away by a stream of water, leaving a large irregular grey or pale-coloured patch, formed by the denuded submucous coat. Sometimes several of these patches were observed, and presented those appearances termed erosions. These alterations of the mucous membrane were always limited to, or most marked in, the fundus or most depending portion of the stomach; they became gradually less perceptible towards the body or pyloric portion of the stomach, where they were lost in the healthy state of this membrane. The same characters were observed in the other

tunics of the stomach, and the borders of the perforation were irregular, ragged, thin, pulpy, and transparent, and consisted principally of the peritoneum.

The fundus of the stomach was the part primarily and exclusively affected. It was also in this portion of the stomach that the food was found most completely digested,—a circumstance which depended on the depending position of the fundus, at least in those cases in which the food was in a state of fluidity, or the gastric juice considerable in quantity. The same may be said of those organs alluded to, those of them being most softened that were nearest the fundus of the stomach, or in the direction in which the fluid contents of this organ were made to pass, from the position given to the body of the animal after death. From these facts it will not be difficult to perceive in these changes the effects of a common cause, having its seat in the stomach, and extending its influence to other organs in the manner we have described. That this cause was the healthy gastric juice must be obvious, since this fluid was formed in animals in a perfect state of health. It was, besides, only when these animals were killed during the act of digestion, or when the stomach contained gastric juice, that any lesion of this organ was observed. We shall not at present attempt to identify the effects of the healthy gastric juice with those described by Cruveilhier, and others observed in children, as we shall afterwards have an opportunity of showing that the gelatiniform softening of the stomach and intestines met with in children is of the same nature as that we have just described.

The next fact satisfactorily determined by these experiments was the *property* of the gastric juice, by means of which the dissolution of the stomach or other organs is effected after death. On laying open the softened or perforated stomach of a healthy animal, we are at once struck with the sour smell that arises from its contents. It is precisely similar to that which we perceive on opening the stomach of a living animal containing a quantity of digested food. When litmus paper is placed in contact with this food, or the more fluid contents of the stomach, it becomes immediately red, the degree of redness, or the rapidity with which it takes place, varying with the stage of the digestive process and the fluidity of the contents of the stomach. The *acidity* of the gastric juice always accompanied the softening and perforation of the stomach in the animals subjected to our experiments; and hence we concluded that it is to this property—acidity, that the production of these changes is to be attributed; a conclusion, the accuracy of which was confirmed by introducing into the stomach of a rabbit that had just been killed, a quantity of magnesia sufficient to neutralize the acid contents of this organ. In this experiment there was no appearance of softening.

In order to shew that the softening and perforation of the stomach are the immediate effects of the gastric juice, or, more correctly speaking, the *gastric acid*, and in no way de-

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pendent on any morbid state of the stomach or other organ of the body, the stomach of a healthy rabbit, containing digested food, was removed, and placed under a glass globe. It was kept moist by a little tepid water placed beneath it. In a short time the fundus became pale, afterwards soft, thin, and transparent, and at the end of four hours dissolution of all the coats of this depending portion of the stomach took place, and was followed by the escape of the food. Softening and perforation of the stomach, intestines, and urinary bladder, are produced under similar circumstances—that is to say, when the gastric acid or digested food is taken from the stomach of a healthy animal, and introduced into one or other of these organs, removed from another animal, or left *in situ*. We have repeatedly observed, and reproduced as stated above, all the varieties of softening, erosion, perforation, &c. described by the authors whose opinions we have quoted as pathological states.

Softening, erosion, and perforation of the stomach from the chemical action of the gastric juice after death, in persons suddenly deprived of life while in the enjoyment of perfect health.—It were weak and futile to argue that the *post-mortem* effects of the gastric acid, although observed to take place in inferior animals, do not prove their occurrence in man; for the gastric acid has been found to be of the same nature in all animals in which it has been examined, as in man. Moreover, all the chemical *post-mortem* effects of this acid have often been observed to occur in individuals suddenly deprived of life soon after a meal, and at the time in the enjoyment of perfect health. We have seen one case of this kind which occurred in a healthy young man who fell from a considerable height soon after breakfast, and died a few hours after. All the coats of the fundus of the stomach, except the peritoneal, were converted into a soft gelatinous pulp, resembling in every respect the same change observed in our experiments on rabbits, as well as the contents of the stomach in this case, these having been found, by means of their smell and the chemical test, to be acid. There cannot, therefore, remain the slightest doubt that softening of the walls of the stomach occurs after death from the chemical action of the healthy gastric acid in individuals suddenly deprived of life.

Softening, erosion, and perforation of the stomach, of this organ and the intestines, the œsophagus, diaphragm, &c. from the chemical action of the gastric acid after death, in persons who die of various diseases.—These lesions have been met with of every possible degree, extent, and form, whatever may have been the nature of the disease by which they had been preceded. Thus they have been observed in the bodies of those who have died of acute and chronic diseases, whether of one or of several organs, whether the stomach and intestines have manifested any signs of disease during life or not; in the most robust as in the most feeble and emaciated, and at every period of life. Before alluding farther to the symptoms

ascribed to the present form of softening of the stomach, by those who regard it as a pathological lesion, we shall point out the situation which it occupies in this organ, the degree and extent to which it proceeds, and the form and colour which it presents, in order to determine how far it resembles in these respects this change of consistence, such as we have described it to occur in animals and in man, as the consequence of the chemical action of the healthy gastric juice after death.

The *situation* of softening, as well as that of erosion and perforation of the stomach, in individuals who die from disease, is precisely the same as in our experiments, viz. the fundus of that organ. It is to this part of the stomach that these lesions are almost always either exclusively confined, or in which they are greatest in degree. Their occurrence in any other portion of the stomach may be explained by the presence of certain physical conditions of this organ, which we shall presently notice more particularly.

The *degree* of softening presents the same variety observed in our experiments. The mucous membrane or other tunics of the stomach present, in the first stage, a slight diminution of consistence, and have acquired a certain degree of transparency. When seized, they break immediately, or are crushed between the fingers into a soft pulp. In the second stage, the mucous membrane is seen lying like a quantity of albumen covering the submucous coat, and can be wiped off or removed with a bit of cloth or a stream of water. In the last stage, this membrane has entirely disappeared in several portions of the stomach, thus leaving the submucous coat denuded, and presenting the grey silvery aspect by which it is characterized.

The *extent* of the softening is very various, being either limited to a small portion of the fundus, or occupying the whole surface of the stomach. When perforation either of the stomach or œsophagus has taken place, we find, as in our experiments, softening of the liver, spleen, intestines, diaphragm, pleura, and lungs, all of which organs may be affected in the same individual, and present various degrees of dissolution.

The *form* of softening presents several important varieties. If the softening be confined to the mucous membrane of the fundus, the form which it presents is that of small or large patches. These are generally irregular, the borders of them being formed by the mucous membrane, and the bottom of each by the submucous coat. The edges of the patches, besides being irregular, are thin, soft, and somewhat transparent. If the softening has penetrated the submucous and muscular coats, the edges of these are beveled outwards, and terminate in thin irregular prolongations, which are seen to float like shreds of transparent coagulable lymph when water is poured upon them. Softening and perforation of the peritoneal coat presents precisely the same characters as to form and consistence. These, then, are the varieties of form of softening observed in the fundus of the stomach, and when this

lesion extends beyond the fundus, it still presents the same appearances so long as the mucous membrane is smooth or stretched out. But when this membrane is thrown into folds or forms plicæ, the softening no longer occurs in patches, but presents those remarkable appearances so minutely and accurately described by Louis, as indicating the existence of pathological alterations. The forms of the softening in this case are those of stripes or bands of various dimensions, having the situation and distribution of the plicæ. Wherever these stripes and bands exist, we find that the mucous membrane has been completely destroyed, and the submucous coat laid bare. They have thus a blueish or silvery grey aspect, while the mucous membrane which they enclose may be of its natural colour, red or otherwise modified, and appears in isolated patches of various forms and extent. It was the isolated and defined character of this form of softening which made it be considered as indisputably of a pathological nature. But the following explanation will show that it is a *post-mortem* lesion, and the consequence of the chemical action of the gastric juice. The mucous membrane possessing only in a very limited degree the power of diminishing its bulk, is always thrown into the form of plicæ when the muscular coat has contracted so as to diminish considerably the capacity of the stomach. When a quantity of gastric acid is collected on the surface of the mucous membrane in this state, it is obvious that the dissolvent property of this fluid will be exerted principally, if not exclusively, on the borders of the plicæ, their lateral surfaces being in contact with one another, or covered with mucus. Hence it follows, that when the stomach is removed from the body, emptied of its contents and spread out, the plicæ are effaced, and the stripes and bands, not before observed, make their appearance. That such is the manner in which this form of softening is produced is demonstrated by the following experiment, which we have frequently repeated. If the stomach of an animal, or of the human subject, in which the plicæ are well marked, be taken, and a quantity of gastric acid or digested food be placed over its mucous surface, we find that after a few hours the projecting borders of the plicæ are dissolved, while their lateral surfaces remain unchanged.

We have said that softening of the stomach, the erosion and perforation by which it is followed, almost always takes place in the fundus of this organ, in consequence of its depending position favouring the accumulation of the gastric acid. But there are various circumstances which, operating after death, give rise to important varieties in the situation, form, and extent of the softening of the mucous and other coats of the stomach. Great enlargement of the spleen may elevate or compress the fundus of the stomach so as to prevent the gastric acid from collecting within it, while at the same time this fluid accumulates in some other portion of the stomach, as the pyloric, which may have become the most depending part; great distention of the transverse arch

of the colon may throw the great curvature of the stomach upwards and forwards, when the fluid contents of this organ collect along the small curvature; or tumours in the liver, retro-peritoneal cellular tissue, &c. may be so situated as to produce considerable variation in the position and form of the stomach, and, consequently, in the situation of the softening.

Under all these circumstances the form of softening is likewise considerably modified. But the presence of gas in the stomach gives rise to a particular variety of form of softening which requires to be noticed. The softening terminates in a well-defined, abrupt margin, beyond which the mucous membrane is found to present (so far, at least, as the gastric acid is concerned) its natural colour and consistence. This regular and defined margin of the softening is determined by the gas acting as a foreign body, equalizing the distribution of the gastric acid, and confining its operation to a circumscribed portion of the mucous membrane. The quantity of the gastric acid generally regulates the extent of the softening of the mucous membrane. If considerable, the whole of the gastric mucous membrane may be destroyed, and it is also in cases of this kind that the cardiac orifice becomes dilated, and the gastric acid passes into the œsophagus, the cuticular lining, mucous and muscular coats of which it dissolves, and forms a communication between the cavity of this tube and that of the chest.

The colour of the mucous membrane in softening, erosion, and perforation of the stomach, presents several important modifications, and which depend essentially on the quantity of blood contained in this organ after death. If the quantity of this fluid be very small, or such as it is generally found to be in what is considered the healthy state of the stomach, the natural colour of the mucous membrane is not altered except where it is softened, where it is of a dull-yellow or orange-tint. This colour increases with the quantity of the blood, and is accompanied with shades of brown and black, which assume a variety of forms, the description of which will be found in the article MELANOSIS, and also the experimental evidence which demonstrates that these changes of colour are produced by the gastric acid. An opposite state, or extreme paleness of the softened mucous membrane, is that form of *post-mortem* softening which is generally observed in infants and young children, and in emaciated, cachectic, and leucophlegmatic persons, in whom the blood is not only small in quantity, but contains a great disproportion of serum. In such individuals the whole stomach appears as if macerated; is, indeed, sometimes infiltrated with serosity, and is so completely deprived of blood that no trace of this fluid is perceived except in some of the large venous branches.

Redness of the softened mucous membrane is never observed. Its existence is incompatible with the chemical action of the gastric acid, and the red colour of the blood is instantaneously destroyed by this fluid.

Although the general characters of the chemical dissolution of the *intestines* agree in every respect with those which accompany this lesion of the stomach, there are a few circumstances which require to be noticed, in order to refute the opinion that softening of this part of the digestive apparatus is, in an especial manner, the consequence of disease. We have already stated that softening of the intestines was a frequent occurrence in those animals submitted to our experiments. The portions of intestines softened or perforated were invariably those situated in the epigastric or left hypochondriac region; and it is most important to note that complete dissolution of the coats of the intestine was sometimes observed, even when the stomach was not perforated, and, consequently, when the former were not in immediate contact with the gastric acid contained within the stomach. As the intestine occupied the superior surface of the stomach, presented no trace of disease, nor contained any acid fluid, the softening must obviously have been produced by the gastric acid having been transported from the stomach by imbibition. Hence it follows that softening, and even perforation, *from without inwards*, of the intestines, may take place after death from the chemical action of the gastric acid, and without perforation of the stomach as a previous and necessary occurrence. It is an interesting fact that in almost all the cases of softening, (gelatiniform softening,) or softening with perforation of the intestines that have been published, the large intestines, situated in the epigastric or left hypochondriac region, were exclusively the seat of one or both of these lesions. Such, also, has been the result of our own observations in all the cases of softening of the intestines which we have examined in the dead body. The locality of this lesion and its physical characters being precisely the same in man as those observed in animals, and having traced it in both to the mediate or immediate influence of the gastric acid, we must necessarily regard it in the former, as it was shown to be in the latter case, a *post-mortem* alteration. Cases of softening and perforation of the intestines, *from within outwards*, occur after death, from the presence of an acid fluid, either formed within them, or brought into them from the stomach.

From the evidence we have brought forward to prove that the softening, erosion, and perforation of the stomach and intestines, described as pathological lesions by the authors to whom we have referred, are the effects of a chemical agent—the *healthy* gastric acid—and produced after death, it would, in our opinion, be a waste of time to attempt a refutation of the several theories which have been offered on this subject. We have already remarked that all these lesions have frequently been found to occur in individuals whatever may have been the seat or nature of the functional derangement by which they may have been preceded, whether death may have been the consequence of disease or of accidental injury. But why, it may be asked, do these lesions frequently occur, particularly in children, in whom the only symp-

toms observed are referable to a greater or less derangement of the functions of the stomach and intestines? This question may be met by the following. How does it happen that these lesions *do not occur* in cases in every respect the same as the former as regards the derangement of function and the organs affected? The answer is simply this—the presence in the former, and the absence in the latter case, of the chemical cause of these lesions. Gastritis or gastro-enteritis is the disease which exists in both cases, and would never have been described as anything else but for the presence of those *post-mortem* lesions which we have described. It is, indeed, surprising that any divergency of opinion should exist on this subject, seeing that no such changes exist in any other organ supplied with a mucous membrane; seeing, on the contrary, that inflammation produces quite a different kind of softening of the mucous membrane from that which we have described. The mucous membrane softened by inflammation, instead of being transparent, is more or less opaque, and even when it is completely disorganised, it resembles a mixture of flour and water or milk, rather than an albuminous or a gelatinous fluid. Such is, in fact, the principal character of inflammatory softening of the mucous membrane in whatever organ it occurs; whereas the transparent gelatiniform softening is never observed except where the chemical agent is formed by which it is produced, viz. in the alimentary canal, and in some of the neighbouring organs, for the reasons which we have already given. We shall only further observe that were the gelatiniform softening, erosion, and perforation of the stomach the consequences of inflammation, we should in every case find, either in the stomach or external to it, one or more of the products of this pathological state. But this we never find; even the perforation of the stomach, of the intestines, diaphragm, with the accompanying destruction of the spleen, liver, &c. may exist all in the same individual without any trace of serous effusion, of coagulable lymph or pus. There is no trace of peritonitis, even when the contents of the stomach, of the most stimulating quality, are lying in contact with the peritoneum. Lastly, the stomach is frequently found perforated without its contents having escaped into the cavity of the abdomen.

From all the facts brought forward on this part of our subject, the following principles may be established:—

1st. That the softening, erosion, and perforation of the walls of the stomach, attributed by the greater number of pathologists to morbid conditions of this organ, may be produced, whatever may be their form, degree, extent, or situation, by the gastric acid.

2d. That no pathological condition of the stomach or of any other organ is necessary to the production of these lesions.

3d. That all of them are met with in individuals who, in the full enjoyment of health, are suddenly deprived of life; and in those who die from various diseases.

4th. That all of them are met with, after death, in healthy and diseased stomachs, which contain gastric acid.

5th. That they are produced by introducing this fluid into a healthy dead stomach.

6th. That the varieties observed in the form, degree, extent, and seat of these lesions, depend on modifications of the gastric acid, the action of which on the stomach is regulated by a certain number of physical conditions in which this organ may be placed.

7th. That softening, erosion, and perforation from the action of the gastric acid, are observed in other organs besides the stomach, viz. in the œsophagus and intestines, from the direct communication which exists between them and the former organ; and in the peritoneum, liver, spleen, diaphragm, pleuræ, and lungs, in consequence of the perforation of the stomach and œsophagus.

8th. That all these lesions of the stomach, intestines, and of the other organs, are produced after death.

(R. Carswell.)

SOMNAMBULISM AND ANIMAL MAGNETISM.

I. OF PROPER SOMNAMBULISM.

Somnambulism or sleep-walking is one manifestation of a state of the nervous system which, in different degrees and under several forms, coexists with various general conditions of the living body. It is characterized by a suspension more or less complete of external feeling, while the imagination is in activity, but the individual is not conscious of his real state, and fancies himself to exist under different circumstances from those which actually surround him. Dreaming is one modification of this state, but it does not afford so great a variety of phenomena as somnambulism, or display so many peculiar signs of the real condition of the faculties. Many forms of delirium, catalepsy, trance or ecstasy, and some cases of madness—those, for example, in which the patient on recovery is found to have lost suddenly all recollection of what had passed during the period of his disease—belong to the same class of affections, for which we have as yet no collective term. An inquiry into the real character and pathology of somnambulism may afford us an opportunity of throwing some light on a variety of obscure phenomena which display themselves in the state of the system above described, and it will be found interesting, and, as we trust, useful in some other points of view.

There is an obvious relation between the state of the faculties in somnambulism and that which exists during dreams. It is, indeed, probable that somnambulism is dreaming in a manner so modified, that the will recovers its usual power over muscular motion, and likewise becomes endued with a peculiar controul over the organs of sense and perception. This power, which gives rise to the most curious phenomena of somnambulism, is of such a kind that, while the senses are in general obscured, as in sleep, and all other objects are

unperceived, the somnambulator manifests a faculty of seeing, feeling, or otherwise discovering those particular objects of which he is in pursuit, towards which his attention is by inward movement directed, or with which the internal operations of his mind bring him into relation.

The near connexion between somnambulism and dreams is established by the following considerations:—

1. Sleepwalkers, after they have awakened from the slumbers which ushered in and continued after somnambulation, have sometimes remembered the circumstances or adventures of the period, and have correctly related them as the impressions of a dream. This fact has been noticed by Sylvius and by Hoffmann: "*Somniantibus et somniorum ratione obvenire hominibus somnambulatorum affectum patet ex ipsorum evigilantium relatu, putantium se somniâsse duntaxat, quæ actu fecerunt.*" A striking instance of this kind is related by Horstius. A young nobleman in the citadel of Brenstein was observed by his brothers, who occupied the same room, to rise in his sleep, put on his cloak, and having opened the casement, to mount, by the help of a pulley, to the roof of the building. There he was seen to tear in pieces a magpie's nest, and wrap the young birds in his cloak. He returned to his apartment, and went to bed, having placed his cloak by him with the birds in it. In the morning he awoke, and related the adventure as having occurred in a dream, and was greatly surprised when he was led to the roof of the tower and shewn the remains of the nest, as well as the magpies concealed in his cloak. A similar observation as to the occasional remembrance of the impressions made on the mind during somnambulism, was made long ago by Muratori, to whose work we shall again have occasion to refer.

2. As in dreams, so likewise in somnambulism the individual is intent on the pursuit of objects towards which his mind had been previously directed in a powerful manner, and his attention strongly roused; he is in both states impelled by habit, under the influence of which he repeats the routine of his daily observances. A somnambulator is a dreamer who is able to act his dreams.

Many facts may be cited in proof of this remark. A man (known to the writer of this article), who was accustomed to attend a weekly market, rose from his bed, saddled his horse, and actually proceeded on his journey as far as a turnpike, which being closed during the night, he was awakened by the circumstance. Another individual who had been in the habit of frequenting a public promenade, where he used to meet his acquaintances, was seen to rise from his bed at night and walk in his shirt along the same path, which extended for a mile on the brow of a hill, stopping very frequently and greeting different individuals whom he had been accustomed to see in the same place. Hoffmann relates the case of a somnambulator who dreamed that he was going to set out on a journey, rose and put on

his clothes, shoes, and spurs, and then striding across the sill of an open window, began to kick with his heels and to exert his voice, supposing that he was exciting his horse to speed. Henricus ab Heer mentions another person, a student at an university in Germany, who, having been very intent on the composition of some verses which he could not complete to his satisfaction, rose in his sleep, and opening his desk, sat down with great earnestness to renew his attempt. At length, having succeeded, he returned to bed, after reciting his composition aloud, and setting his papers in order as before. Martinet gives the case of a man who was accustomed to rise in his sleep and pursue his business as a saddler.

M. Bertrand considers it to be a peculiar feature of somnambulism that the individual, though on waking he is generally found to have lost all recollection of what passed during his sleep, yet recalls, when the periods of this state return, the whole train of obliterated ideas. "Somnambulism," as the same writer says, "thus constitutes really a new life, returning at unequal intervals, connected together by a new species of memory."* We may observe that something of this kind is perceived in the instance of dreams. A person strongly impressed by a dream, on again falling asleep, experiences not unfrequently a recurrence of the same impressions, and the imagination will even take up the dream at the precise point where it was before interrupted.

These observations seem to prove that somnambulism is a modification of dreaming, and this conclusion appears so probable, that it will perhaps be admitted without hesitation; yet there are many writers of great research and ability who maintain a different opinion. Bertrand, who has investigated the circumstances connected with the history of sleep-walking with great pains and accuracy, considers the state in question to be something entirely different from dreaming. The same opinion is expressed in the most positive manner by Professor Heinroth, who says that somnambulists are to be reckoned as awake, since their perceptive power is in some respects even more acute than during the ordinary waking state; and that this condition bears no relation to dreaming, inasmuch as dreamers exist in an ideal world, whereas night-wanderers are conversant with actually existing and material objects.† Both of these writers maintain an opinion which is very prevalent in France and Germany, that somnambulists have the ordinary channels of sensation entirely closed, that they neither see with their eyes nor hear with their ears, but are endowed with a peculiar mode of sensation, which, in its highest degree, constitutes what is termed *clairvoyance*. This is supposed to be diffused over the whole surface of the body, but to be

especially seated in the epigastrium and fingers' ends. It is not exactly sight or hearing, but fulfils all the functions of both these modes of perception.

An opinion so improbable will be thought by some scarcely worthy of consideration. Its extensive reception, however, among a large number of continental writers, together with some other reasons which will become apparent, must prevent our passing it over as an idle speculation. The facts, also, of somnambulism are, as we have above remarked, deserving of further attention on account of their relation to a variety of obscure pathological phenomena, with which we shall have to compare them. For these reasons we deem it necessary to call the attention of our readers to some of the most remarkable of the cases of somnambulism which have been recorded in different countries, and which are occasionally appealed to as affording evidence on controverted points.

Somnambulism was known to Hippocrates and Aristotle, and to Galen by his own experience, but is briefly mentioned by them. Diogenes Laertius has recorded two cases of this affection. One was that of a stoic philosopher, who in this state used to compose works, read, and correct them. Such actions, as M. Bertrand observes, under the ordinary circumstances would imply the possession of sight; still this writer is inclined to maintain that somnambulists have rather a new faculty which supplies the place of sight, though he admits that the supposition should not be adopted without incontestible proof. Gassendi has related in a more detailed manner several cases of somnambulism. These are extracted by Muratori in his work on The Imagination, in which are also to be found some of the most interesting facts on record connected with this and other mental phenomena.* One of Gassendi's somnambulists used to rise and dress himself in his sleep, go down to the cellar and draw wine from a cask: he appeared to see in the dark as well as in a clear day; but when he awoke either in the street or cellar, he was obliged to grope and feel his way back to his bed. He always answered his wife as if awake, but in the morning recollected nothing of what had passed. It often seemed to him as if there was not light enough, and he thought he had risen before day. He then struck fire, and lighted a candle. Another sleepwalker, a countryman of Gassendi, passed on stilts over a swollen torrent in the night, but on waking was afraid to return before daylight, or until the water had subsided. Two of the most curious and best related cases on record are those of Signor Augustin Forari and John Baptist Negretti; both of these are given by Muratori, from whom we shall take a brief extract of them.

* *Traité du Somnambulisme*, par A. Bertrand. Paris, 1823.

† *Lehrbuch der Störungen des Seelenlebens, und ihrer Behandlung*, von Professor J. C. A. Heinroth. Leipzig, 1818. B. ii. p. 270.

* L. A. Muratori, della forza della Fantasia Umana, Venez. 1766. It is singular that this treatise has not been translated into either French or English. The German translation is a very valuable work, containing various notes and additions by the editor, Richertz of Göttingen.

"Signor Augustin was an Italian nobleman, dark, thin, melancholic, and cold-blooded, addicted to the study of the abstract sciences. His attacks occurred at the waning of the moon, and were stronger in autumn and winter than in the summer. An eye-witness, Vigneul Marville, gave the following description of them.

"One evening towards the end of October, we played at various games after dinner; Signor Augustin took a part in them along with the rest of the company, and afterwards retired to repose. At eleven o'clock his servant told us that his master would walk that night, and that we might come and watch him. I examined him after some time with a candle in my hand. He was lying upon his back, and sleeping with open, staring, unmoved eyes. We were told that this was a sure sign that he would walk in his sleep. I felt his hands and found them extremely cold, and his pulse beat so slowly that his blood appeared not to circulate. We played at trictrac until the spectacle began. It was about midnight, when Signor Augustin drew aside the bed-curtains with violence, arose, and put on his clothes. I went up to him and held the light under his eyes. He took no notice of it, although his eyes were open and staring. Before he put on his hat, he fastened on his sword-belt, which hung on the bed-post: the sword had been removed. Signor Augustin then went in and out of several rooms, approached the fire, warmed himself in an arm-chair, and went thence into a closet where was his wardrobe. He sought something in it, put all the things into disorder, and having set them right again locked the door and put the key into his pocket. He went to the door of the chamber, opened it, and stepped out on the staircase. When he came below, one of us made a noise by accident: he appeared frightened, and hastened his steps. His servant desired us to move softly and not to speak, or he would become out of his mind; and sometimes he ran as if he were pursued, if the least noise was made by those standing round him. He then went into a large court and to the stable, stroked his horse, bridled it, and looked for the saddle to put on it. As he did not find it in the accustomed place, he appeared confused. He then mounted his horse, and galloped to the house door. He found this shut; dismounted, and knocked with a stone which he picked up, several times at the door. After many unsuccessful efforts he remounted, and led his horse to the watering-place, which was at the other end of the court, let him drink, tied him to a post, and went quietly to the house. Upon hearing a noise which the servants made in the kitchen, he listened attentively, went to the door, and held his ear to the keyhole. After some time he went to the other side, and into a parlour in which was a billiard-table. He walked round it several times, and acted the motions of a player. He then went to a harpsichord on which he was accustomed to practice, and played a few irregular airs. After having moved about for two

hours, he went to his room and threw himself upon his bed clothed as he was, and the next morning we found him in the same state; for as often as his attack came on, he slept afterwards from eight to ten hours. The servants declared that they could only put an end to his paroxysms either by tickling him under the soles of his feet, or by blowing a trumpet in his ears."

The history of Negretti was published separately by two physicians, Righellini and Pigatti, who were both eye-witnesses of the curious facts which they relate. The former corresponded with Muratori, and gave replies to his questions as to particular circumstances. Negretti was about twenty-four years old, was a sleepwalker from his eleventh year, but his attacks only occurred in the month of March, lasting at farthest till the month of April. He was a servant of Marquis Luigi Sale. On the evening of the 16th of March, 1740, after going to sleep on a bench in the kitchen, he began first to talk, then walked about, went to the dining-room and spread a table for dinner, placed himself behind a chair with a plate in his hand, as if waiting on his master. After waiting until he thought his master had dined, he uncovered the table, put away all the materials in a basket, which he locked in a cupboard. He afterwards warmed a bed, locked up the house, and prepared for his nightly rest. Being then awakened and asked if he remembered what he had been doing, he answered, no. This, however, was not always: he often recollected what he had been doing. Pigatti says that he would awake when water was thrown into his face, or when his eyes were forcibly opened. According to Maffei he then remained some time faint and stupid. Righellini assured Muratori that his eyes were firmly closed during the paroxysm, and that, when a candle was put near to them, he took no notice of it. Sometimes he struck himself against the wall, and even hurt himself severely. Hence it would seem that he was directed in his movements by habit, and had no actual perception of external objects. This is confirmed by the assurance that if any body pushed him he got out of the way, and moved his arms rapidly about on every side, and that when he was in a place of which he had no distinct knowledge, he felt with his hands all the objects about him, and displayed much inaccuracy in his proceedings; but in places to which he had been accustomed, he was under no confusion, but went through his business very cleverly. Pigatti shut a door through which he had just passed: he struck himself against it on returning. The writer last mentioned was confident that Negretti could not see. He sometimes carried about with him a candle, as if to give him light in his employment; but on a bottle being substituted, took it and carried it, fancying that it was a candle. He once said during his sleep that he must go and hold a light to his master in his coach. Righellini followed him closely, and remarked that he stood still at the corners of the streets with his torch in his hand not lighted, and waited

a while in order that the coach which he supposed to be following might pass through the place where light was required. On the 18th of March he went through nearly the same process as before, in laying a table, &c. and then went to the kitchen and sat down to supper. Signor Righellini observed him in company with many other cavalieri very curious to see him eat. At once he said, as recollecting himself, 'How can I so forget? To-day is Friday, and I must not dine.' He then locked up every thing and went to bed. On another occasion he ate several cakes of bread and some salad, which he had just before demanded of the cook. He then went with a lighted candle into the cellar and drew wine, which he drank. All these acts he performed as usual, and carried a tray upon which were wine-glasses and knives, turning it obliquely on passing through a narrow doorway, but avoiding any accident.

Our limits prevent us from extracting the further details which relate to the history of this night-wanderer. The preceding relations, to which we shall incidentally add a few other particulars from the same sources, furnish a body of facts sufficient for displaying, as far as these individual cases are concerned, the state of the faculties in somnambulism. In the analysis of these we shall now attempt to discover some general principle which may serve as a clue to the variety of analogous phenomena on record. To begin with the inferior senses. Pigatti says that Negretti sat down to eat a bowl of salad which he had prepared. It was taken from him, and some strongly seasoned cabbage put in its place; this he eat without perceiving the difference, as he did also some pudding which was presently substituted. At another time, having asked for wine, he drank water which was given to him. He sniffed ground coffee instead of snuff, which he had demanded. Other sleepwalkers are well known to have detected similar deceptions, as it will appear from a case hereafter to be related. The difference appears to be in the degree of attention: a more lively perception as to the qualities of the object desired existed in one case than in the other, the mind being more directed to particular sensations in the one case, and more distracted or diverted from them in the others.

The sense of hearing presents similar variations. In general somnambulists do not hear persons who talk aloud in their presence. It has often been observed that very loud noises are unperceived by them,—that a trumpet must be sounded in their ears before their attention can be forcibly withdrawn from reverie to the perception of the real world, and to the waking state. At other times they converse and hear the lowest sounds. Signor Augustin repeatedly listened and heard slight noises at a distance. The difference seems here to depend upon the same principle as in the preceding instances which refer to smell and taste. When attention is by a voluntary act directed to the particular operations of sense, the perceptive faculty of the sleeper is perfect, even remark-

ably acute. But when his mind is distracted, his reverie presenting different objects, even loud sounds are imperceptible to him. Perhaps from the same consideration we shall obtain a clue to unravel the perplexing varieties of phenomena connected with the state of vision in some cases which will be presently mentioned. Negretti, as it seems, had his eyes shut and saw not. Habit guided him in places with which he was familiar, and in other places he frequently shewed the want of accurate perception, and assisted himself by feeling and groping about. Etmuller observed that sleepwalkers go about "*oculis clausis*," but he adds that some have acted "*oculis conniventibus*." Haller says decidedly, that they get out of their beds fast asleep, their eyes being either firmly closed or otherwise sightless, since a strong light is unperceived, though held near.* The fact is doubtless, yet why may we not avail ourselves of the analogy presented by the sense of hearing, and allow the insensibility to light under the ordinary circumstances of sleepwalking to be compatible with the use of the same faculty in other instances where we can find no other explanation of the phenomena? Such cases will presently come under our notice. Negretti and Augustin did not see, and Richertiz well observes that the want of vision seems to have been supplied by various means. Habit, as we have observed, is the principal guide. The sense of feeling, when under the guidance of attention, and even that of hearing in similar circumstances, appear to be remarkably acute. Then as to the hypothesis to which in the sequel we shall have further to advert, viz. that somnambulists have a new kind of sight independent of the eyes;—although we are not called upon to disprove such a position, yet many facts may be found in the history above related which would enable us to do so. The defect was not supplied in such a degree and manner as the hypothesis implies. Negretti stood behind his master's chair supposing him to be at dinner; he fancied that the torch which he held to guide his coach was lighted, when it was not. In a variety of cases he displayed the total want of any sensation analogous to sight; he stumbled when he walked in places to which he had not been accustomed, felt his way on various sides, struck himself against a wall. In attempting to pass through a closed door, he hurt himself. Other histories of somnambulists supply parallel remarks. Galen mentions of himself that he once walked about a whole night in his sleep till he was awakened by striking himself against a stone which happened to be in his way.†

There are facts which prove that even the sense of feeling, which is the principal guiding faculty in somnambulism, is limited in its sphere of action, and exists under a modification similar to that which affects the other perceptive powers, and which, according to the opinion above stated, explains the anomalies

* *Elem. Physiol.* tom. v. p. 626.

† *De Motu Musculorum*, lib. ii. cap. 5.

of their operation. Negretti seems not to have distinguished accurately even objects of feeling *when they were not particularly the objects of attention*. When struck a blow by a stick on the leg, he fancied that a dog had touched him, and scolded it. Being again struck, he threw a bit of bread, calling the hound by name. A muff was thrown at him, which he again took for the dog.*

In other instances somnambulists have been known to write, and even to correct their compositions, and to do other acts which could not possibly be performed without sight.

Castelli, a sleepwalker whose case is one of the most remarkable, was a pupil of Porati, an Italian apothecary. His history has been published by Francesco Soave, a physician, who personally observed him. He was found one night in the act of translating from Italian into French, and looked for words in a dictionary as usual, being asleep. His candle being extinguished, he found himself to be in the dark, groped for the candle, and went to light it again at the kitchen fire. Bertrand thinks that Castelli did not really experience the want of light, because the room was, as we are informed, actually illumined at the time by other candles. This is a most improbable supposition, and seems irreconcilable with the fact just related, that he perceived his candle to become extinguished. There are, indeed, many circumstances related of this somnambulist which prove to our entire conviction that he not only saw, but had his other organs of sense in a state capable of perception whenever his attention was excited, and he wished to avail himself of their operation. He used to leave his bed, go down to the shop and weigh out medicines to supposed customers, to whom he talked. When any one conversed with him on a subject on which his mind was bent, he gave rational answers. He had been reading Macquer's Chemistry, and somebody altered his marks to try if he would notice it. This puzzled him, and he said, "Bel piacere di sempre togliermi i segni." He found his place and read aloud, but his voice growing fainter, his master told him to raise it, which he did. Yet he perceived none of the persons standing round him, and "though he heard," says Soave, "any conversation which was in conformity with the train of his ideas, he heard nothing of the discourse which those persons held on other subjects." His eyes seemed to be very sensible to objects relating to his thoughts, but appeared to have no life in them, and so fixed were they that when he read he was observed not to move his eyes but his whole head, from one side of the page to the other.†

Facts which appear even still more strongly to evince the possession of accurate sight are related in a very curious case of somnambulism, which was published in the French En-

cyclopædia. The account has been copied by Bertrand, who endeavours to turn aside the evidence afforded by it, or to reconcile it with his own hypothesis. We shall conclude this part of our inquiry with an abstract of the most remarkable facts contained in the narrative, and request our readers to bear in mind the explanation of the phenomena which we have proposed.

This somnambulist was a young priest in a Catholic seminary; the witness and reporter of the facts, the archbishop of Bordeaux, who used to go into his chamber after the priest was gone to sleep, and observe his proceedings. He sometimes arose from bed, took paper, and wrote sermons. After finishing a page, he read (if the act was properly reading) the whole aloud; and, if necessary, erased words and wrote his corrections over the line with great accuracy. "I have seen the beginning of one of his sermons which he had written when asleep; it was well composed, but one correction surprised me: having written at first the words '*ce divin enfant*,' he had afterwards effaced the word *divin*, and written over it *adorable*. Then perceiving that *ce* could not stand before the last word, he had dexterously inserted a *t*, so as to make the word *cet*." The witness, in order to ascertain whether he made use of his eyes, put a card under his chin, so as to intercept the sight of the paper which was on the table; but he continued to write without perceiving it. Wishing to know by what means he judged of the presence of objects which were under his eyes, the witness took from him the paper on which he was writing, and substituted others repeatedly. He always perceived this by the difference of size, for when a paper of exactly the same shape was given to him, he took it for his own, and wrote his corrections on places corresponding to those on the paper which had been taken away from him. The most astonishing thing is that he would write music with great exactness, tracing on it at equal distances the five lines, and putting upon them the clef, flats, and sharps. Afterwards he marked the notes, at first white, and then blackened those which were to be black; the words were written under, and once happening to make them too long, he quickly perceived that they were not exactly under the corresponding notes; he corrected this inaccuracy by rubbing out what he had written, and putting the line below with the greatest precision.

On one occasion, in the midst of winter, he fancied himself to be walking on the bank of a river, and to see a child fall into it, in danger of drowning. He leaped into the river, as he thought, in order to rescue the child, and actually threw himself upon his bed with the action of a man swimming. He imitated the movements of a swimmer for some time, and at length feeling in a corner of the bed a bundle of the clothes, fancied that he had seized the child, held it in one hand, and with the other swam, as he supposed, to the bank of the river; he there put down the bundle, and came out shivering and chattering

* *Muratori*, ubi supra, p. 323.

† *Riflessioni sopra il Somnambulismo*; di Francesco Soave. Many of the particulars relating to this case of Castelli have been inserted by Mr. P. B. Duncan, fellow of New College, in a very ingenious essay on somnambulism.

with his teeth, as if he really had just emerged from a cold stream. He said to the persons near him that it was freezing, and that he was almost dead with cold, and asked for a glass of brandy to warm him; as there was none at hand they gave him water, but he knew the deception, and again demanded brandy, expressing the risk which he incurred. He drank a glass of strong liquor, and seemed refreshed, but, without awaking, lay down, and continued to sleep soundly.

The reporters of this curious story suggest, by way of comment, the following queries:—
 “1. How is it possible for a man buried in profound sleep, to hear, speak, write, see, and in short enjoy the use of his senses, and perform correctly different movements? To facilitate the solution of this problem, we shall add,” say the writers, “that the somnambulist sees only those objects which he seeks, or which are present to his imagination. This individual composed sermons, saw his paper, his ink, pens, could distinguish whether they marked or not the paper. For the rest he did not suspect that any person was in his room, neither seeing nor hearing any body, unless when he had asked for any thing.

“2. How any person can experience sensation without the assistance of the organs of sense? The somnambulist abovementioned appeared evidently to see those objects which had relation to his own ideas. When he traced the notes of music, he knew exactly those which ought to be black and those that were to be left white, and without mistake blackened the former and omitted the others, and if the lines were not dry, he took the precaution to avoid blotting them. There is no reason to suspect that the other channels of sensation were less interrupted than the ordinary one of vision. This might have been ascertained by stopping his ears, &c.

“3. How did it happen that during the paroxysm of somnambulism he remembered what had occurred during former paroxysms, although, when awake, he lost all traces of such matters?

“4. How is it possible that, without any real cause, he was strongly affected by agents of which he had only imagined the existence, as by the coldness of the water, in which he supposed himself to be immersed?”

We shall leave these inquiries to the consideration of our readers, and now proceed to another division of the subject.

II. ECSTASIS OR CATALEPTIC SOMNAMBULISM.

A morbid affection analogous in many of its phenomena to sleepwalking, but occurring under different circumstances, has been well known to medical writers since the time of Sauvages and Lorry, who first described it. Sauvages gave it the designation of cataleptic somnambulism. According to this writer the attack is ushered in and followed by a complete fit of catalepsy. This happened in the case described by him, but in other instances the preceding symptoms are not so strongly marked: coma, or insensibility in various degrees, may, how-

ever, be considered as universally present. The most correct idea of the phenomena of this affection will be conveyed by some examples. The following is the first case published by Sauvages. “In the month of April 1737, a female who had been for some time affected with fits of hysterical catalepsy, experienced in conjunction with these attacks other symptoms, of which she had more than fifty returns. The fits were divided into three periods; the beginning and termination had perfectly the character of catalepsy; the intermediate period, which sometimes lasted from the morning till the evening, was occupied by what the girls in the house called the *live fit*, while they termed the catalepsy the *dead fit*. I shall now describe the phenomena,” says Sauvages, “which I should certainly have believed to be feigned if I had not become convinced of the contrary by numerous proofs. What I shall say respecting one attack may be understood to apply, with the variation of some circumstances, to all the rest. On the 5th of April 1737, visiting the hospital at ten o'clock in the morning, I found the patient in bed, which she kept on account of her debility and the pain in her head: the fit of catalepsy had just seized her, and it quitted her after five or six minutes; this was perceived by her yawning and raising herself into a sitting posture, the prelude to the following scene. She began to talk with a degree of animation and *esprit* never observed in her except when in this state. She sometimes changed her subject, and appeared to converse with some friends whom she saw around her bed. Her discourse had relation to what she had said during her attack on the preceding day. She repeated word for word an instruction in the form of a catechism, which she had heard on the evening before, and she made pointed applications of it to persons in the house, whom she took care to designate by invented names, accompanying the whole with gestures and movements of her eyes, which she *kept open*, and alluding to the circumstances and actions of the preceding evening. Yet she was all this time in deep sleep; a fact which was strongly averred, but which I should never have ventured to declare if I had not obtained satisfactory proof by a series of experiments on the organs of sense: when she began to talk, a blow of the hand inflicted smartly on her face, a finger moved rapidly towards her eyes, a lighted candle brought so near to the organ of vision as even to burn the hair of her eyebrows, a person unseen uttering suddenly a loud cry into her ear, and making a stunning noise with a stone struck forcibly against her bedstead, brandy and a solution of ammoniacal salt placed under her eyes and introduced into her mouth, the feather of a pen, and afterwards the extremity of a finger applied on the cornea, Spanish snuff blown into the nostrils, pricking by pins, twisting her fingers; all these means were tried without producing the least sign of feeling or perception. Soon afterwards she rose, and I expected to see her strike herself against the neighbouring beds; but she passed between

them and turned corners with the greatest exactness, avoiding chairs and other furniture that happened to be in her way, and having walked about the ward, returned between the beds without feeling her way, lay down, covered herself, and in a few minutes became again cataleptic. She afterwards awoke as if from a deep sleep, and perceiving by the looks of those about her that she had been in her fits, she became very confused and wept all the rest of the day, not having the least idea of what had passed during the paroxysm." Sauvages adds that this patient recovered; her fits became less frequent; she had some relapses, but the disorder at length entirely left her.*

Lorry has described the phenomena of two remarkable cases of ecstasis, of which he was an eye-witness. A woman in a state resembling somnambulism used to converse aloud with absent persons, supposing them to be present. She was so insensible to external impressions that she could not be excited by pricking or pinching her body, yet she perceived objects to which the current of her thoughts directed her, or to which they had relation. Her arms and fingers retained the positions in which they were placed till they were changed by a voluntary movement of the limb. After the paroxysm she had lost all recollection of what had passed. The other case given by Lorry was that of a female who had deficient cataleptomania. During her paroxysms she used to address herself to some individual actually present, whom she evidently saw, while all that she said to him turned upon the subject of her reverie. In the mean time she appeared unconscious of the presence of others, and could not be made to hear them or perceive them. "This fact," says Lorry, "I witnessed with the utmost astonishment, but many other persons are living who can attest it. The mother of this female died unexpectedly; after which the daughter used to hold conversations with her as if she were present."

A remarkable circumstance in these cases is the fact that while the individual is insensible to all other impressions in a wonderful degree, he retains perception of all objects which fall in with the course of his ideas, or connect themselves with the thoughts and feelings which occupy his attention for the time being. This feature is common to the cases of ecstasy and somnambulism. It was observed in an example of the former kind, of which an account was published several years ago by the writer of this article. A boy, about thirteen or fourteen years of age, suddenly exclaimed that somebody was beating him on his head, and fell into a state of insensibility; he became subject afterwards to similar attacks. He first perceived a mist or darkness before his eyes, and would say that he was then going off. He

became then unconscious of external impressions; had his eyes open, but did not perceive objects; used to hold conversations with absent persons, repeat his lessons, supposing himself to be at school, and play on a flute, during which action he evidently perceived that other boys accompanied him, and evidently directed his attention to them. He recovered from this state by starting as if from sleep, and never retained the slightest trace of any occurrence during the paroxysm. The circumstance above indicated, in reference to the state of the perceptive faculty, is important as illustrating the character of these affections, and as accounting for the phenomena.

Another striking characteristic of this affection is the instantaneous change which it occasions in the thoughts and state of consciousness, and in the whole catastasis of the mind, the total suspension of present ideas which takes place during an indefinite period, and the equally sudden and remarkable restoration of the former state of mind after the termination of the paroxysm. These facts are well illustrated by some cases published by Professor Silliman of Yale College, in the *American Journal of Science*, of which we shall give a brief abstract.

Case 1. A lady in New England, of respectable family, became subject to paroxysms of delirium, which came on suddenly, and after continuing an indefinite time, went off as suddenly, leaving her mind perfectly rational. It often happened that when she was engaged in conversation she would stop short in the midst of it, become in a moment delirious, and commence a conversation on some other subject not having the remotest connexion with the previous one; nor would she advert to that during her delirium. "When she became natural again, she would pursue the same conversation in which she had been engaged during the lucid interval, beginning where she had left off. To such a degree was this carried, that she would complete an unfinished story or sentence, or even an unfinished word. When the next delirious paroxysm came on, she would continue the conversation which she had been pursuing in her preceding paroxysm; so that she appeared as a person might be supposed to do *who had two souls*, each occasionally dormant and occasionally active, and utterly ignorant of what the other was doing." It is evident, that although this affection is termed delirium, it was neither that state in the ordinary acceptation of terms, nor any form of madness, but one of coherent reverie. We have no means of forming an opinion as to the state of mind which subsisted during the paroxysm in the succeeding cases.

Case 2. An intelligent lady, in the state of New York, undertook a piece of fine needle-work, to which she devoted her time almost constantly for many days. Before its completion she became suddenly delirious, and she continued in that state about seven years. She said not a word during this time about her needle-work, but, on recovering suddenly from the affection, immediately inquired respecting it.

* *Histoire de l'Académie des Sciences*, an. 1742. *Traité du Somnambulisme*, par A. Bertrand. Paris, 1823. A very curious and remarkable case of ecstatic somnambulism is to be found in the German translation of Muratori. It is extracted by Richertz from the *Breslau Sammlungen*. See Muratori über die Einbildungskraft, band. i. p. 361.

Case 3. A farmer, in New England, became dejected and melancholy under the impression that he had made an unwise sale of his property. He was preparing for the enclosure of a lot of land, and began with a beetle and wedges to split timber; at night he put his tools into a hollow tree and went home. Here he was seized with delirium, which continued several years. He suddenly recovered, and the first question which he asked was, whether his sons had brought in the beetle and wedges? He appeared to be wholly unconscious of the lapse of time from the commencement of his attack. His sons avoided any explanation, and simply replied that they had been unable to find the tools. He immediately rose from his bed, went into the field where he had been at work a number of years before, and found the wedges and the rings of the beetle where he had left them, the beetle itself having mouldered away.

The phenomenon of thought alternately interrupted and restored, or of *dipsychia*, as we might term it in following Professor Silliman's suggestion, though it reminds us of the old romantic tales of princes laid asleep in enchanted castles, is nevertheless confirmed by sufficient evidence, and may be considered as a well-established fact. An instance of this description has been reported in the *Edin. Philosophical Transactions* by Dr. Dyce,* and is cited by Dr. Abercrombie. The patient, who was a servant-girl, was first attacked by fits of somnolency during the day, which came on with a cloudiness before her eyes and a pain in her head. In these fits she talked of scenes and transactions which appeared to be as in a dream, used to follow her occupations, dressed herself and the children of the family, and laid out a table correctly for breakfast. Being taken to church during the attack, she behaved properly, evidently attended to and was affected by the preacher so as to shed tears. In the next paroxysm she gave a distinct account of the former, although during the interval she had no recollection of being at church. During the attack her eyelids were generally half shut; her eyes sometimes resembled those of a person affected with amaurosis, that is, with a dilated and insensible state of the pupil, but sometimes they were quite natural. She had a dull vacant look, but when excited knew what was said to her, though she often mistook the speaker: it was observed that she discerned objects which were but faintly illuminated. The paroxysms generally continued about an hour, but she could be roused out of them; and then she yawned and stretched herself, like a person awaking out of sleep. At one time she read distinctly a portion of a book that was presented to her, and she sang much better than in the waking state. After six months this affection ceased on the appearance of the catamenia.

* *Transactions of the Royal Society of Edinburgh*, vol. ix. The case related by Dr. Dyce is very curious, and in some of its particulars bears resemblance to the history of Negretti.

However extraordinary are many of the phenomena presented by these cases, as to the different states of consciousness manifested in them, still there is nothing that establishes the opinion that sensation has taken place in any instance through unusual media. In many of the above instances of ecstasies or cataleptic somnambulism,—for it is to them that we confine our reference at present,—we are informed that the individuals affected had their eyes open and saw, and otherwise perceived objects by the ordinary instruments of sensation. This circumstance throws a great additional improbability on the opinion of some late writers to which we have already adverted, and shall direct our attention more fully in the sequel.

A series of cases remain to be noticed in which individuals are reported to have had the usual channels of perception entirely closed, while the sense of sight, or something analogous to it, was diffused over the whole surface of the body, or transferred to the fingers' ends, while smell and hearing obtained a new seat in the epigastrium. As these wonderful relations have been reported and admitted chiefly by the advocates of animal magnetism, and in connexion with the evidence brought forward by them in proof of their doctrines, we have hitherto merely alluded to them, being unwilling to blend the consideration of facts which, though clearly authentic, are in themselves sufficiently extraordinary, with that of stories which most persons in this country look upon as entirely fabulous and absurd; while those who do not reject them in the mass find it extremely difficult to draw a line which may serve as a limit to the demands made upon their credulity. We must, however, proceed to this part of our subject, after laying before our readers what is a necessary prelude to it, namely, a brief outline of the history of animal magnetism, and the controversies to which its discovery or invention has given rise.

III. OF ARTIFICIAL SOMNAMBULISM. HISTORY OF ANIMAL MAGNETISM.

It is well known that the practisers of animal magnetism profess to have the power of calling forth, by the exercise of their art, a state of the system analogous to that of natural somnambulism, or to the ecstasy of cataleptic persons, and that surprising accounts are related of individuals in this state. They are said to become possessed of *clairvoyance*, a sort of second sight, or the power of seeing at an indefinite distance, of foretelling future events, discovering diseases in the interior of their own bodies and in those of others, knowing the unexpressed thoughts of persons by whom they are magnetised, or with whom they are brought into magnetic connection. Such testimonies are treated in this country with the ridicule which they seem at the first view of the subject to deserve; they are rejected in the mass; few persons give themselves the trouble to inquire whether there is any basis of truth on which a superstructure of such extraordinary pretensions has been raised. The Germans and French have treated the matter differently.

Among the physiologists and other scientific men on the continent, many are persuaded that animal magnetism, though its powers have been greatly exaggerated, is not without a foundation in truth, and even contains in itself the discovery of some hitherto unknown and very important fact or series of facts in the animal economy. M. Cuvier expressed this opinion many years since, and long before the persuasion became so general as it is at present. He says, "We must confess that it is very difficult, in the experiments which have for their object the action that the nervous system of two different individuals can exercise one upon the other, to distinguish the effect of the imagination of the individual upon whom the experiment is tried, from the physical results produced by the person who acts upon him. The effects, however, obtained on persons ignorant of the agency, and upon individuals whom the operation itself has deprived of consciousness, and those which animals present, do not permit us to doubt that the proximity of two animated bodies in certain positions, combined with certain movements, *have a real effect*, independently of all participation of the fancy. It appears also clearly that these effects arise from some communication which is established between their nervous systems." Here we find Baron Cuvier giving a full assent to the fundamental doctrine of the animal magnetists.

M. De la Place, in his work intitled "Théorie Analytique du Calcul des Probabilités," says, "The singular phenomena which result from the extreme sensibility of the nerves of some individuals, have given rise to many opinions upon the existence of a new agent, that has been called animal magnetism. It is natural to suppose that the action of these causes is of a very delicate nature, and very easily disturbed by a number of accidental circumstances; thus, when in many cases it is not manifested, we must not conclude that it does not exist. We are so far from knowing all the agents of nature and their different modes of action, that it would be very unphilosophical to deny the existence of phenomena solely because they are inexplicable in the present state of our knowledge."

In Germany and other northern countries animal magnetism has long had partizans among men celebrated for their attainments in science and rank in the medical profession. In Prussia, Hufeland, after opposing it, at length declared himself convinced by the evidence adduced in its support. At Berlin, M. Wohlfahrt; at Frankfurt, Passavant; at Groningen, Baker; at Petersburg, Stoffresten, first physician to the empress of Russia, and Count Panin at Moscow, have admitted the reality and have pursued the practice of this art. At Stockholm it is customary for those who graduate in medicine to make animal magnetism the subject of inaugural dissertations.*

It is unnecessary to multiply citations in

order to evince the propriety of giving this subject a share of our attention. If so many intelligent persons in different countries, several of whom must be admitted to be competent to form correct opinions, and in general to be rather sceptical than credulous in their habits of judgment, have come, apparently under the guidance of evidence, to admit the existence of facts which among us are generally discredited, we have sufficient inducement to examine the real merits of the question, and to consider the statements made by the supporters of the new doctrine, before we determine finally to adhere to our own opinion.

We shall, without further apology, proceed to lay before our readers a brief statement of the history of animal magnetism, and refer those who wish for more ample information to the writings of Déleuze, Bertrand, Rostan, &c.

The supporters of animal magnetism carry back its history, as do the historians of freemasonry, to a period of high antiquity. Some of these writers persuade us that it was the great arcanum of the mysteries, the initiations, and secret ceremonies of the pagan world; that the vertigo of the Delphian priestess, the prophetic visions of the sybils, the wonderful powers of magic, the raptures of eastern seers, and in fact all that is related of miraculous or portentous in former periods of the world, is to be explained by reference to this power, now for the first time developed and understood. Many passages have been discovered in the writings of the ancients which have appeared to afford some plausible ground for the supposition that animal magnetism was not unknown to the priests who ministered in the temples of Æsculapius, or in those of Apollo. Some of these passages bear allusions more or less obvious or probable to ceremonies not unlike those of the magnetisers. In none is the allusion in this sense more closely applicable than in a passage attributed to Solon, and preserved by Stobæus, which was first pointed out in a work very recently published:—

Πολλάχι δ' ἐξ ὀλίγης ὀδύνης μέγα γίγνεται ἄλγος,
κοῖα ἂν τις λύσας ἦπια φάρμακα δοῦς.
Τὸν δὲ κακᾶς νόσοις κυκώμενον ἀργαλεαῖς τε
ἁφαιμένους χειρῶν αἴψα τίθησ' ὑγίη.

"The smallest hurts sometimes increase and rage
More than all art of physic can assuage.
Sometimes the fury of the worst disease
The hand by gentle stroking will appease."*

A passage in Plautus has been cited by the same writer. The poet means to express, in a humorous manner, "What if I knock him down?" *Quid si illum tractim tangam ut dormiat!* There seems to be an allusion to some method of setting persons asleep by a particular process of manipulation similar to that of the magnetisers.

It has been only in periods comparatively recent, and especially in the visionary times of Paracelsus and Van Helmont, that we find theories becoming general which approach very

* Bertrand, Traité du Magnetisme Animal.

* See Mr. Colquhoun's Introduction to the Report on Animal Magnetism, by a Committee of the Royal Academy of Medicine of Paris.

nearly to those of Mesmer, and in fact identify themselves with the very speculations which that singular person actually adopted and made the basis of his art. The doctrine of a subtle fluid universally diffused, which was supposed to be the agent in all the great movements of the heavenly bodies, was very long general, and served to account for the phenomena of electricity and of magnetism at the several periods of their discovery. By the chemical physiologists this fluid was imagined to have its chief seat in organised living bodies. Here a preparation was obviously made for pretensions such as those with which Mesmer began his career.

Bertrand says that Mesmer was born at Vienna; but another account, which is adopted by Mr. Colquhoun, states him to have been a Switzer by birth. However, he took his degree at Vienna in 1766, and wrote his inaugural dissertation, "*On the Influence of the Planets on the Human Body.*" According to his theory, all the phenomena of life depend upon a particular current of the universal magnetic fluid enclosed in each organized body. It can be increased or diminished in intensity by external agencies, and especially by the medium of magnetic instruments. According to Bertrand, Mesmer was a man of very moderate talents, but possessed with an ardent desire to distinguish himself by novelties, and by escaping from the beaten track of his contemporaries. Father Hell, a Jesuit, who was professor of astronomy at Vienna, had invented plates of a certain form for the purpose of performing experiments on the magnetic properties of different substances; these were applied by Mesmer to the bodies of his patients, and with results as marvellous as those which Perkins obtained in later times by his tractors. The effects of the magnetic remedy were published, but only drew on their author ridicule and contempt; and Mesmer quitted Vienna for Paris, as affording a more ample field. At the latter place he took up his residence in 1778; and here he soon became the object of general curiosity. Crowds of persons, of all ages and both sexes, resorted to him, in the hope of obtaining cures for their complaints; and his fame spread far and wide. He made some attempts to obtain the sanction of the Academy of Sciences and of the Royal Society of Medicine; but being treated with coldness, he expressed his contempt for such bodies, and declared that he sought patronage from the king, the father of his people, and not that "*d'un tas de petits importuns.*" After some interval Mesmer addressed himself to the faculty of medicine, and became intimately associated with M. Deslon, a docteur-régent of that body, and physician to the Count d'Artois, who strongly espoused his part, notwithstanding the resolution of the faculty to expel any of its associates who refused to enter into a positive renunciation of Mesmer and his pretensions. Mesmer talked of leaving France and carrying his precious discovery into foreign countries; but the multitude of persons who placed a high value on his curative power prevailed

upon the government to offer him a stipend of 30,000 livres in order to fix him among them. This he disdainfully refused, and went to Spa, where he was residing when the alarming intelligence was brought to him that Deslon had set up for himself, and was magnetising multitudes in Paris, and eclipsing his master. Mesmer returned to Paris, and engaged to communicate his secret to a certain number of persons, on condition of his receiving payment at the rate of 100 louis-d'or from each. By this arrangement he is said to have obtained the enormous sum of 340,000 livres. His pupils designated themselves as the Society "*de l'harmonie.*" When they had acquired the instructions for which they had paid so considerable a sum, and were preparing to publish the same for the benefit of humanity, Mesmer complained indignantly of their conduct, declared that they were bound to secrecy by an indenture, which appears to have been the fact; and being yet unable to prevent their proceeding, which interfered with his unbounded hopes of gain, left France, carrying with him the riches which he had acquired, and proclaiming that he had been cruelly treated and betrayed.*

Animal magnetism was practised very extensively in France. Ladies of the first quality were among its most sanguine votaries, as well as crowds of all descriptions. At length the government interposed, it being evident that either good or mischievous results were likely to ensue from so popular an object of attention. The appointment of the celebrated royal commission to try the merits of Mesmerism is a great event in the history of this art. The commissioners were men of the highest authority in science; Franklin, Lavoisier, Bailly, and Jussieu were among the number. The report of their observations on the practices of animal magnetism, carried on at that time by M. Deslon, is an authentic and important document. It was drawn up by M. Bailly; and it is well observed by Bertrand, that no unprejudiced person who reads it can fail of partaking in the opinions of the celebrated men who were parties to its adoption.

The following is a description of the method in which Mesmer and his colleagues carried on their proceedings. According to this report, a little wooden tub, of different forms, round, oval, or square, raised one foot or one foot and a half, was placed in the middle of a large room. This tub was called "*la baquet*;" its covering was pierced with a certain number of holes, from out of which came branches of iron, jointed and flexible. The patients were placed in several rows round this "*baquet*," and each person held his branch of iron, which, by means of the joints, could be applied directly to the part affected; a cord was placed round the bodies of the patients, which united them one to another. Sometimes a second chain was formed by communication with the hands, that is to say, by applying the thumb of one between the thumb and first finger of the next

* Bertrand, *Traité du Magnétisme Animal.*

person; the thumb thus held was then pressed, and the impression received on the left was returned by the right, and circulated all round. A piano-forte was placed in a corner of the room; different airs were played upon it; sometimes the sound of the voice in singing was added. All the magnetisers had in their hands a little rod of iron, ten or twelve inches long. This rod was looked upon as the conductor of magnetism; it possessed the advantage of concentrating it in its point, and of rendering the emanations more powerful. Sound, according to the principles of Mesmer, was also a conductor of magnetism; and, in order to communicate the fluid to the piano, it was sufficient to let the rod approach it. The cord with which the patients were surrounded was destined, as well as the chain of thumbs, to augment the effects by communication. The inside of the "*baquet*" was said to be so formed that it might concentrate the magnetic fluid; there was nothing, however, in reality, in its formation which could excite or retain magnetism or electricity.

The patients, ranged in great numbers and in several rows round the *baquet*, received magnetism by all the different ways; by the iron branches which come out of the tub; by the cord which was entangled round their bodies; by the union of the thumbs; by the sound of the piano, and agreeable voices which mingled with it. They were more directly magnetised by means of the finger and the iron rod, moved before the face, above or behind the head, and upon the diseased parts, always observing the distinction of the poles. They were acted upon by a fixed look, but, above all, they were magnetised by the application of hands and by the pressure of fingers upon the hypochondria, and upon the abdominal region; an application often continued for a long time, sometimes during several hours. Such was the method of Mesmer, and to which was added a multitude of practices, much too long to describe. They magnetised in this manner several natural objects, and among others trees, which hence acquired magnetic virtue; so that persons who put themselves "*en rapport*" with them, fell into a crisis. They could likewise magnetise inanimate bodies, such as a bottle, a glass, or a cup.

The effects produced on the subjects of this strange ceremony are thus described:—

"Some remained calm and tranquil, others coughed, spat, felt some slight pain, a local or universal heat, and had sweats; others were agitated, tormented with convulsions, most extraordinary by their force, their number, and their duration.

"As soon as one began, another succeeded; the paroxysms lasted sometimes three hours; the patients spat a thick, viscous, and sometimes bloody fluid; the attacks were characterised by precipitate, violent, and involuntary movements of the members or the whole body, by constrictions of the throat, by spasms at the epigastrium and hypochondria, piercing cries, tears, hiccough, and immoderate laughter. Nothing could be more astonishing than the

sight of these agitations and various seizures: the sympathies which established themselves between all these individuals struck us with amazement. We beheld the patients precipitating themselves one towards the other, smiling and talking to each other with affection, and mutually alleviating their agitations. Every thing depended upon the will of the magnetiser; were they in an apparently deep sleep, his voice, a look, a sign drew them out of it." "We cannot," say the commissioners of the king, "prevent ourselves from recognizing in these constant effects a powerful agent, which acts upon patients, subdues them, and of which the person who magnetises them seems to be the depository."

The commissioners soon discovered that it was very difficult to ascertain to what point the results produced were the effects of imagination, to the excitement of which so many circumstances were adapted, and how far to any peculiar agency. They resorted to private trials of the same manipulations. Some of the most interesting of these experiments were performed at Passy, at the residence of Dr. Franklin, who could not be present at Paris at the public exhibition. Here M. Deslon tried his art in vain upon the obdurate American, as well as upon the members of his family, who, notwithstanding that some of them were ladies in delicate health, were found quite insensible to the whole ceremonial of magnetism. Neither of the other commissioners could perceive any effect in his own person. One of the experiments made at Passy is worthy of a particular recital. It consisted in the magnetising of a tree in Dr. Franklin's garden. M. Deslon affirmed that if this was done by himself and a youth introduced who should be purposely selected as an individual susceptible of the magnetic influence, the result would be manifest on his approaching the particular tree. A boy, aged twelve years, was chosen by M. Deslon, who insisted on the necessity of his presence and co-operation. Care, however, was taken to prevent collusion. The boy was made to approach four trees successively, without knowing which was the magnetized one, having his eyes covered with a bandage, and to embrace each tree for two minutes, according to the previous arrangement of M. Deslon. That gentleman stood in the garden, and kept his cane pointed at the magnetised tree, in order to maintain its magnetism. Under the first tree not magnetised, at the end of a minute the boy perspired in great drops, coughed, expectorated, felt a slight pain in his head; he was then twenty-seven feet distant from the magnetised tree. Under the second tree he felt stupor and the same pain in his head. Under the third tree these symptoms were greatly increased; he believed himself to be approaching the magnetised tree; he was, however, then at the distance of not less than thirty-eight feet from it. Under the fourth tree not magnetised, at the distance of twenty-four feet from the magnetised tree, the young man fell into a crisis. He lost all consciousness, was carried to a neighbouring grass-plot,

where M. Deslon soon reanimated him. The operator accounted for this untoward phenomenon by saying that the trees had probably become spontaneously magnetic. "But," rejoined the commissioners, "if trees are in the dangerous habit of assuming this state of their own accord, a susceptible person walking in a garden must incur the continual risk of falling into a crisis."

The commissioners having repeated and varied the experiments in every way that seemed to afford an opportunity of arriving at the truth, at length came to the conclusion that the whole proceeding of the magnetisers was calculated in several ways to do injury; that it was devoid of any salutary or useful influence, and that the results were wholly to be attributed to imagination and other feelings, which were excited by the performances. M. Jussieu, however, refused to coincide in the report, and returned one of his own, which, though by no means favourable to Mesmer and his pretensions, and explaining most of the results in the same manner as M. Bailly had done, yet admitted that in four particular experiments, he could not account for the results by attributing them to imagination. He proposed an hypothesis of his own, viz., that animal heat, or, as he termed it, "*the electric fluid animalized*," directed and accumulated on certain parts, may be the cause of the effects produced.

Notwithstanding the unfavourable nature of this report, and the retirement of the principal from the scene, Mesmerism continued to be practised extensively in France. The members of the Society of Harmony, who were spread through the country, continued their operations in the provinces. Among them the Marquis Puysegur was one of the most distinguished, and it was during his proceedings that the most remarkable phenomenon accompanying these exhibitions was first noticed. We allude to the production of that state which has been termed the magnetic or artificial somnambulism. The commissioners, in the report to which we have already alluded, had remarked that nothing was more astonishing than the spectacle which they witnessed in the operations of M. Deslon, and that they were equally surprised at the profound repose of a part of the assembled group, and at the agitation of others. These opposite effects were produced by the same agency, according to the different predispositions of individuals. But as the method of display was gradually changed by later operators, the agitations in a great measure ceased to be observed, while the appearance of a state of somnolency became much more striking and general; and in numerous instances, though by no means in a great proportion of persons, a species of somnambulism displayed itself, of which we shall proceed below to examine the peculiar characters.

The political revolutions in France withdrew the public attention from animal magnetism. Many of the party interested in this pursuit perished, and others were exiled. It was not till the return of better times that the practice

of this art was resumed, and its historians declare that on its revival animal magnetism was found to have retained very few features of its ancient character. The mode of treating patients was quite changed; the theory of the magnetisers was new; the only circumstances connecting the old magnetism of the age of Mesmer and his immediate disciples with the present method, is the appearance in both of somnolency and somnambulism.

We shall trace very rapidly the few remaining events in the history of animal magnetism, and then say a few words on its actual character.

In the year 1813 M. Déleuze, a writer highly respectable for his moral integrity, talents, and good sense, published his critical history of animal magnetism. The appearance of this work occasioned a favourable change in the opinion of many scientific men in respect to the new art, and some who had before concealed their opinions were now emboldened to speak more openly in defence of it. In 1820 M. Husson instituted a series of experiments at the Hôtel Dieu, which were attended by scientific men, and the result was a general conviction that some very powerful influence was brought into operation, though some difference of opinion existed as to the nature of this influence.

A series of experiments at the Salpêtrière was followed by similar effects, and it was now that animal magnetism obtained two highly distinguished proselytes, viz., M. Rostan, author of the essay on this art in the *Dictionnaire de Médecine*, and M. Georget, well known as a man of most acute penetration, who adopted with entire sincerity the whole doctrine.

In 1825 a letter was addressed by M. Foissac, an advocate for animal magnetism, to the Royal Academy of Medicine, urging that body to appoint a new commission to inquire into its merits. The proposal met with strong opposition, but was at length carried, and a number of individuals were requested to investigate the subject anew. The report of this body was drawn up by M. Husson, already well known as an advocate for animal magnetism. It is said by M. Bertrand to have produced a strong impression in favour of the art, but as this document has lately been translated and published in Scotland,* we shall say nothing further on the subject on the present occasion.

We have already observed that animal magnetism had some time ago obtained an extensive prevalence in the north of Europe.

IV.—PRESENT MODE OF OPERATING IN PRODUCING THE PHENOMENA OF ANIMAL MAGNETISM.

The person, as M. Rostan informs us, who is to be subject to this proceeding, is seated in a chair, and the operator places himself opposite in such a manner that their knees and the ex-

* Report of the Experiments on Animal Magnetism made by a Committee of the Royal Academy of Medicine of Paris, read at the Meetings of the 21st and 28th of June, 1831. Translated by J. C. Colquhoun, Esq. Edin. 1833.

tremities of their feet may touch; then the magnetiser takes the thumbs of the subject and holds them till their temperature is brought into equilibrium with that of his own hands. He afterwards places his hands on the shoulders of the patient, and after some minutes draws them down the arms, taking care to direct the extremity of the fingers along the tract of the nerves which are there spread. This manipulation must be repeated several times, after which the hands must be applied to the epigastrium and held there for some instants of time, and then drawn down towards the knees and even to the feet. Afterwards the hands of the operator must be brought back to the head of the patient, care being taken to keep them in returning at a distance from his person; again they must be drawn down the arms, and as far as the feet. After this practice has been repeated several times, magnetic phenomena begin to display themselves. The patient experiences involuntary drawings of the limbs (*tiraillemens*), a sense of uneasiness (*embarras*) in the head, heaviness of the eyelids. After some repetitions of this performance, and sometimes even at the first sitting, he falls into a profound sleep.

M. Rostan adds that the magnetiser must not let his thoughts wander while he is performing the operation; his attention must be entirely concentrated upon it; any distraction of mind is incompatible with success. He informs us that the looks and the expression of countenance of the magnetiser powerfully contribute to the effect. We must observe that M. Rostan is one of those who suppose that the volition of the operator, his intense desire to bring about the result, the agency of *his* mind rather than any influence exerted on the mind of his patient, is the first and principal cause of the effects which ensue.

The effects of these proceedings are described by M. Bertrand nearly as follows.

The majority of persons subjected to magnetism experience results much less striking than somnambulism, and yet sufficiently remarkable.

Whatever may be the sex, temperament of the patient, or the nature of the disorder, the magnetic operation is generally followed by a singular calmness of feelings both physical and moral: the individual is conscious that the pains which he felt before the operation are gradually soothed; he experiences a desire of repose which it would be irksome to him to resist; his limbs become heavy, and his eyelids oppressed and drawn together. It is often declared by persons who have been subjected to this operation, that a sense of heat more or less strong follows, over the surface of the body, the hand of the magnetiser, though passing over the clothes, and even at the distance of some inches from the skin. In other instances the impression is rather of coldness than of warmth. This sensation is variously accounted for. The partisans of the art attribute it to the magnetic fluid ejected from the hand of the operator. This opinion seems to have been held long ago, since even Bailly thought it necessary to

oppose it, and to contend that the heat felt was that of the hand, and the cold that of the atmospheric air displaced by its movement. Bertrand maintains that the effects, as well as all the results of magnetism, are to be attributed solely to the excited imagination of the person who submits himself to the operation; and he declares that the effects produced within his experience have always borne the most exact proportion to the conviction of the patient. The temperature of the body is generally increased, according to the same writer, in persons who undergo the magnetic treatment, and a tendency to perspiration follows; the pulse becomes in many instances increased in fulness. Some individuals experience a general tremor at every renewal of the manipulations, which has been as strongly marked as the rigor which belongs to the cold stage of an intermittent. Convulsions are not frequently produced under the present mode of magnetic treatment. Many persons who experience little or no effect from the proceedings of the magnetiser during his operation, yet feel, after the business is at an end, such weariness or numbness of the limbs that they fall back into their chairs in attempting to rise. This is attributed to the accumulation of the magnetic fluid in the lower extremities, and the operator relieves it by means of certain frictions, by which it is believed that the fluid is dissipated or drawn off. Bertrand supposes that the sensation has in general no other cause than the ordinary fatigue occasioned by remaining long in one posture.

The feelings above described are frequently followed by a sense of drowsiness, which is at the same time irresistible and agreeable. The patient then becomes plunged into a state of vague reverie. Individuals who have experienced this state describe it as affording some peculiar delight. This interval of dreaming repose is often followed by a sort of sleep, which, though not somnambulism, yet resembles it, and differs from ordinary sleep in this respect, that the patient can with great difficulty be roused from it before the period of its spontaneous cessation. The loudest noises are sometimes without effect, but the experiment is said to be occasionally dangerous, and to give rise to convulsions. After this follows somnambulism or the lucid state, which is in fact the characteristic peculiarity of the magnetic process. In some individuals all these phenomena display themselves in a very short time, and even during the first sitting; but in general it is not till after several repetitions of the proceeding that the full effects of animal magnetism are produced.

V.—THEORY OF ANIMAL MAGNETISM.

How does the proceeding of the magnetisers operate in giving rise to these effects? The theory generally adopted by the partisans of this art is as follows. The instrument which is set in action is a peculiar vital fluid, secreted, or at least accumulated, in the brain, and to which the nerves perform the office of conductors. This fluid, which presides over all the movements of the body, is in an especial manner under the direction of the will, and may,

under its influence, be propelled, or directed towards, and accumulated upon, any external body living or inert. If this theory is not clearly developed in the writings of all the magnetisers, it is at least implicitly adopted by them. The characteristic peculiarity of their doctrine is the admission of an influence, residing in the will of the magnetiser, on the emanation of the fluid alleged to exist, and on the consequent production of magnetic phenomena—an influence so great, according to the prevailing theory, that all magnetic action is regarded as subordinate to the exertion of will which sets the fluid in activity.

This hypothesis, which, as its supporters seem to be aware, must appear to the generality of persons very wild and visionary, has been supposed to derive some support from the conclusions of MM. Reil, Autenrieth, and Von Humboldt, who have attempted to prove the circulation of a nervous fluid, as well as the outward expansion of that fluid,—an expansion said to take place with a force and energy sufficient to form a sphere of activity resembling that of electrified bodies.

The doctrine thus stated, which has been with some trifling modifications adopted by MM. Georget, Rostan, Husson, and the generality of those who maintain the efficacy of animal magnetism in France, must, in the actual state of our knowledge, be considered at least as a very bold speculation. It soars so far above the region of observation and experiment that it cannot be subjected to proof, and it is at the same time impossible to determine whether, if conceded or established, it would be sufficient to account for the phenomena of which an explanation is sought. A much more probable opinion is that of M. Bertrand, who, after surveying with calmness and discrimination the whole history of magnetism, and witnessing with his own eyes the proceedings of the operators in this art, and practising them himself with considerable effect, comes at last to the conclusion that all the results of these operations are brought about through the influence of the mind; not by the will of the magnetiser, radiating forth his own vital spirit, and operating through this material or immaterial instrument on the vital spirits of other men, who are the passive recipients, but by the energy with which the feelings and imagination of the latter act upon themselves.

A strong confirmation of this opinion is derived by Bertrand, from the manner in which the Abbé Faria performed magnetisation, in which he brought about all the results of this agency in the persons subjected to his attempts without the instrumental methods used by Mesmer's earlier or later followers, and in a way which seems to preclude any other influence than that merely of the mind. Abbé Faria made no attempt to avoid the imputation of quackery, and actually received sums of money for his exhibitions. Yet in the opinion of M. Bertrand, he entertained much more correct notions of the real principles of magnetic phenomena than most of its partisans. Having been taught by a long course of expe-

riments that the cause of somnambulism, or, as he termed it, the *lucid sleep*, as well as of all the other magnetic phenomena, is connected with the state of the individual who is the subject of treatment, he varied his proceedings in such a manner as to render them expeditious. His method was as follows. He placed the patient in an arm-chair, and after telling him to shut his eyes and collect himself, suddenly pronounced, in a strong voice and imperative tone, the word "*dormez*," which generally produced on the individual an impression sufficiently strong to give a slight shock, and occasion warmth, transpiration, and sometimes somnambulism. If the first attempt failed, he tried the experiment a second, third, and even a fourth time, after which he declared the individual incapable of entering into the state of lucid sleep. Abbé Faria used to boast that he had put more than five thousand persons by this method into somnambulism, and though in this there may be some exaggeration, yet it is incontestible, as M. Bertrand observes, that he very often succeeded. A very considerable number of persons, removed from all suspicion of connivance, have experienced the influence of this method. The complete identity of the phenomena thus produced by a method which operated confessedly through the imagination, with those which display themselves under the ordinary treatment of the magnetisers, affords a strong reason for concluding that the results in other instances depend upon a similar principle. The state of crisis or insensibility produced in Dr. Franklin's garden, in the experiment above described, is sufficient of itself to prove that the influence ascribed to the imagination is not greater than the reality. We have here a cause proved to be sufficient for the phenomena, with which it is more philosophical to rest satisfied than to resort to the visionary hypothesis of the magnetic fluid radiated forth by the will of the operator upon surrounding persons and objects, or to confess the strange doctrine, that the volition of a human body is capable of exerting an immediate influence on other minds and bodies than his own. The generality of magnetisers insist, indeed, in the assertion that the manipulations of the performer have no effect upon the subject, unless accompanied by a powerful agency of the will, by continued, strong, intense volition to produce the result. This is denied by M. Bertrand, who declares that in trials made by himself precisely the same results followed, whether he *willed* to produce them or not, provided that the patient was inwardly persuaded that the whole ritual was duly observed.

A very important question refers to the curative powers of magnetism, and to the salutary effects which may be obtained from it in the treatment of disease. M. Bertrand declares that it is difficult to imagine with what facility the practisers of the art succeed in relieving the most severe affections of the nervous system. Attacks of epilepsy in particular are rendered considerably less frequent and severe by this method skilfully employed; which displays in so remarkable a manner the influ-

ence of moral impressions on the physical state of the constitution. In some instances magnetism has been injurious by occasioning delay in the use of remedies of a more efficient class; and M. Déleuze enjoins the precept that a patient should never be consigned to the operation of a magnetiser without the advice of a physician. On the whole, when we consider the degree of suffering occasioned by disorders of the class over which magnetism exerts an influence through the medium of the imagination, and the little efficacy which ordinary remedies possess of alleviating or counteracting them, it is much to be wished that this art, notwithstanding the problematical nature of the theories connected with it, were better known to us in actual practice, and that some of the foreign operators would introduce it more extensively into this country.

VI.—CONCLUDING REMARKS ON ANIMAL MAGNETISM.

We shall briefly advert to the most remarkable phenomena which are said to characterise the lucid sleep of animal magnetism. Some of these far exceed the ordinary limits of belief, and seem to have been admitted on very imperfect evidence; others, which are sufficiently curious, though less wonderful than the former, are established by an accumulation of testimony which almost forces our assent.

1. *Phenomena referring to the state of consciousness and perception.*—Persons in magnetic somnambulism are said to be unconscious of external impressions in general, and yet to remain under the influence of the magnetiser, who is able to engage them in conversation, and without difficulty obtain replies to questions. Some facts already mentioned in connection with the preceding instances of cataleptic somnambulism or ecstasis, may tend to illustrate this peculiarity. In the relation of a case cited from Lorry, it appeared that a female who was the subject of that affection, held conversation with one person, and addressed herself constantly to him, while she was unaware of the presence of any other individual, and unconscious of her actual state. From this and other instances, it appears that certain individuals may become so connected with the reverie of the somnambulist, and so brought into relation with it, as to enter within his sphere of perception, while others are removed from it or separated by that mysterious veil which isolates the ecstatic person, and places him as it were in a world created by his own phantasy.

The degree of insensibility to external impressions which is said to exist in some cases of artificial somnambulism is altogether surprising. A lady has a scirrhous tumour in her breast which requires excision: she cannot summon courage to submit to the operation: she is thrown by a celebrated practitioner into magnetic sleep, undergoes the operation in that state, and on being awakened is surprised and sheds tears of joy on hearing that the much dreaded business has been accomplished. Strange as this statement appears, it seems to have been credited by the committee appointed by the Royal Academy of Medicine. Few

persons in this country will follow their example, and yet by rejecting it we do not extricate ourselves from the difficulties with which the subject is environed. The witnesses of the case are persons of undoubted veracity and reputation. It is hardly possible to conceive that the lady who was the subject of the operation could be influenced by fondness for imposture and deceit to such an extent, as the supposition that she feigned or acted a part implies. On the other hand, if it is a matter of fact that a state is induced by animal magnetism such as we have seen described, a condition of the system is admitted to be present in persons subjected to its influence, in which ordinary sensation is suspended, and to what degree this suspension reaches we have no means of estimating. We are not justified in fixing arbitrarily any particular limit beyond which we will not believe the absence of feeling to extend. If the insensible state of the system induced, in some unintelligible way, but probably through the influence of the imagination, is analogous to natural or ecstatic somnambulism, we can only form an idea of its nature through this comparison; and when we refer to the cases above cited from Sauvages and others, we shall find reason to believe that the insensibility to outward impressions was in some of these instances very great, and almost insuperable by any stimuli whatever. Pricking by pins, irritating the ball of the eye, putting a solution of ammonia under the eyes and into the mouth, striking the face, and making all sorts of noises in the ears, produced no effect.

2. *Alleged transference and exaltation of feeling.*—But if we could admit that a state of the system takes place in persons subjected to animal magnetism characterised by a remarkable and even surprising insensibility to external impressions, we should still be far from being convinced of the alleged transference of specific sensations from their appropriate organs.

Some writers have endeavoured to illustrate this phenomenon, and afford a degree of probability to the statement respecting it, by bringing forward cases of natural somnambulism in which analogous facts are said by them to have been observed. The most remarkable of these were published by M. Pétetin, a physician of Lyons, in a work on what he entitled ‘Animal Electricity.’ In this the author detailed experiments made by him on eight cataleptic females,—a surprising number as occurring in the practice of one physician within a short space of time,—in which, according to the statement, the seat of sensation was transferred to the epigastrium. Young females, quite deaf to sounds in the ordinary way, heard plainly when M. Pétetin whispered to them close to the epigastrium. The great sympathetic had, it seems, taken up the suspended function of the auditory nerves. We shall not repeat the particulars from which this statement is deduced, but refer our readers to M. Pétetin and to M. Bertrand, who has given sufficient extracts. The latter writer also refers to the *Annales de*

Chimie et de Physique, and to the Gazette de Santé, for December 1807, for the account of another female who saw with her fingers' ends; and to a publication in Germany, by Baron Strombeck, describing the case of a young woman, who had the still more admirable faculty of seeing through floors and walls, and even of discovering objects in an upper story of the house where she dwelt, and far removed from her own apartment. With respect to these cases, we may observe that they have been brought forward by professed supporters of animal magnetism, and that they occurred in places where that practice was at the time in vogue, and an object of lively interest.

Secondly, it is very important to remark that, whatever may be argued to the contrary by the votaries of magnetism, such phenomena have no parallel in the facts connected with natural somnambulism, as recorded before the period of magnetism, and uninfluenced by the representations of its professors. It was partly in order to establish this conclusion on a sufficient basis, that we were induced to investigate so fully the phenomena of somnambulism as recorded by the authors above cited. If this object has been accomplished, we are satisfied that the advocates of magnetism seek vainly in this quarter for facts which give countenance to their doctrine.

The powers of magnetism are variously estimated in their extent; but most practitioners maintain that the subjects of this art become endowed with the faculty of seeing, or in some way discovering the internal state of their own bodies. The sensibility of the ganglionic system, the nervous system of physical or organic life, being greatly exalted, the individual obtains an inward feeling, which in the natural state of the system has no existence, of the condition of his own viscera, whether healthy or morbid; he foreknows in some mysterious manner various changes which are destined to take place in it, and if indisposed foretells the event of his own case. This is the most moderate estimate of the faculty of prevision. With some it comes but little short of the gift of prophecy. The lucid sleeper is not limited to the contemplation of his own interior; he casts a penetrating glance into the body of his magnetiser, or of any person who is brought into magnetic relation with him; he has likewise an exalted or perfected instinct of remedies: in the enthusiastic language of a votary of magnetism, "he becomes inspired with the genius which animated Hippocrates!"*

Hippocrates made no pretension to an "*instinct of remedies*," otherwise we should not so often have heard the maxim, "*Ars longa, vita brevis*." But if we are invited to believe that certain *démoiselles* in Paris acquire, or recover—if it be a natural faculty of man—through magnetism, a sort of intuitive knowledge or instinctive appetency for remedies proper for diseases, as sick animals eat certain plants, we may fairly expect some decisive proof. Let the magnetisers obtain from their lucid patients

remedies for some intractable disorders. If they learn to cure cancer, for example, all the world will make suitable acknowledgments. With respect to the power of prevision, as this faculty is very much lowered in its claims in the late report, and seems likely to dwindle to the mere foretelling of hysterical fits, any practitioner who has had much experience in hysteria will be ready to believe the fact, provided that the patients only remember their predictions at the period of fulfilment. As to the talent of seeing through stone walls, whether with the eyes or epigastrium, we do not think it can be turned to any practical advantage. Not so the inspection of living bodies, and the power of discovering morbid changes in the living thorax and abdomen. A magnetic nurse in each ward of an hospital, who could perform autopsy while the patients are alive, would save us a world of trouble in auscultation and percussion, and might even obviate the necessity of post-mortem examinations. But if she had the instinct of remedies, where would be the want of a physician?

We must now dismiss the subject of animal magnetism, and conclude this article, of which somnambulism is the proper subject, with some further observations on the pathology of that disorder.

VII.—FURTHER OBSERVATIONS ON THE PATHOLOGY OF SOMNAMBULISM.

Richertz has observed that the tendency to somnambulism is to be reckoned among morbid conditions of the system, and he founds his opinion on the following reasons:—First, the relation of this affection to various diseases. He says that when somnambulism has continued long with frequent and severe returns, it is apt to pass into epilepsy, apoplexy, hypochondriasis, melancholy, and madness, to which last he thinks it has a near relation.* We shall presently consider the grounds of this opinion.

Secondly, he regards somnambulism as a disease, inasmuch as it is a phenomenon contrary to nature, which ordains sleep as a state of repose and refreshment from labour, whereas with night-wanderers it becomes an occasion of additional weariness and more than ordinary fatigue. Paroxysms of somnambulism are generally followed by long and heavy sleep, and by a feeling of debility and lassitude on the ensuing day.

Among the predisponent causes of somnambulism, the most important, as it may be observed with respect to other diseases of the nervous system, is a peculiarity of constitution. This appears from the fact that the disease is hereditary. Negretti's son was subject to it from early boyhood. Dr. Willis knew a family in which the father and all the sons were afflicted with this troublesome complaint: the sons in their nightly discursions ran against and awakened each other.

Intemperance is said to be among the causes of somnambulism, and the analogy of facts prevents our doubting the assertion. Scipio

* Lettre du Docteur Foissac à l'Académie de Médecine. Août, 1825.

* Zusätze des herausgebers von Muratori über die Einbildungskraft, th. i. p. 326, &c.

Maffei, a correspondent of Mead, and one of the eye-witnesses of Negretti's adventures, attributed the disorder of that person to his immoderate fondness for wine.

Age and sex are to be taken into the account by those who investigate the etiology of any constitutional disease. According to Richert, somnambulism is chiefly incident to the male sex and to the early period of manhood. It seldom appears in a strongly marked form in early youth, and generally lessens or ceases with the commencement of old age.

A plethoric state of the constitution, and whatever causes tend to induce fullness in the vessels of the head, increase the disposition to this disorder. Signor Pozzi, body-physician to his holiness Pope Benedict the 14th, assured Muratori, that he was obliged to have his hair cut at least every second month, in order to prevent his becoming a somnambulist.

We have accumulated these somewhat quaint observations with the view of leaving nothing incomplete in the history of somnambulism as we find it upon record. To the practical physician the nature of this disease and the treatment which it requires must be almost self-evident.

Richert was certainly correct in his opinion as to the pathological relations of somnambulism both to comatose and to maniacal diseases, and this is a consideration of some interest. In the first place, the symptoms which usher in and terminate the paroxysms of somnambulism, and the transitions from one disease to another, mark the connection between sleep-walking and comatose affections. These facts may be noticed in many of the cases above mentioned. There are frequent transitions from one form of disease to another. Ecstatic somnambulism, as being the most severe affection, has been most frequently connected with other disorders of the brain. In females it is often conjoined with catalepsy and hysteria, and in males with epilepsy. Dr. Darwin has related a case of ecstasis occurring in a boy, which was supposed to proceed from worms. It began with an epileptic aura, and terminated in stupor. Another instance recorded by the same writer was that of a female, and it was combined with uterine epilepsy, or perhaps with hysteria. In its phenomena it appears to have resembled the example related by Sauvages. Two cases are described by Martinet, in both of which epileptic fits formed a part of the disease. In one of these, somnambulism was vicarious of epilepsy: in the other, fits of ecstasis were ushered in by the usual symptoms of epilepsy.

The relation of ecstasis to insanity is in several of its phenomena still more apparent than that which it bears to comatose diseases. In the first place, it seems extremely probable that those affections termed cases of insanity, in which a patient is suddenly attacked by a peculiar kind of delirium, which holds him under its influence for a time, and then leaves him without any impression on his memory of what has taken place from its commencement, are truly examples of ecstasis, and

similar in their nature to the fits of day-dreaming above described. Some of the cases cited from Dr. Silliman's American Journal of Science were considered as instances of insanity; and Dr. Haslam has recorded other examples of a similar description, which he also regarded as cases of that disease.* In all these the impressions of the delirant period had entirely vanished from the memory of the individual affected. In such instances it is very probable that a relapse of the disease would have brought with it a renewal of the thoughts and feelings so entirely suspended during the interval. The phenomena, at least as far as they are described in these cases, are so analogous, that we may expect this analogy to extend even further than the facts recorded. In the next place we have seen that night-walkers and ecstatic persons are not found uniformly to have forgotten the visionary scenes presented to them during their paroxysms, and a recollection or retention of such impressions, blended with the waking state of consciousness, may bring these cases into a closer association with insanity. Indeed, Professor Heinroth has reckoned among the forms of madness one which he terms "*reiner wahnsinn*, or *ecstasis*," and identifies with the *melancholia attonita* of Chiaruggi.† Its essential character consists in intense reverie. Many instances of disease are upon record, and some well-marked cases have fallen under our own observation, in which the indisposition has appeared to commence with some ecstatic vision, and this has left a powerful impression on the mind of the individual, and has given its peculiar character to the series of morbid phenomena which ensued. We know the family of a clergyman who had been for some time in indifferent health, when standing one day at the corner of a street he saw a funeral procession approaching him. He waited till it came near to him, saw all the train pass him with black nodding plumes, and read his own name on the coffin, which was carried by and entered with the whole procession into the house where he resided. This was the commencement of an illness which put an end to his life in a few days. Vivid dreams and intense reverie occur in cases of insanity, but they mark a peculiar form of that disease, and are rather to be considered as the proper phenomena of ecstasis than of insanity in strict propriety so termed. There are, however, examples in which the symptoms are so mixed and blended, as to render the determination extremely difficult and even impossible to which head such examples should rather be referred. This remark may at least be applied without hesitation to a very striking and peculiar case, with a recital of which we shall terminate the present article.

A gentleman, about thirty-five years of age, of active habits and good constitution, living in the neighbourhood of London, had complained for about five weeks of slight head-

* On Medical Jurisprudence in relation to Insanity.

† Formenlehre in Heinroth's Störungen, b. ii.

ach. He was feverish, inattentive to his occupations, and negligent of his family. He had been cupped and had taken some purgative medicine, when he was visited by Dr. Arnould of Camberwell, who has favoured us with the following history. By that gentleman's advice he was sent to a private asylum, where he remained about two years; his delusions very gradually subsided, and he was afterwards restored to his family.

The account which he gave of himself was almost verbatim as follows. We insert the statement as we received it from his physician. "One afternoon in the month of May, feeling himself a little unsettled and not inclined to business, he thought he would take a walk into the city to amuse his mind; and having strolled into St. Paul's Church-yard, he stopped at the shop-window of Carrington and Bowles, and looked at the pictures, among which was one of the cathedral. He had not been long there before a short grave-looking elderly gentleman, dressed in dark brown clothes, came up and began to examine the prints, and occasionally casting a glance at him, very soon entered into conversation with him, and praising the view of St. Paul's which was exhibited at the window, told him many anecdotes of Sir Christopher Wren the architect, and asked him at the same time if he had ever ascended to the top of the dome. He replied in the negative. The stranger then inquired if he had dined, and proposed that they should go to an eating-house in the neighbourhood, and said that after dinner he would accompany him up St. Paul's; 'it was a glorious afternoon for a view, and he was so familiar with the place that he could point out every object worthy of attention.' The kindness of the old gentleman's manner induced him to comply with the invitation, and they went to a tavern in some dark alley, the name of which he did not know. They dined, and very soon left the table, and ascended to the ball just below the cross, which they entered alone. They had not been there many minutes, when, while he was gazing on the extensive prospect, and delighted with the splendid scene below him, the grave gentleman pulled out from an inside coat-pocket something like a compass, having round the edges some curious figures; then having muttered some unintelligible words, he placed it in the centre of the ball. He felt a great trembling and a sort of horror come over him, which was increased by his companion asking him if he should like to see any friend at a distance, and to know what he was that moment doing, for if so, the latter could shew him any such person. It happened that his father had been for a long time in bad health, and for some weeks past he had not visited him. A sudden thought came into his mind, so powerful that it overcame his terror, that he should like to see his father. He had no sooner expressed the wish than the exact person of his father was immediately presented to his sight on the mirror, reclining in his arm-chair, and taking his afternoon sleep. Not having fully believed in the power of the stranger to make

good his offer, he became overwhelmed with terror at the clearness and truth of the vision presented to him; and he entreated his mysterious companion that they might immediately descend, as he felt himself very ill. The request was complied with; and on parting under the portico of the northern entrance, the stranger said to him, 'Remember, you are the slave of the man of the mirror!' He returned in the evening to his home, he does not know exactly at what hour; felt himself unquiet, depressed, gloomy, apprehensive, and haunted with thoughts of the stranger. For the last three months he has been conscious of the power of the latter over him." Dr. Arnould adds, "Inquired in what way his power was exercised? He cast on me a look of suspicion mingled with confidence; took my arm, and after leading me through two or three rooms, and then into the garden, exclaimed, 'It is of no use—there is no concealment from him, for all places are alike open to him—he sees us and he hears us now.' I asked him where this being was who saw and heard us? He replied, in a voice of deep agitation, 'Have I not told you that he lives in the ball below the cross on the top of St. Paul's, and that he only comes down to take a walk in the church-yard and get his dinner at the house in the dark alley. Since that fatal interview with the necromancer,' he continued, 'for such I believe him to be, he is continually dragging me before him on his mirror, and he not only sees me every moment of the day, but he reads all my thoughts, and I have a dreadful consciousness that no action of my life is free from his inspection, and no place can afford me security from his power.' On my replying that the darkness of the night would afford him protection from these machinations, he said, 'I know what you mean, but you are quite mistaken. I have only told you of the mirror, but in some part of the building which we passed in coming away, he shewed me what he called a great bell, and I heard sounds which came from it, and which went to it; sounds of laughter, and of anger, and of pain; there was a dreadful confusion of sounds, and as I listened with wonder and affright, he said, 'This is my organ of hearing; this great bell is in communication with all other bells within the circle of hieroglyphics, by which every word spoken by those under my control is made audible to me.' Seeing me look surprised at him, he said, 'I have not yet told you all; for he practises his spells by hieroglyphics on walls and houses, and wields his power, like a detestable tyrant as he is, over the minds of those whom he has enchanted, and who are the objects of his constant spite, within the circle of the hieroglyphics.' I asked him what these hieroglyphics were, and how he perceived them? He replied, 'Signs and symbols which you in your ignorance of their true meaning have taken for letters and words, and read as you have thought, *'Day and Martin and Warren's blacking.'* Oh! that is all nonsense! they are only the mysterious characters which he traces to mark the boundary of his dominion, and by which he prevents all escape

from his tremendous power. How have I toiled and laboured to get beyond the limits of his influence! Once I walked for three days and three nights, till I fell down under a wall exhausted by fatigue, and dropped asleep; but on awaking I saw the dreadful signs before my eyes, and I felt myself as completely under his infernal spells at the end as at the beginning of my journey.*"

It is probable that this gentleman had actually ascended to the top of St. Paul's, and that impressions there received being afterwards renewed in his mind when in a state of vivid excitement, in a dream or ecstatic reverie, became so blended with the creations of fancy as to form one mysterious vision, in which the true and the imaginary were afterwards inseparable. Such at least is the best explanation of the phenomena that occurs to us.

(J. C. Prichard.)

SOUNDNESS AND UNSOUNDNESS OF MIND.—[As a treatise on Mental Derangement is incomplete without a consideration of various medico-legal questions connected with that subject, it may be thought that the contents of the present article should have been comprised in the former one on *Insanity*. The reader will perceive that the subjects now entered upon are treated in a more comprehensive manner than such a connexion would allow. Under *Unsoundness of Mind* are comprised several defective states which do not come under the head of *Insanity*. For this reason it is more consistent with propriety and distinctness of arrangement to take up the consideration of all these subjects in a separate article, for which no more suitable inscription could be devised than that here adopted.]

What constitutes soundness and what unsoundness of mind? In other words, by what distinguishing circumstances are we led to pronounce as to the presence or absence of such a state of the mental faculties as renders a man incompetent to the management of his affairs, and absolves him from moral responsibility? Is this state of the understanding absolute, and, if it exists at all, extending to all cases and varieties of circumstances, or does it admit of degrees and modifications? Of these and several other subordinate questions physicians are liable to be called upon for a solution, and for such a solution as may facilitate the judgment that is to be formed in particular instances; in those especially which present circumstances of unusual doubt and perplexity. The conditions on which depends unsoundness in the mental faculties are various disorders or defects in the functions or structure of the brain. With such states of that organ, and with their manifestations, persons who profess the study of medical science are supposed to be conversant. They are accordingly expected to supply information as to the nature of such affections, their extent and duration, their distinguishing characters, and ultimate results. The general facts and inferences which are applicable to these subjects constitute a part, and by no means an uninteresting division, of

medical jurisprudence. This department of legal medicine may be said to comprise all that may tend to elucidate the various questions which arise in connection with mental disorders and defects; in the first place as to the relations which persons labouring under them bear to human society, and the alteration both in respect to rights and responsibility which arise from the circumstances of their state; and, secondly, as to the modes of proceeding which are requisite, in order as far as possible to secure such individuals and others from the injurious results connected with the peculiar condition of the former.

It is remarkable that our medical literature is particularly defective in respect to this branch of professional inquiry. Except the short treatise of Dr. Haslam, which is doubtless well known to our readers, we have scarcely anything in the English language expressly relating to this subject; and Dr. Haslam's work, although it displays in some striking remarks the strong sense which distinguishes the author, is by much too limited in its scope and too discursive to furnish all the assistance which is required. By some German and French writers the subject has been treated in a more systematic and comprehensive manner. In the various works of Metzger, Heinroth, Reil, and Hoffbauer, and in particular treatises and occasional commentaries by MM. Esquirol, Georget, Marc, and others, almost every topic connected with the inquiries above defined has been considered and discussed, under the several relations of which it is susceptible; and from the different points of view selected by these writers, much information may be obtained. We shall endeavour to afford our readers, such of them at least as are not conversant with the original authors, an opportunity of estimating the value of these researches by laying before them in a short space a general survey of their results.*

By the writers above mentioned, the subjects of lunacy and mental incompetency have not been considered principally with reference to specific enactments or the decisions of lawyers in any particular country. This, indeed, is not the point of view in which such questions will be most properly contemplated by physicians. It is the business of medical writers to record facts as they present themselves to the observer of nature, and to found on a correct statement of facts such results as common sense, aided by the habit of reflection on similar topics, may enable them satisfactorily to establish. When this shall have been accomplished in a manner unexceptionable and commanding general assent, legal regulations must and no doubt will, sooner or later, be made to accommodate themselves.

Of all the works on this subject with which we have any acquaintance, the treatise of Professor Hoffbauer is the most comprehensive; displaying at the same time the results of calm reflection, and long and extensive observation on the questions to which it relates. We shall, in the

* It should be mentioned that a large portion of Dr. Conolly's Inquiry concerning the Indications of Insanity is devoted to this particular subject.

remarks which we have to offer, follow the plan of this writer, and take up the different points which offer themselves to our consideration nearly in the order in which he has surveyed them.*

The Roman law and the code of Prussia specify, incidentally, various defects and disorders of the mind, and in the latter compilation the terms employed are in some instances defined. The French code, in the opinion of Hoffbauer, has adopted a course which indicates the good sense of the legislator: it makes occasional references to the various classes of affected persons, whose states are distinguished respectively by the terms of *MADNESS*, *DEMENTIA*, and *IMBECILITY*; but it nowhere determines the precise import of these expressions. "In fact all legislation ought to be founded on the knowledge of the objects to which it is applied; but this knowledge failing, it is much better that the law should not define, than that it should define erroneously, and thus introduce errors which would only be perpetuated by its authority." The triple division which the French code recognises corresponds with facts, and with the actual distinctions of nature. In reference to mental disorders and defects we distinguish three very different states, involving mental incapacity. These are, *idiotism* or *congenital weakness* in all its degrees, depending on an originally imperfect formation or development of the brain; secondly, *insanity* in several forms; thirdly, *dementia* or *intellectual decay*. This last state, though considerably varied in particular modifications, is most frequently a permanent failure of the mental powers; it is the result of long-continued insanity, of old age, when life is protracted beyond its natural period; sometimes it ensues on apoplexy or paralysis, or on repeated and severe attacks of epilepsy; in other instances it appears as the sequel of fever attended with delirium; and in these last cases alone it often terminates in the recovery of health and a sound state of the mind.

The distinguishing characters of *dementia* have been described in the article *INSANITY*, and we shall not recapitulate them at present,

* Herr Hoffbauer was not a practical physician, but a doctor of laws and professor in the university of Halle, who made psychology and diseases of the mind the particular subject of his studies. He is the author of several works on insanity and the inquiries connected with it. The first, entitled "*Untersuchungen über die krankheiten der Seele*, u. s. w." was published in 1802-1807. He afterwards published, in conjunction with Reil, the celebrated author of *Researches into the Structure of the Brain and Nerves*, a work entitled "*Beiträge zur Beförderung einer kurmethode auf psychischen wege*." His most popular work, entitled "*Die Psychologie in ihren hauptanwendungen auf die Rechtspflege nach den allgemeinen gesichtspunkten*, &c.," has been translated into French, with notes by the editor, M. Chambeyron, and additional comments by M. M. Esquirol and Itard. Professor Hoffbauer shews, in many instances, a want of practical knowledge of insanity, but he has discussed admirably the legal relations of mental deficiencies. A critical analysis of his works has been given by Professor Heinroth, in his "*Lehrbuch der Störungen des Seelenlebens*, th. 2.

but merely remark that this morbid state is very distinct in its features from idiotism, as it is likewise from insanity. For medical purposes these distinctions must be carefully observed, but the same division is not in all respects the most advantageous with reference to legal questions, in which an account is to be given merely of the degrees of incapacity. Such, at least, is the opinion of the author whose method we follow. At present, we are disposed to adopt his arrangement in this particular, and in the first place to divide mental affections into two departments, which may be distinguished as defects and diseases of the mind. The former class comprehends the different modifications and degrees of natural deficiency as well as those of dementia or decay; the latter, all the forms of insanity, whether moral or intellectual.

I. MENTAL DEFICIENCY.

Mental deficiency includes all the degrees of intellectual weakness, from the slightest appearance of dulness or incapacity to absolute fatuity. Different modifications of mental weakness are included under this head, whether arising from natural imperfection in the organ of intellect, or the consequences of disease: they are arranged according to the degrees in which the mind is found to be defective in its operations.

Before we proceed to this arrangement, we must distinguish, with Hoffbauer, two marked differences in the character of mental deficiency. One modification of this state is termed *imbecility* (*blödsinn*), and the other stupidity (*dummheit*). The former is said to consist in a defect of *intensity*, the other in a want of *extensity*. By intensity M. Hoffbauer describes the energy with which a sound mind applies itself to judge with accuracy on the objects of reflection, or on the data already furnished by the senses and by perception; extensity is a similar energy directed externally to sensation and apprehension, or to the acquisition of ideas. The former defect renders the intellect unable to examine with sufficient exactness the data on which judgment is to be exercised, the latter renders it liable to suffer some of these data to escape. M. Chambeyron, the French translator of Hoffbauer, objects to this distinction. He says that until we can determine in each kind of mental alienation the precise nature of that cerebral change of which it is the symptom, it is better to follow the method of Pinel; to observe what are the phenomena which are generally grouped together, and of each of these groupes to constitute a distinct species; a principle of arrangement which may equally be followed in the distribution of mental as of other disorders. This observation points out the only sound and philosophical foundation on which nosological distinctions can rest, but to us it does not appear to lead justly to a rejection of M. Hoffbauer's attempt to discriminate the different forms of mental weakness. There is in fact, if we are not mistaken, a marked diversity among men as to the relative degrees of energy in their internal and external faculties, meaning by the former the powers of judgment and reflection, of reason, the facul-

ties by which the mind decides on truth and falsehood, right and wrong, and in general of relations; and by the latter the ability for external perception and apprehension. When the whole constitution of the mind is weak, so as to render the individual barely competent to the business of life, these differences are the more striking and conspicuous. Many persons whose power of judgment is very deficient have a tolerable share of quickness in apprehension; others, on the contrary, (and these often appear much more defective than the former class,) are slow of perception, and let many things escape them which would be observed by ordinary men, yet they make occasionally shrewd remarks, and give tokens in their conduct which indicate a sagacity much beyond the measure of intellect which common observers ascribe to them. M. Hoffbauer is correct in distinguishing two classes among weak and half idiotic persons. One of these may be described as *imbecile* or defective in judgment, in the powers of reason and discrimination, while the other or *stupid* class shew their deficiency chiefly in obtuseness or slowness of perception and apprehension and in a consequent ignorance of external things and relations.*

That form of intellectual weakness which is distinguished by the term imbecility differs in several respects from stupidity or obtuseness of the mental faculties.

"In reference to the faculty of judgment, it may be observed that the stupid or obtuse person is more liable than the imbecile to form erroneous decisions; the latter experiences great difficulty in bringing himself to any conclusion. Secondly, the stupid person sometimes judges very correctly on subjects to which his attention has been strongly applied; occasionally he comes even more directly to a right conclusion than those who are possessed of superior intelligence. When he errs, it is through neglect of some of the considerations which ought to have formed the groundwork of his judgment, and he will say, in order to excuse himself, that 'he should never have dreamt of this or that circumstance.' To the imbecile the most simple act of judgment is difficult: for instance, a lady who said that she was twenty-five years of age, and had been married six years, could not, after many efforts, tell how old she was at the period of her wedding. Thirdly, the stupid man may often be induced to correct his mistake, some particular circumstance being suggested to him which leads to its detection. The imbecile man can scarcely rectify his error, being unable sufficiently to concentrate his attention on any particular subject. The stupid man has not this defect, but he views every subject on one side only, and is embarrassed by every complex idea.

"In relation also to memory, there is a decided difference between stupid and imbecile

persons. The latter appear to be almost entirely defective in this faculty: the former recollect after a long interval of time some insulated circumstances or transactions. The reason of these peculiarities is the total want of attention to present objects which is characteristic of the one state, and the partial but concentrated attention to them which is observable in the other.

"Weakness of intellect displays itself in both these classes of persons, when their defect is in a high degree, by a propensity which they have to talk to themselves. This is most observable when the affected individual is alone or supposes himself to be so. In reality, we employ words not merely for purposes of intercourse, but as an instrument of thought, and the weakest intellects require their aid in the most perceptible manner. When the mind is morbidly weakened, the silent and unperceived or the mental employment of words is insufficient: they must be repeated more or less audibly. This practice is not uncommon with imbecile and stupid persons, but when in society they generally perceive its incongruity and abstain from it. If, however, such individuals talk to themselves, knowing themselves to be in the presence of other persons, it is a proof of greater deficiency.

"Another distinction between the stupid and imbecile is that the former imagines himself to be at least equal to other men in intelligence, whereas the imbecile is ever conscious of his state, and even exaggerates his defect.

"This difference between them is easily explained, as well as the results which it induces in their conduct. The stupid act rashly and without reflexion; the imbecile can never come to a determination. Hence, also, the imbecile become cautious, timid, and even misanthropic, unless when assured of their security by finding themselves under the protection of persons of whose kind intentions toward them they are well convinced: to the guidance of such persons they give themselves up with blind confidence.

"The pusillanimity and misanthropy of the imbecile lead them to a species of devotion, if such it may be termed. Supposing themselves to be despised and ill-treated by men, they are led to apply for support to the common resource of the unfortunate. The stupid, more confident in themselves, fancy that they acquire merit by their devotions, or confer a favour on the divinity."

This account of the phenomena of mental weakness might suffice for ordinary purposes, but the deficiency exists in different degrees, and one stage in the approach to idiotism has results, in respect to social relations, which do not belong to a different grade in the same scale. M. Hoffbauer has for the first time made the attempt to define the gradations of mental deficiency as a basis for suggestions on the legal bearings of this state in particular degrees. It was hardly to be expected that he should accomplish this undertaking at once in a manner wholly free from error, and requiring no correction or improvement. The

* Hoffbauer has explained his ideas on the nature of "blödsinn und dummheit" more fully in his *Untersuchungen*, th. i. s. 9.

outline which he has sketched is drawn with great ability, and is evidently the result of extensive observation, assisted by no ordinary talent for generalising phenomena and tracing their connexions. The subject is so important that we shall incur the risk of being thought somewhat prolix, and give an abridged extract of this author's description of the five stages or degrees into which he divides the affection of imbecility (*blödsinn*), and the three degrees of stupidity or obtuseness (*dummheit*).

"The *first* degree of imbecility manifests itself in the incapability of forming a judgment respecting any new object, even when the necessary data are furnished, and the question is one which in itself presents no difficulty: in this degree of the affection the individual can very well judge respecting objects to which he is daily accustomed, and in familiarity with which he may be said to have grown up; he often shews, in the pursuit of his daily concerns, a minute exactness which appears to him a matter of absolute necessity. His memory is very limited; not that he absolutely loses the remembrance of things, but because he cannot apply his recollections according to his wishes. He scrupulously observes whatever he thinks becoming in his situation, because he fears to give offence in neglecting it. When he gives himself up to avarice, there is observed in him rather an apprehension of losing than a desire of accumulation. The propensity to talk alone, and the species of devotion to which we have alluded, is seldom to be met with in this instance, the former because the routine of daily occupations, above which the individual seldom raises himself, makes but small demands on his intelligence; the latter because his infirmity is not so remarkable in ordinary society as to render it a subject of general observation, and entail upon him frequent annoyance, and thus make him feel the necessity of seeking support elsewhere. He is very subject to gusts of passion, which nevertheless are as easily appeased as they are excited."

The preceding description will be found to coincide accurately with many cases of mental defect arising from original or congenital weakness of the intellectual faculties. We could furnish instances from our own observation which strikingly exemplify it. The statement given of the second degree belongs obviously to dementia or mental decay, and will be found very accurately to describe many instances of senile dementia.

"In the *second* degree of imbecility the patient still judges and acts consequently with respect to subjects that are familiar to him, but even on those subjects it often happens that he is deceived, because, through a distraction which is a second nature to him, he forgets places, times, and circumstances. He observes so little what takes place or what passes around him, that he often fancies himself in a different spot from that in which he really is, mistakes strangers for persons of his acquaintance, confounds the present with the past, but more often with the future, and believes

himself at home when he is at the house of another person.

"The individual affected with imbecility in the *third* degree is unfitted for all matters which require more than a mechanical mode of action, but he preserves sufficient intelligence to be aware of his weakness and the superiority of others with respect to the mental faculties. We may likewise remark in him that propensity to devotion and to misanthropy which we have mentioned above. His mind is not completely inactive, although it cannot raise itself to any high pitch; hence he has the propensity to talk to himself. He has not the power of seizing any idea so clearly as to impress it on his mind; hence a very marked defect of memory, and a propensity to pass rapidly from one topic to another. He is very irritable and suspicious, fancies a design to insult him where it is impossible, because his state yet permits him to feel and resent injuries; of which susceptibility those around him often take advantage to his annoyance.

"The *fourth* degree of imbecility is marked by a clouded state of the understanding and the memory, with a great insensibility, which nevertheless leaves the patient a confused idea of his weakness. He eagerly seeks excitement by various stimuli.

"In the *fifth* degree of imbecility there is a nullity of intelligence; the attention cannot be directed to any object; all the faculties whose activity depend upon the intellect are destroyed or oppressed. The phenomena which depend upon attention are wanting, and those which imply its absence take their place. The imbecile in this degree is insusceptible of passions, of joy, of grief, of pleasure, in a word, of every kind of moral feeling. He is even but little sensible of pain and other physical inconveniences. He only takes nourishment because it is given to him, like an infant; the natural wants, such as hunger and thirst, have no effect upon him. He has no memory, he has neither devotion nor the desire of talking to himself, which is observed in other imbecile persons, but which implies in them to a certain degree a consciousness of their state."

The fifth stage of imbecility thus characterised by Hoffbauer, is precisely the last grade of dementia or the fatuity which is the consequence of cerebral diseases. It has been more particularly described in the article *INSANITY*, under the distinctive term *Amentia*, appropriated to the last stage of the disease.

"Stupidity, generally speaking, is a defect less severe than imbecility, according to the definition that we have given of both. The slightest degree, however, of imbecility indicates an imperfection of the intellectual powers less severe than the greatest degree of stupidity.

"We admit in stupidity *three* principal degrees.

"In the *first*, the individual is incapable of judging and of self-determination, only when it is necessary to weigh opposing motives. Then he feels his incapacity, and has recourse to the intelligence of others, unless pride happens to

prevent him, which is often the case. If he acts absurdly, it is often because he applies to his actions a rule good in itself, but the application of which requires other considerations.

"The subject of the *second* degree of stupidity forms a judgment accurately and often promptly upon things by which he is daily surrounded; but he commits serious errors whenever it is necessary to exert a certain vigour of judgment: he embarrasses himself in any train of reasoning, however simple it may be. His memory is perhaps faithful, but it is slow; he cannot, without great difficulty, express a complex idea, if it is the result of his own reflections, and has not been received from another. When his faculties have been somewhat developed by education, he is an obstinate partisan of any thing which is, as we say, good in theory but useless in practice; because he cannot observe the circumstances which distinguish particular cases, and appreciate them according to their just value. These two conditions are, however, indispensable, in order to make with propriety the application of general rules.

"In the *highest* degree of stupidity the individual cannot go beyond one single idea; and he must completely lose that one before he can pass to another. He is hence less capable of judging than the imbecile, because the comparison of several ideas is necessary to form a judgment. Individuals who are afflicted in the third degree of stupidity often express themselves in half-uttered words, return incessantly to the same subject, make known their ideas by sentences, short, incoherent, and unfinished, like children who can retain words but do not know how to connect them together; they express often the subject and the attribute without connecting the one to the other by the affirmative or negative. If they wish to say 'the rose is beautiful,' they will say 'rose beautiful,' or only rose, or beautiful, according as the subject or the attribute strikes them most. Often they reverse the natural order of words, and say, for example, 'rose beautiful is;' and when they perceive an omission which they wish to repair, they become still more perplexed.

"With respect to legal relations, the first degree of imbecility may be assimilated to the second degree of stupidity, and the highest degree of the latter to the third degree of the former."

M. Esquirol has made objections to the minuteness and attempted accuracy of these distinctions. He thinks it difficult, if not impossible, to determine the exact limits of each stage. The endeavour to lay down rules with accuracy scarcely attainable in practice may sometimes impose unnecessary difficulties. This is undoubtedly true, and perhaps it may be admitted that the modifications and degrees of which Hoffbauer's arrangement consists are more numerous than they ought to be. Yet the necessity of adopting some method of this kind is obvious, unless we determine to regard mental deficiency as an absolute state, and admitting of no gradations. Experience proves

more and more the error of such a proceeding. The want of some rule by which the various degrees of incapacity may be measured, and the relations of each determined, has often been felt;* and M. Hoffbauer's arrangement will at least be useful as furnishing a scale to which approximations may be made in particular instances. M. Esquirol seems to suppose that Hoffbauer intended only to describe different degrees or varieties of dementia; but this appears to us to have been the case only in some instances. The first or lowest stage both of imbecility and of stupidity are clearly intended for and strikingly characteristic of natural weakness in some of its varieties.†

We proceed now to the practical application of these distinctions, but in this we must be satisfied with suggesting a few of the most important considerations.

"In matters of criminal accusation all legal culpability is annulled when it is proved that the party labours under imbecility amounting to the third degree, or even nearly approaching it. Imbecility in the first and second degree may either annul or weaken culpability, or leave it unaffected under different circumstances. Ignorance of the law and of the illicit nature of actions may sometimes be alleged as excuses in criminal accusations in the instance of imbecility amounting to the first degree. But this plea can only be allowed to be valid under one of the two following conditions:—1st, when the law which has been violated by the imbecile neither forms part of general relations which concern himself as well as other members of society, nor belongs to his own particular habits or circumstances: 2dly, when the action forbidden by the legislator is not contrary to the law of nature.

"The second degree of imbecility may lessen or destroy culpability in cases in which the first degree leaves it entire.

"In the first degree of imbecility, inattention or absence of mind, want of foresight, &c. are not considered as excuse when they have regard to objects universally known, as to fire, or to those which are familiar in use to the imbecile, as the tools, &c. of his profession. In all other instances his fault loses the degree of culpability which belongs to it, according to

* Dr. Haslam has made this remark, but no attempt to furnish a scale of distinction. See Haslam on Medical Jurisprudence, as it relates to Insanity, p. 60. Any person who has attended inquests must be aware that the want of some certain rule or principle, by which both physicians and those who have to give the verdict may be assisted in forming their judgment, is often felt.

† Hoffbauer's distribution of the forms and degrees of mental weakness, which has obtained great celebrity in Germany, is highly commended by Professor Heinroth, (*Störungen des Seelenlebens*), who, however, contemplates the subject in a different point of view. Heinroth suggests an additional modification, consisting in (*willensschwäche*) weakness of will or irresolution, and excessive timidity and fickleness of disposition; but this case can never become a matter of legal consideration. It is even questionable, as Heinroth observes, whether (*dummheit*) stupidity, as above defined, can ever do away entirely all moral responsibility.

the expression of jurists, *in abstracto*. This is also the case when the act is the result of sudden anger or fear, to which weak persons are prone.

"The imbecile in the second degree has less responsibility than in the first. His incapacity is greater, as likewise is his proneness to sudden emotions.

"Similar considerations affect the responsibility of persons labouring under stupidity, when it passes the middle degree above described. In fact, the latter being incapable of extending their thoughts to several objects at the same time, must omit many considerations of which intelligent persons never lose sight. Such an individual is so much the less responsible for his actions, as he is known to be incapable of the reflection which might lead another to rectify his mistakes.

"The principles established in reference to criminal law, on the ignorance of the parties, are applicable in civil law to the question—whether an individual is in a condition to recognize the illicit nature of an act by which he has trespassed on the right of another. In imbecility in the first or second degree, ignorance of the law may be pleaded as excuse under circumstances analogous to those before alluded to.

"All the arrangements which the law authorizes or prescribes in regard to imbecile persons are founded either on their own interest or on that of others, and have for their object the personal security of either party. These arrangements refer, 1st, to the appointment of a *tutela* for the administration of the property of the weak or idiotic person, and of a *curatela* for the care of his person; 2ndly, to seclusion, when it is required for preventing dangers likely to accrue to society or to the individual from his unrestrained enjoyment of personal freedom. All the measures judged necessary for his security and for the protection of society must be taken with as much mildness as possible.

"An imbecile person, whose affliction reaches the third degree, can no longer be judged competent to the care of his own property: this may be observed *a fortiori*, if his disorder passes that degree. But in the appointment of a *tutela*, regard must be had to the necessity greater or less of such protection, and especially to the particular character, habits, inclinations, &c. of the individual. It must be considered whether he is likely to commit actions which, though indifferent in themselves, may occasion public offence, or whether an excessive liberality or ruinous prodigality may not expose him to dissipate the property that may be left at his disposal.

"The administration of his property should be left to the imbecile in the second degree, and a curator should only be appointed for him under particular circumstances, as for example, when his character calls for such an arrangement, and when some interests are at stake which require practical intelligence, and especially constant attention. With such exception it is unjust to deprive him of the management

of his affairs. The inconveniences to which he may contingently be exposed cannot be compared with the certain annoyances connected with a *tutela*, and some reliance may be placed in general on the vigilance which self-interest calls forth even in defective minds.

"Persons imbecile in the second degree are more subject to act without reflection than those whose defect belongs to the first or the third stage. The former are rather irresolute and timid than precipitate in action, and the latter too negligent and inactive. Hence, though in the second degree imbecility does not generally authorize the appointment of a *tutela*, it often requires that individuals should be subjected to an especial *surveillance*.

"The imbecile whose infirmity does not exceed the first degree cannot justly be subjected to a *tutela*, or to any particular surveillance, except under circumstances in which his inclinations or habits, his family, relations, or fortune, or the affairs under his management, require such an arrangement.

"What has been observed in respect to the degrees of imbecility may be applied to stupidity, on the principle above laid down. Only it must be remembered that this last infirmity renders individuals more liable to rash and hasty actions than does imbecility.

"Imbecile persons in the third degree are evidently incapable of making wills; as their state renders them competent only to actions, which, if not unreasonable, are without reflection. The case is not so in the instance of imbeciles in the first and second degree, even though under certain circumstances, before adverted to, they may occasionally be subjected to a surveillance or even to a *curatela*. The object of this *curatela* is to protect them from injuries which they might bring upon themselves if left to their own discretion, and to prevent engagements which they might contract and be unable to fulfil. These considerations are not, however, reasons for depriving them of the power of making a will. By a testament they might deprive those who would inherit *ab intestato*, but they prejudice no formal right. Besides a testament does not require the same intelligence as the administration of property; it only depends upon a single arrangement, for which the testator has sufficient time for deliberation."

To this last opinion of M. Hoffbauer it is objected by M. Chambeyron, that by the simple appointment of a *tutela* the imbecile person is assimilated to a minor and declared incapable of any civil act, except under some particular circumstances, and when the authentic consent of the tutor may authorise him to contract. Why then, it is inquired, should there be any exception for the right of testating? The author has given a satisfactory reason why this right should be preserved inviolate in certain instances, namely, that individuals may and do retain the requisite degree of intelligence for entering into the arrangements in question, though in other respects in a state which renders the appointment of a guardian or some especial *surveillance* advisable. The incon-

gruity pointed out by M. Chambeyron has respect to positive institutions, and the observation of M. Hoffbauer is founded on general principles.

We shall here terminate the consideration of mental weakness or defect, and now proceed to the second division of our subject, namely, Diseases of the Mind,—a term which we adopt for the sake of convenience, though on the ground of strict propriety objectionable.

II. DISEASES OF THE MIND CONSIDERED IN RELATION TO JURISPRUDENCE.

1. *Of intellectual derangement or mental illusion. Monomania and Mania.*—Professor Hoffbauer adopted an ingenious though erroneous idea as to the nature of these diseases. On this he has founded some practical conclusions, of which the validity is very doubtful; they deserve, however, for reasons which will appear, a few moments' consideration. Mental illusion (*wahnsinn*) consists, according to him, in a loss of that due proportion which, in the sound state of the mind, the powers of sense and perception bear to the influence of imagination. The influence of imagination may become excessive in two ways; first, by increased intensity or exaltation of this faculty, the other powers remaining the same; or, secondly, by depression of the latter, while the faculty of imagination remains unchanged. The former is monomania, in which, as the author supposes, the mind is not destroyed or generally affected. The latter is mania, and in this the powers of the understanding, perception, apprehension, are greatly impaired.

No practical error is likely to arise from this opinion, as far as it respects the nature of mania. Persons who are generally deranged or raving mad cannot be supposed by any one to be accountable for their conduct, or capable of managing their affairs. No dispute exists among jurists or physicians on this subject. The state of maniacs is in general too manifest to admit of any doubt. The lunatic perceives the objects and persons who surround him, but his imagination transforms them, and they are mistaken by him as to their nature and identity. "Hence in civil law the acts of such an individual manifestly lose all their consequences, and can neither convey any right to another, nor place the agent himself under obligation. In criminal law he is discharged from all responsibility, and consequently from all culpability; since what he wills to do in his imaginary situation is not what he would do in his real situation, were he only aware of the latter. This state of disease fully justifies the placing an individual under a tutela, and the disposing of his person in that way which shall appear most conducive to his recovery, or in hopeless cases, to his security and comfort."

It will be apparent to those who entertain a correct opinion as to the nature of monomania or partial derangement of the understanding, that a great part of this reasoning applies almost equally to persons affected by that form of disease. But here we find Professor Hoffbauer's theory leading him into error, an error which is not peculiar to him. As his opinion is

common to many, and the inference to which it has led him is by no means a matter of indifference, we shall cite some of his observations, and presently add the comments of a practical physician, the powers of whose acute and penetrating mind have been directed to this subject.

Hoffbauer supposes that, in partial insanity characterized by hallucinations, the representation of unreal objects, or the illusory transformations of existing ones, such illusions can only pervert the judgment when the affected train of ideas is brought into play; and that on matters unconnected with this illusion the individual is to be considered as a sane man. "In this relation, therefore, insanity cannot be recognized by the law. In civil law all the acts of the party preserve their validity, and in criminal law their culpability." In fact, there is no reason why a man who thinks he has legs of glass, and in other respects is in possession of all his faculties, should not be capable of contracts, and responsible for illegal acts which have no connection with the subject of his madness. Such a species of insanity seldom prevents a man from managing his own affairs, or undertaking any legal relations for others. Swedenborg, so celebrated by his visions, who was confessedly a madman, fulfilled the duties of his office in so distinguished a manner, that the king of Sweden ennobled him. The author knew a doctor in laws who had taken it into his head that all the freemasons had entered into a league against him. This person, who in other respects was perfectly sane, held with high credit a chair in an university.

In general, in relation to the insane, the ruling idea or illusive opinion characteristic of their disease, considered with respect to the imputability of their actions, ought not to be regarded as an error, but as a truth; or in other words, their actions ought to be considered as if they had been committed under the circumstances in which the patient believed himself to be. At Brieg a soldier killed a child because he thought he saw the Deity near him commanding him to do it. Dr. Glanwitz, in his report, came to the conclusion that the man should be confined in a lunatic asylum.

"When the question relates to consent to some particular matter, regard must be had to the prevailing idea, inasmuch as upon its truth or falsity depends the reality of the consent. If, for example, in a civil affair, as a contract, we suppose that the contractor would not have given his consent without a previously existing illusion, this idea is looked upon as an error, not imputable to the person concerned. As to the question whether the results of the act are cancelled or not, this must depend upon what the laws have decided with respect to involuntary errors.

"In practice it is difficult to decide whether an affair undertaken by a person labouring under madness with a fixed illusion is valid or not, on account of the errors likely to result from this fixed illusion. For as long as this person enjoys his rights, it is not the business of another to examine if his act is valid or not.

And besides, the person himself neither could nor would acknowledge his error."

From what has preceded, we apprehend how important it is to determine, in cases of permanent illusion, the paramount idea; to know whether it brings on a derangement more or less complete of the intellectual faculties; or only prevents the perfect use of the judgment in relation to certain objects; to discover what influence it has, on one side, upon the notion which the patient has of himself and of his relations with his equals, and, on the other, upon his actions in general. When the prevailing error draws with it a total incoherence of ideas, the case approaches to one of imbecility.

"When a patient attacked by madness with one fixed illusion has a false notion of himself and of his relation to others, this circumstance ought to be taken into consideration. For in criminal justice actions ought to be regarded as if the person really was in the state and in the circumstances in which he believed himself to be. Thus the crimes committed by madmen fancying themselves kings and princes, ought not to be punished according to their nature and heinousness; the culpability is lessened or destroyed.

"We ought above all to have regard to the illusion under which the patient is carried by his paramount idea to commit actions which he considers as matters of duty. In religious madness, for example, the acts which a person afflicted with this form of the disease commits, ought still less to be punished; because no kind of human suffering could have any effect upon a lunatic of this description; divine punishment, or the hope of eternal reward, weighs much more strongly upon his mind than the fear of anything within the power of man."

Similar opinions have been advanced in a manner less restricted by a high legal authority in France. The following observations are understood to convey the sentiments of the advocate-general M. de Peyronnet, as they were delivered in a process on the "Affaire de Papavoine."* "The advocate-general," says the report, "proceeds to examine whether every kind of insanity ought to absolve from culpability, and after distinguishing in the clearest manner partial from total derangement, sustains and demonstrates that the last can alone extricate a criminal from the penalty of the laws. This reasonable distinction thus laid down by the public authority, throws the strongest light upon the questions of mental alienation, the most intricate question in medical jurisprudence, which some physiologists have solved in a manner as unfavorable to accusation as injurious to morality, and alarming to society. M. de Peyronnet here cites some passages from Lord Hale. Of these we should prefer to cite the English text, but as the advocate-general

has given to some of the expressions a more definite turn, in a manner which displays fully his own way of thinking, we shall crave permission to deviate from our usual course, and cite the exact words of M. de Peyronnet.

"Il est une démente partielle et une démente totale: la première est relative à tels ou tels objets. Quelques personnes qui jouissent de leur raison pour certaines choses sont sujettes à des accès d'une démente spéciale, à tels discours ou tels sujets, où bien elle est partielle dans ses degrés; telle est la condition d'une foule d'insensés; et surtout des personnes mélancoliques dont la folie consiste la plupart du temps à témoigner des craintes, des chagrins excessifs, et qui cependant ne sont pas entièrement privées de l'usage de la raison. Cette démente partielle *semble ne pas excuser* les crimes que commettent ceux qui en sont atteints, *même en ce qui en fait l'objet principal*; car toute personne qui s'arme contre lui-même ou contre d'autres, est jusqu'à un certain point dans un état de démente partielle lorsqu'elle se rend coupable..... Je suis en outre forcé d'admettre qu'il est une importante distinction entre les cas civils et les cas criminels. Dans les premiers, dès qu'il est prouvé que la raison de l'homme est altérée, la loi annule ces actes, *quoiqu'ils n'aient aucune relation avec les circonstances qui causent sa démente, et qui auraient pu influer sur sa conduite*. Mais lorsqu'il s'agit de décharger un homme de la responsabilité de ses crimes, et surtout de crimes atroces, on ne peut point réclamer l'application de cette règle, incontestable pour une question de propriété."

"After having laid down principles so precise, so positive, so satisfactory to the jury," continues the reporter, "the advocate-general applies them to the cause." The same writer cites further the following passage, which leaves no doubt as to the views of M. de Peyronnet. "The pretended insanity of the accused is a pretext had recourse to in despair of the cause: certain it is that this derangement cannot have been total: it is likewise proved that it could not be partial, and in this last supposition, if even allowed, *it could not serve for an admissible excuse.*"

M. Georget, possessing much more correct knowledge of the real nature of monomania or partial illusion, considered the joint opinion of these lawyers as highly objectionable. He expressed his astonishment at the sentiments of Lord Hale. "This writer," he says, "appears professedly to consider property of higher value than human life! There is then no excuse for an unfortunate lunatic, who in a paroxysm commits a reprehensible action, even although it should appear to be the result of his particular illusion! And yet the civil acts of this same individual are to be annulled, although they have no relation to the insane impressions which might have influenced his conduct! And even M. de Peyronnet could cite such maxims as these with approbation; we do not at least find he has objected to any part of them. All monomaniacs, according to this statement, are liable to become criminals in spite of the sixty-

* Discussion Médico-légale sur la Folie, &c. par le Docteur Georget. Paris, 1826. See, also, Examen Médical des Procès criminels des nommés Léger, Feldtman, Lecouffe, Jean-Pierre, et Papavoine, &c. par le Dr. Georget. Paris, 1825.

fourth article of our penal code, and may undergo the penalties recorded for atrocious offences."

M. Georget has refuted these opinions on grounds which must be conceded by the jurists of all countries, viz. on those of experience and correct knowledge as to the real state of monomaniacs. Such persons, as he has clearly proved, though they reason correctly on a variety of subjects remote from the particular one on which their illusion turns, are yet more fully deranged than they appear to be, and are even liable to display perversities both in feeling and action. Cases like those of Swedenborg and the German professor mentioned by Hoffbauer, very rarely occur. Even in these instances, had we been enabled to follow the individuals affected into private life and to observe their personal deportment, it is almost certain that something would have been discoverable in their moral character and habits different from those of ordinary men. M. Georget's observations have led him to form nearly the same opinion as to the nature of monomania or partial derangement as that which we have expressed in a former part of this work. (See *INSANITY*.)

The facts of a remarkable case of this description which came out in evidence some years ago before an English court, confirm in a striking manner the character here ascribed to this disease. For a full account of this we must refer to a "Report of the judgement in *Dew vers. Clarke and Clarke*, delivered by the Rt. Hon. Sir John Nicholl in the Prerogative Court of Canterbury. In this it was proved that the individual "in the ordinary transactions of life conducted himself and his affairs rationally; was a sensible, clever man; amassed a considerable fortune by his profession; took good care of his property; and that several of his friends and acquaintance, some of them medical persons, never even suspected that he was deranged in mind." It was stated by those who wished to prove his sanity, that "he was a man of irritable and violent temper, of great pride and conceit, very precise in all domestic arrangements, very impatient of contradiction, entertaining high notions of parental authority, rigid notions of the total and absolute depravity of human nature, of the necessity of sensible conversion, and of the necessity or expediency of confessing to other persons the most secret thoughts of the heart." It was proved that this person, such as he is above described, having a daughter "amiable in disposition, of superior talents, patient under affliction, dutiful and affectionate, modest and virtuous, moral and religious," was in the habit of "tying this daughter to a bed-post, flogging her with the most unmerciful severity, aggravating her sufferings by the application of brine, flogging her repeatedly with a horsewhip, pulling her hair out by the roots, and compelling her to perform the meanest drudgery." It is scarcely necessary to add that the able and enlightened judge before whom the investigation of this case was brought, declared the individual to be "non compos mentis."

If such is in general the real character of

partial insanity, and if cases which come near to the idea usually entertained of this disease, are (when and if they occur) rare exceptions to the general fact, it will be allowed that criminality should be attached with extreme caution to any individual in whose case the existence of insane illusion has been proved, however limited in its extent this particular phenomenon of the disease may appear to be. The same considerations ought to weigh in an equal degree in questions which respect the exercise of personal rights.

The only remaining topic connected with illusion which we shall at present consider, is the subject of *lucid intervals*.

Hoffbauer has well observed that much depends upon the duration of lucid intervals. In some instances these intervals are very short; in others they are of equal length with the periods of disease, and sometimes they last much longer than these periods. In the former case the individual has consciousness of his actual state with relation to external circumstances, but not with relation to his former periods of existence. His life is only, in his view, in insulated fragments; his knowledge of himself is inaccurate and confused. This observation can only be applied in a more limited manner to cases in which lucid intervals are nearly of equal duration to the periods of disease. We cannot follow M. Hoffbauer into the inferences which he founds upon this observation.

We must likewise take into consideration the circumstance that repeated attacks of disease weaken the understanding, and that, when they are frequently recurrent, the individual generally falls into a state bordering on dementia, in which the remembrance of persons and relations becomes very defective. In such instances it must become a subject of inquiry to what form and degree of *MENTAL DEFICIENCY*, as before distinguished, his particular case belongs.

In all examinations respecting insane illusions, it will be necessary to bear in mind the well-known fact that many lunatics display great artifice in evading questions relating to their morbid impressions, even while these impressions are strongly fixed in their minds. Hoffbauer is incorrect in attributing this dissimulation to the supposed fact, that the lunatic during a lucid interval has perceived his hallucination to be absurd. We know that such dissimulation and evasion has been practised in cases in which no lucid intervals have occurred, especially when the lunatic has been frequently interrogated upon the subject of his erroneous convictions. A striking fact, exemplifying this observation, is mentioned by M. Chambeyron.

The statement of what the English law has positively determined with reference to insanity comes within a comparatively short compass. *Lunacy*, when proved to exist, absolves from guilt in criminal cases. "For," as it is observed by Sir Edward Coke, "the execution of an offender is for example, 'ut pœna ad paucos, metus ad omnes perveniat;' but so it

is not when a madman is executed; but should be a miserable spectacle, both against law and of extreme inhumanity and cruelty, and can be no example to others. But if there be any doubt whether the party be *compos* or not, this shall be tried by a jury. And if he be so found, a total idiocy or absolute insanity excuses from the guilt, and of course from the punishment of any criminal action committed under such deprivation of the senses: but if a lunatic hath lucid intervals of understanding, he shall answer for what he does in those intervals, as if he had no deficiency. Yet, in the case of absolute madness, as they are not answerable for their actions, they should not be permitted the liberty of acting, unless under proper control; and in particular they ought not to be suffered to go loose to the terror of the king's subjects.* The question is, what will be considered as *lunacy*. In the penal code of France, it seems, from M. Georget's statement, that partial insanity is a sufficient plea against responsibility for offences: this we rest upon the sixty-fourth article. It would appear, however, from the passages cited above from Lord Hale, (which, however, the reader ought to compare with the original text of that lawyer,) that partial insanity is not considered in English law as entirely cancelling responsibility for actions, or consequently culpability, or what the Germans more correctly term (*strafbarkeit*) punishability.

It is observed by Professor Hoffbauer, that in cases of partial illusion it is extremely difficult to ascertain how far the influence of the insane error extends, and what trains of thought and acts of the understanding are within or without the limits of its sphere. If this be borne in mind, and it be also fully made known to juries that monomania generally involves a morbid perversion, and sometimes occasions a total change of the moral character of the individual affected, the cases of punishable criminality occurring under circumstances of mental disease will probably be reduced to a very small proportion.

The exercise of civil rights is suspended when a lunatic is proved to be such: he is neither capable of entering into marriage, nor of any other contracts. These disqualifications, however, only subsist during actual derangement: in a lucid interval a lunatic resumes the exercise of personal rights.

The chancellor, on receiving information as to the state of a deranged person, issues a writ "*de lunatico inquirendo*," and on lunacy being established by the verdict of a jury, appoints committees to take care of the individual as to his person, and to administer his estate.†

2. *Of moral insanity, in its relation to criminal and civil law.*—In the essay on in-

sanity contained in a former volume of this Cyclopædia, we described a form of mental derangement, under the title of moral insanity, consisting in disorder of the moral affections and propensities, without any symptom of illusion or error impressed on the understanding. The question whether such an affection really exists or not is very important in connexion with medical jurisprudence, and we find it to be an indispensable duty here to enter upon it and consider it under this relation.

We must first observe that no such disorder has been recognized in the English courts of judicature, or even in general admitted by medical writers in England. By them it has been laid down that insanity consists in, and is co-extensive with, mental illusion. English writers in general admit only that form of insanity which the Germans term *wahnsinn*; they know nothing of moral insanity either as requiring controul in the exercise of civil rights, or as destroying or lessening culpability in criminal ones. Thus in a report of judgment issued not many years since by one of the most distinguished lawyers in this country, it is laid down that "insanity is deluded imagination, the substitution of fancies for realities." In the same report we find the following remarks:—

"As far as my own observation and experience can direct me, aided by opinions and statements I have heard expressed in society, guided also by what has occurred in these and in other courts of justice, or has been laid down by medical and legal writers, the true criterion is—where there is delusion of mind there is insanity; that is, when persons believe things to exist which exist only, or at least in that degree exist only in their own imagination, and of the non-existence of which neither argument nor proof can convince them, they are of unsound mind; or, as one of the counsel accurately expressed it, 'it is only the belief of facts which no rational person would have believed, that is insane delusion.' This delusion may sometimes exist on one or two particular subjects, though generally there are other concomitant circumstances, such as eccentricity, irritability, violence, suspicion, exaggeration, inconsistency, and other marks and symptoms which may tend to confirm the existence of delusion, and to establish its insane character."*

The right honourable and learned judge afterwards cites some authorities, both medical and legal, in support of his opinion. The former are principally the sentiments of Dr. Battie and Dr. F. Willis. Dr. Battie says that "deluded imagination is not only an indispensable, but an essential feature of madness."

Dr. F. Willis, in his treatise on mental derangement, which was the substance of the Gulstonian Lecture delivered before the College of Physicians in 1822, thus points out

* Report of the judgment in *Dew v. Clarke* and *Clarke*, delivered by the Right Hon. Sir J. Nicholl. Lond. 1826.

* Blackstone, book iv. c. 2 and 3.

† For further particulars as to the modes of proceeding respecting lunatics, see the Appendix to Dr. Cox's work on Insanity, and Paris and Fonblanque's Medical Jurisprudence, vol. i. p. 289 & seq.; also Blackstone, book i. c. 8, s. 18. Item, c. 15, 4. Book ii. c. 19, 1. Book iii. c. 27. Book iv. c. 2, 2.

the difference, according to his apprehension, between an unsound and a sound mind :—

“A sound mind is one wholly free from delusion. Weak minds, again, only differ from strong ones in the extent and power of their faculties; but unless they betray symptoms of delusion, their soundness cannot be questioned.” “The man of insane mind from disease, having been once *compos mentis*, pertinaciously adheres to some delusive idea, in opposition to the plainest evidence of its falsity, and endeavours by the most ingenious arguments, however fallacious they may be, to support his opinion.”

Lord Coke and Lord Hale are referred to for a similar opinion.

It seems, then, to have been the prevalent judgment both of medical and legal writers in this country, that *delusion* constitutes the essential character of insanity, and hence, unless the existence of this characteristic phenomenon should be proved, it would probably be very difficult to maintain a plea on the ground of insanity in this country, with a view to the removing culpability in a criminal accusation.

We have now to call the attention of our readers to facts and to the opinions of practical men, established upon the ground of experience, which authorize a very different conclusion.

In the first place we shall take the liberty of referring to the article *INSANITY* in this work, in which a select number of cases has been given in a brief and condensed statement, and the opinions of some practical writers have been cited, particularly those of MM. Pinel, Esquirol, and Georget.

The German writers, Hoffbauer, Reil, and Heinroth, admit more or less distinctly the existence of moral insanity, or of a mental disease consisting exclusively in undue and morbid excitement of the passions and feelings. In this they appear in part to have been influenced by the opinion of Pinel. Neither Pinel, however, nor the German writers above-named, have assigned to moral insanity so general a description as the truth warrants, nor have they referred to it all the different forms which really belong to it. *Reine tollheit* and *reine melancholie*, simple madness of excitement and simple melancholy, are indeed brought under one category by Heinroth, but with an imperfect conception of their relations.*

Hoffbauer defines *tollheit* to be a state in which reason has lost her empire over the passions and the actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter; it does not hence result, as he observes, that the person affected may not be in possession of his senses, and even of his usual degree of intelligence.

Hoffbauer points out many varieties of *tollheit*. One of these consists in general excitement and want of the power of self-government. “The individual,” he observes, “abandons himself without restraint to the indulgence of all his

appetites and passions in the most shameless and unrestrained manner, without regard to decency or propriety.”

The writers, then, whom we have cited, admit the existence of a form of madness consisting in excessive excitement of passions, though they have not recognized moral insanity under so general a character as we have ascribed to it. A similar observation applies to MM. Pinel and Esquirol. The former, indeed, adopts the term of *manie sans délire*; he says that persons labouring under this form of disease display at no period any lesion of the understanding, but are governed by a sort of instinctive madness (*instinct de fureur*), as if the affections alone had sustained injury from the morbid cause,—“comme si les facultés affectives seules avoient été lésées.”† These expressions set forth exactly the idea which we have endeavoured to convey, but we wish to render the observation general, and M. Pinel’s cases are all instances of persons who were subject to violent attacks of anger or fury. We may, however, perceive that the writers above-named admit as matter of fact the existence of a variety of mental diseases, consisting in disturbance of the active and moral powers. We shall now collect from them and others a few striking examples.

The following instances were published by M. Marc, and have already been cited by more than one continental writer. The facts display, as the author observes, a struggle in the mind of the individual between the instinctive desire which constitutes the whole manifestation of disease, and the judgment of the understanding still unaffected and struggling against it.†

“In a respectable house in Germany, the mother of the family returning home one day, met a servant, against whom she had no cause of complaint, in the greatest agitation; she begged to speak with her mistress alone, threw herself upon her knees, and entreated that she might be sent out of the house. Her mistress, astonished, inquired the reason, and learned that whenever this unhappy servant undressed the little child which she nursed, she was struck with the whiteness of its skin, and experienced the most irresistible desire to tear it in pieces. She felt afraid that she could not resist the desire, and preferred to leave the house.” “This circumstance occurred about twenty years ago in the family of M. le Baron de Humboldt, and this illustrious person permitted me to add his testimony.”

“A young lady,” continues M. Marc, “whom I examined in one of the asylums of the capital, experienced a violent inclination to commit homicide, for which she could not assign any motive. She was rational on every subject, and whenever she felt the approach of this dreadful propensity, she intreated to have the strait-waistcoat put on, and to be carefully

* *Traité Médico-Philosophique sur l’aliénation mentale*, par Ph. Pinel, sec. edit. Paris, 1809.

† Consultation Médico-légale pour H. Cornier, femme Berton, accusée d’homicide, par M. Marc, &c. Chez Roux.

* *Störungen des Seelenlebens*, th. 2. *Formenlehre*. VOL. IV.

guarded until the paroxysm, which sometimes lasted several days, had passed."

"Mr. R., a distinguished chymist and a poet, of a disposition naturally mild and sociable, committed himself a prisoner in one of the asylums of the Fauxbourg St. Antoine." "Tormented by the desire of killing, he often prostrated himself at the foot of the altar, and implored the divine assistance to deliver him from such an atrocious propensity, and of the origin of which he could never render an account. When the patient felt that his will was likely to yield to the violence of this inclination, he hastened to the head of the establishment, and requested to have his thumbs tied together with a ribbon. This slight ligature was sufficient to calm the unhappy R., who, however, finished by endeavouring to commit homicide upon one of his friends, and perished in a violent fit of maniacal fury."

"A servant-maid, twenty-six or twenty-eight years of age, whose menstruation was perfectly natural in every respect, nevertheless experienced at each period a sort of excitement which did not apparently affect her judgment, but which rendered her extremely dangerous, since, without provocation, she menaced every person with her knife, and one day having realized her menaces, she was sent to a lunatic hospital."

Plattner and Ethmuller have related several instances of homicidal melancholy, but observe that it consists in mental disorder involving no lesion of the reasoning power or understanding.

The following case, reported by Metzger, has been already cited by several authors. M. Hoffbauer has observed that *it is not a case of delusion; that the individual concerned did not labour under any erroneous idea* impressed upon his understanding, but was only not master of his actions. He was under the influence of excessive pride and impetuosity of feeling.

A Russian colonel came to Königsberg to receive an inheritance, and committed there so many acts of violence, that he was summoned before the tribunal of justice. His conduct before the magistrates was equally unreasonable. He had become so much an object of dread at Königsberg, that nobody would execute any commission for him—the very chimney-sweepers required a guard if sent to sweep his chimneys. At last, after several complaints made against him, he was arrested because he had threatened to stab his landlord with a pitchfork for demanding his rent, and had pursued him with that intent. "In going into the prison, I saw," says Metzger, "an old man, with white hair, of a respectable appearance, who received me politely. I inquired first concerning his health. 'I am ill through old age,' he replied, 'and tormented with gout, with the stone, and with the scurvy, evils for which I can have no remedy.' He desired to know who had sent me to see him; I told him it was the tribunal. 'I ought to be judged,' he replied, 'by a French tribunal,' and he pretended that I should find proof of what he said in a writing which he forced me to

take. At last I informed him of the reason of his arrest. His eyes then became sparkling, and he said in French, with much volubility, that MM. ——— and ——— were his mortal enemies; that they had several times tried to ruin him; that he had experienced much injustice and oppression on the part of the tribunal; and that they had disposed according to their own will of the inheritance of his brother. Being asked what were his occupations, he replied, 'that he was, as every honest man ought to be, free and content, even in prison; that he amused himself with poetry, and copied verses relating to his real situation.'" The following are the conclusions of Metzger: "Although Colonel L. appears to judge and act rationally in every thing beyond the circle of his false impressions (he should rather have said disordered feelings), yet it is clear, from his conversation, conduct, and actions, that pride, passion, and suspicion have produced a degree of insanity, which renders him dangerous to society, and makes his confinement necessary."

Reil has given the details of a case which has been cited by Professor Heinroth.* A countryman, who was in the habit of throwing stones at every person whom he could assail, was at length on this very account taken up and confined in a madhouse. There he behaved with the utmost propriety, gave no indication of disordered mind, of delusion, or violence, and became so active and diligent in his employment, that he was supposed to be perfectly sane, and was dismissed from confinement. On the evening after his return home, as soon as his neighbours, who came to welcome him, had withdrawn, he shut himself up in his house with his wife and children, and murdered them all."

The following instances of propensity to infanticide are given by Dr. Michu. In both cases the individuals were afflicted by the consciousness of their state, confessed it, and recovered without any sinister event.

"A countrywoman, twenty-four years of age, of a bilious sanguine temperament, of simple and regular habits, but reserved and sullen manners, had been ten days confined with her first child, when suddenly, having her eyes fixed upon it, she was seized with the desire of strangling it. This idea made her shudder; she carried the infant to its cradle, and went out in order to get rid of so horrid a thought. The cries of the little being, who required nourishment, recalled her to the house: she experienced still more strongly the impulse to destroy it. She hastened away again, haunted by the dread of committing a crime of which she had such horror; she raised her eyes to heaven, and went into a church to pray.

"This unhappy mother passed the whole day in a constant struggle between the desire of taking away the life of her infant, and the dread of yielding to the impulse. She concealed, until the evening, her agitations; then her confessor, a respectable old man, was the

* Störungen des Seelenlebens, th. 2. Formenlehre, s. 216.

first who received her confidence, who, having talked to her in a soothing manner, advised her to have recourse to medical assistance.

"When we arrived at the patient's house, she appeared gloomy and low, and felt ashamed of her situation. Being reminded of the tenderness due from a mother to her child, she replied, 'I know how much a mother ought to love her child; but if I do not love mine, it does not depend upon me.'

"At Bures, the wife of a butcher, forty years of age, of a nervous constitution, the mother of several children, of a mild amiable character, endowed with good sense, who had always enjoyed good health, experienced anxiety of mind in consequence of the derangement of her affairs, of which her husband was a chief cause.

"One night she had a dream, and thought she perceived a cord, which she tried to seize in order to hang herself. On awaking, she was silent, and had confused ideas which soon fixed themselves in a project of strangling her children. She mentioned to her husband, shedding tears, this dreadful design, and requested that her children and even the knives belonging to the trade might be put out of her way."

M. Esquirol has repeatedly declared his conviction that there exists a species of homicidal madness, in which "*no disorder of intellect can be discovered*;" the murderer is driven, as it were, by an irresistible power; he is under an influence which he cannot overcome, a blind impulse without reason: it is impossible to divine the motive which induces him, without interest or disorder of the intellect, to commit acts so atrocious and so contrary to the laws of nature.

The same writer observes that physical or moral causes which can be assigned, often give rise to this disordered state.

"In two cases this affection resulted from the change produced by puberty; in four the propensity manifested itself after the individual had heard the history of a woman who had strangled an infant and separated its head from its body. This principle of imitation is one frequent cause of madness. 'Some individuals,' said M. Delaplace, 'possess, from their organization or from bad example, fatal propensities, which are excited by the description of a criminal action, when it has become the object of public attention. Under this idea the publicity of crimes is not without danger.'

"When the affection has continued for some time, and the individuals possessed with the desire of committing murder have been observed, we have seen that this state is, like the delirium of lunatics, preceded and accompanied by headach, and pains in the stomach and bowels; these symptoms have preceded the impulse to murder, and have become more severe when this dreadful propensity is exasperated."*

In the following case the co-existence of physical disease could be distinctly traced.

"A peasant, born at Krumbach in Swabia, and of parents who had not very robust health, twenty-seven years old and unmarried, was subject, from nine years of age, to frequent fits of epilepsy. Two years ago his disease changed its character without any apparent cause; instead of a fit of epilepsy this man found himself from that time attacked with an irresistible desire to commit murder. He felt the approach of this attack sometimes many hours, sometimes a whole day before it seized him. From the moment in which he felt this presentiment, he desired, with earnestness, that he might be tied down, that he might be loaded with chains, to prevent his committing a horrid crime. 'When the fit takes me,' he said, 'I am impelled to kill or strangle even an infant.' His father and mother, to whom he was tenderly attached, would be the first victims of this murderous propensity. 'My mother,' he cries out with a fearful voice, 'save yourself, or I shall be obliged to murder you!'"

The following case was published by Pinel, and affords the most striking example of this "instinctive fury." It likewise furnishes an instance of the homicidal propensity evidently connected with physical disease.

"A man who had previously followed a mechanical occupation, but was afterwards confined at Bicêtre, experienced, at regular intervals, fits of rage, ushered in by the following symptoms. At first he experienced a sensation of burning heat in the bowels, with an intense thirst and obstinate constipation; this sense of heat spread by degrees over the breast, neck, and face, with a bright colour; sometimes it became still more intense, and produced violent and frequent pulsations in the arteries of those parts, as if they were going to burst; at last the nervous affection reached the brain, and then the patient was seized with a most irresistible sanguinary propensity; and if he could lay hold of any sharp instrument, he was ready to sacrifice the first person that came in his way. In other respects he enjoyed the free exercise of his reason; even during these fits he replied directly to questions put to him, and showed no kind of incoherence in his ideas, no sign of delirium; he even deeply felt all the horror of his situation, and was often penetrated with remorse, as if he was responsible for this mad propensity. Before his confinement at Bicêtre a fit of madness seized him in his own house; he immediately warned his wife of it, to whom he was much attached; and he had only time to cry out to her to run away lest he should put her to a violent death. At Bicêtre there appeared the same fits of periodical fury, the same mechanical propensity to commit atrocious actions, directed very often against the inspector, whose mildness and compassion he was continually praising. This internal combat between a sane reason in opposition to sanguinary cruelty, reduced him to the brink of despair, and he has often endeavoured to terminate by death this insupportable struggle. One day he contrived to get possession of the cutting-knife of the shoemaker of the hospital, and inflicted

* Esquirol, sur la Monomanie Homicide.

a severe wound upon himself in the right side of his chest and arm, which was followed by a violent hemorrhage. Strict seclusion and a strait-waistcoat restrained his suicidal purposes.”*

The influence of imitation or sympathy in exciting this strange propensity is illustrated by the results of Henriette Cornier's trial. This was a very remarkable case of infanticide, which underwent much discussion, and became the subject of very general conversation in France. Many females of respectable classes, who were strongly impressed by the relation and the horror occasioned by it, were seized with a similar propensity. M. Esquirol has detailed the circumstances attending several of these cases, on which he was privately consulted. The facts of Henriette Cornier's history, which is one of the most striking examples of the kind on record, are so remarkable that we shall not consider our comments on this subject to be complete without inserting a brief abstract of them.

Henriette Cornier, femme Berton, aged twenty-seven years, domestic servant, was of mild and lively disposition, always full of gaiety and vivacity, and remarkably fond of children. In the month of June, 1825, a singular change was observed in her character: she became silent, melancholy, absorbed in reverie, and was soon dismissed from her service. She fell gradually into a permanent stupor. Her friends were alarmed, suspected that she was pregnant, but were mistaken: they could never obtain from her any account of the cause of her dejection, though she was frequently interrogated. In the month of September she made an attempt to drown herself in the Seine, but was prevented.

In the following October the relatives of H. Cornier procured her another employment at the house of Dame Fournier. The change of condition made no abatement in her dejection and profound melancholy.

On the 4th of November, the conduct of Henriette Cornier not having been previously in any way different from her usual behaviour, she suddenly conceived and immediately executed the act for which she was committed.

About noon, Dame Fournier went from home, and told H. Cornier to prepare dinner, and to go to a neighbouring shop, kept by Dame Belon, to buy some cheese. Henriette had frequently gone to this shop, and had always caressed a beautiful little girl, nineteen months old, the child of Belon. On this day she went to the shop and displayed the greatest fondness for the little girl, and persuaded Dame Belon, who was at first rather unwilling, to let her take it out for a walk. H. Cornier immediately took the child with her to the house of Dame Fournier, then empty, mounted the common staircase with a large knife which she took from the kitchen, and stretching the child across her own bed, with one stroke cut off its head. The head, which she held in her hand, she placed by the casement, and then put

the body on the floor near to it. All these proceedings occupied about a quarter of an hour; during this time Henriette Cornier remained perfectly calm; she experienced no emotion of any kind. Dame Belon presently came to seek for her child, and called Henriette from the bottom of the stairs. ‘What do you want?’ said the latter, advancing on the corridor. ‘I come to seek my child,’ said Belon, ascending the stairs. ‘Your child is dead!’ replied Henriette, with perfect coolness. Belon, alarmed, became more earnest; and Henriette again pronounced the words, ‘Il est mort, votre enfant!’ As Belon forced her way into the room, Henriette took the child's head from the casement and threw it by the open window into the street. The mother rushed out of the house struck with horror. An alarm was raised; the father of the child and officers of justice with a crowd of persons entered. Henriette was found sitting on a chair near the body of the child, gazing at it, with the bloody knife by her, her hands and clothes covered with blood. She made no attempt for a moment to deny the crime; confessed all the circumstances, even her premeditated design and the perfidy of her caresses, which had persuaded the unhappy mother to entrust to her the child. It was found impossible to excite in her the slightest emotion of remorse or grief; to all that was said she replied, with indifference, ‘J'ai voulu le tuer!’ ‘I intended to kill the child!’

When Henriette Cornier was brought to trial, a plea of insanity was set up. MM. Adelon, Esquirol, and Lévillé were appointed to visit her and report on the ‘actual moral state of the accused.’ After several visits these distinguished physicians declared that they could discover no proof of insanity, yet they were not decided as to the non-existence of such disease. The affair was put off; Henriette Cornier was taken to the Salpêtrière. There she was inspected repeatedly by the physicians, whose last report concludes that “from Feb. 25 to June 3 they had observed in Henriette Cornier merely a dejection of mind, slowness in the manifestation of thought, and profound grief; 2ndly, that these phenomena are explained by circumstances, and therefore no proofs of derangement; 3rdly, that the opinion as to the question of her sanity is materially affected by facts relating to her previous history. If the allegation is proved that long previously to the committal her habits, her whole character had become changed; that she had become at a particular period dejected, gloomy, taciturn, restless, prone to reverie, and had occasionally attempted suicide, it would seem that her present state is not the result of existing circumstances, since it had lasted a year before the commission of the act, in which case the opinion as to her sanity would be materially influenced.”

At the renewal of the trial of Henriette, M. Esquirol and several other physicians were examined. The opinions of the physicians leaned generally towards the real existence of derangement. The advocate-general treated

* *Pinel, Traité sur l'Aliénation.*

the existence of monomania as a mere figment invented by medical persons for the sake of paralysing the hands of justice. In the end the jury brought in a verdict that Henriette Cornier had committed homicide voluntarily but without premeditation, and she was condemned to perpetual imprisonment with forced labour, and to be branded with the letters T. P. which sentence she heard without betraying the slightest emotion. It is observed by M. Georget that the judges on this trial evinced reluctance to suffer a clear investigation by physicians of the actual mental state of the accused, and in other respects exerted an unusual influence towards the condemnation. The public sentiment appears to have been against that of the physicians, and M. Georget was treated with ridicule by the journalists of Paris. Yet it is impossible for any person of sound judgment to read the account of this trial, which is given from official documents, without strongly suspecting that the unfortunate woman who was the subject of it, acted under the influence of an impulse which resulted from disease.*

On the whole it seems to us fully manifest that there is a form of insanity, existing independently of any lesion of the intellectual powers, in which, connected in some instances with evident constitutional disorder, in others with affections of the nervous system excited according to well-known laws of the animal economy, a sudden and often irresistible impulse is experienced to commit acts which under a sane condition of mind would be accounted atrocious crimes. Most of the French writers by whom this affection has been recognised, particularly Messrs. Esquirol, Georget, Marc, and Michu, have termed it *monomanie homicide*, which is assuredly an erroneous designation, unless the sense of *monomania* is to be changed. That term is always used to express *partial illusion*, or intellectual derangement affecting only a certain train of ideas; whereas, in connection with the homicidal impulse now under consideration, there is confessedly no delusive opinion impressed on the belief, and the intellectual faculties are wholly unaffected.

It must be allowed that instances may and do occur in which the discrimination would be difficult between manifestations of insanity and acts of a criminal nature, and that this difficulty would be increased by the admission of a form of insanity free from hallucination or illusion. For the distinguishing characters of this form of insanity we must refer to the article already cited, and to this we shall add a few particulars, chiefly the observations of M. Esquirol.

* *Discussion Médico-légale sur la Folie par le Docteur Georget, Paris, 1826.* See, also, *Examen Médical des procès criminels des nommés Leger, &c. par le Docteur Georget, Paris, 1825;* and *Nouvelle Discussion Médico-légale sur la Folie, par le même, 1828.* See, also, *Matériaux pour l'Histoire Médico-légale de l'Aliénation Mentale par M. Marc. Annales d'Hygiène Publique et de Médecine Légale. Paris, 1830.*

1. Acts of homicide perpetrated or attempted by insane persons have generally been preceded by other striking peculiarities of action, noted in the conduct of the same individuals; often by a total change of character.

2. The same individuals have been discovered in many instances to have attempted suicide, to have expressed a wish for death; sometimes they have begged to be executed as criminals.

3. These acts are without motive; they are in opposition to the known influences of all human motives. A man murders his wife and children, known to have been tenderly attached to them; a mother destroys her infant.

4. The subsequent conduct of the unfortunate individual is generally characteristic of his state. He seeks no escape or flight; delivers himself up to justice; acknowledges the crime laid to his charge; describes the state of mind which led to its perpetration: or he remains stupefied and overcome by a horrible consciousness of having been the agent in an atrocious deed.

5. The murderer has generally accomplices in vice and crime: there are assignable inducements which led to its commission, motives of self-interest, of revenge, displaying wickedness premeditated. Premeditated are in some instances the acts of the madman, but his premeditation is peculiar and characteristic.

After all it cannot be doubted that there must be instances extremely difficult of discrimination, but this admission does not alter the matter of fact, or change our conviction that disease leads in some cases to homicide, although the faculties of the understanding are at the same time unclouded by any illusion.

We have dwelt more at length on the form of moral insanity which leads to homicide, because in criminal justice it is the most important, at the same time that it is the most striking and characteristic. But there are other instances to which similar observations may be applied. We could adduce facts which prove that other criminal acts, or acts which are criminal when perpetrated by sane persons, have been attempted or committed under circumstances which left no doubt of their resulting from mental disorder, while yet of that disorder illusion formed no part.

The propensity to suicide is in many particulars analogous to the impulse to homicide. It is doubted by many whether suicide is, in general, really an act of insanity, though a verdict of lunacy is generally found in inquests, owing probably to the extreme barbarity of the penal law on suicide. With relation to this subject the following considerations are, as we think, conclusive.

1. The propensity to suicide is very often combined with the impulse to homicide. This has been observed long ago, but the evidence adduced by M. Falret puts the fact beyond all doubt.* These impulses are so often conjoined as to prove clearly that the conditions which give rise to one are in close affinity and con-

* *De l'Hypochondrie et du Suicide, p. 170, et seqq. Paris, 1822.*

junction with those from which the other originates.

2. Suicide is in a very marked and striking manner hereditary, and this is a strong ground for regarding it as constitutional, or depending on disorder in the state of organic structure. Dr. Rush, Dr. Esquirol, and others have recorded instances of the hereditary transmission of this propensity. M. Falret has collected a variety of observations on the subject, and has concluded that, of all the forms of insanity, that which distinguishes itself by this tendency is probably that which the most frequently becomes hereditary.

3. Like other forms of madness, suicidal insanity prevails most in certain seasons and temperatures. M. Falret says it is most frequent in the summer and autumn. MM. Fodéré and Douglas observed that at Marseilles suicides were most frequent when the thermometer of Reaumur was 22 degrees above zero.

4. Acts of suicide, like those of homicide, are generally preceded by a morbid change in the character and habits of the agent. Individuals who had been cheerful, active, animated, taking a lively interest in the pursuits of life, in the society of their friends, in their families, become melancholy, torpid, morose, and feel an aversion towards their relatives or most intimate associates, become listless and indifferent. These appearances have often been observed to be the preludes of some attempt at suicide, and have sometimes put the relatives of the individual on their guard, and have led to a prevention of the fatal catastrophe.

5. Suicide is connected in many instances with diseases of structure, or with disorders of the functions of physical life, some of which have been detected by necroscopy, others by observations made before death. This general fact is sufficiently established on the observations made on the subject by Awenbrugger, Leroy, Fodéré, and Esquirol, although we must confess that the same obscurity yet involves the physical causes of suicidal as of other forms of insanity.

6. Like the impulse to homicide, this propensity to suicide is simply a moral perversion, and therefore neither falls within the restricted definition of insanity, which has been the most prevalent one. There is generally no particular illusion impressed on the understanding of the self-destroyer; on the other hand, there is a perversion of the strongest instinct of nature, that of self-preservation. Nature has ordained no other law more universal in its influence than the desire which all animated beings display, and which is indeed the primary principle in the greater part of their actions, and throughout the whole period of their existence, to preserve their existence, and to secure themselves from the influence of circumstances which bring it into danger. It is the characteristic of moral insanity to pervert the natural instincts or propensities, and suicide displays the most signal of these perversions.

Under the head of *moral insanity* we have adverted to a form of disease of which the principal or sole manifestation is a propensity

to break and destroy whatever comes within reach of the individual; in short, an irresistible impulse to commit injury or do mischief of all kinds. This propensity is observed in cases in which it is impossible to discover any motive influencing the mind of the person who is the subject of it. No illusive belief, for example, can be detected, that the lunatic is performing a duty in perpetrating that which manifests his disease. There are, indeed, cases of a different description in which this illusion is the groundwork of the proceeding, but these belong to another class of mental disorders.

Many lunatics, whose disorder was merely a destructive propensity, have set fire to houses or public buildings, and it is not to be doubted that men have been occasionally executed as criminals for such actions, who, if they had been kept in confinement, would have proved to be insane. Until the existence of moral insanity is distinctly recognised, there will always be a danger of this event ensuing on the trials of mischievous lunatics. Popular feeling is generally excited in such instances against the perpetrator of a destructive act, and this circumstance increases by much the probability of a criminal condemnation.

There are several modifications of moral insanity, and two most decided examples which require the arrangements suggested by Hoffbauer in some cases of imbecility: we allude to the placing of individuals under *curatela*, or guardianship, for personal security, who do not require confinement. Extreme parsimony has induced persons to starve themselves. When an individual would destroy himself through this propensity, which is in some instances the effect of disease, (see *INSANITY*;) he is sometimes declared a lunatic and sent to a place of confinement. There is no other way of proceeding by which his life can be saved under the existing regulation. But confinement is unnecessary for such a person, who is in no way dangerous to society. If the management of his property—for such individuals are generally possessed of property—could be so settled as to ensure his having the usual supports of life, this would be sufficient. Another case is that of profuse extravagance, and this is the most common. Individuals whose moral character is perverted by disease often become profusely extravagant, and the apprehension of ruin to their families is the motive which induces the latter to take measures with a view to prevent such a calamity. Confinement is more often requisite with regard to cases of this description than those of an opposite one, on account of other manifestations of disorder which are combined with the leading propensity; but there are probably many individuals who are wholly incompetent, through a habit of thoughtless extravagance resulting from disease, to administer their own estates, or manage their domestic affairs, and in whose condition there is yet nothing that requires confinement in a madhouse. Many of these are examples of extreme difficulty as to the proceedings which ought to be adopted. It will be advantageous, however, to the medical persons who

may be consulted in such cases, to be fully in possession of the circumstances connected with them, and aware of the difficulties with which they are surrounded, although these difficulties may be almost insuperable.

(J. C. Prichard.)

SPINAL MARROW, DISEASES OF TAIL.—See SUPPLEMENT.

SPLEEN, DISEASES OF.—The internal structure of the spleen is very similar to the erectile tissue, being composed chiefly of arteries ramifying on the walls of cells formed by irregular perforations in the sides of the veins. It is connected in a remarkable manner to the stomach by the vasa brevia. Its artery is of great size and strength, and remarkable for its great tortuousness: the vein also is very large, and always forms a principal branch of the vena portæ: it is well supplied with nerves and lymphatics.

Diseases of the spleen are little studied, because they are not very obvious, and are supposed to be rare; but they are by no means of unusual occurrence. In moist countries, whether warm or temperate, they are endemic, as in Italy, Holland, South America, and some parts of India—in fact wherever malaria exists.

Great diffidence seems to prevail in pronouncing on the existence of splenic diseases. It is most true that these affections are often rendered obscure by complication with other diseases, by the simplicity of the offices performed by the spleen, and by its being an organ of much endurance, occasionally suffering, with little apparent inconvenience, considerable derangement when produced slowly. Further difficulties are created by the situation of the spleen; placed, as it is, deep in the left hypochondrium, and surrounded by organs of great importance and easily disturbed. But it is by no means true, as some seem to imagine, that diseases of this viscus are to be detected only when cure has become impossible.

The diseases of the spleen may be enumerated according to the various alterations in its structure:—1. inflammation and its consequences—suppuration or abscess, and gangrene; 2. softening; 3. induration; 4. simple enlargement and hypertrophy; 5. atrophy; 6. hemorrhage or apoplexy of the spleen; 7. hydatids or cysts; 8. tubercles; 9. melanosis; 10. calcareous deposits.

Inflammation of the spleen.—This may be either *acute* or *chronic*. The symptoms of *acute* splenitis, according to Grotannelli, are, after a sensation of cold and partial rigor, a feeling of weight, fulness, and pain in the left side extending to the left shoulder, increased on pressure and coughing; thirst, some degree of nausea, dry cough, with the usual symptoms of pyrexia. Hematemesis, faintings, or pain on respiration are occasionally observed, but not frequently in the simple form of this disorder. The same author states that a natural crisis is frequently observed after hemorrhage from the nose or stomach, after a copious deposit from the urine,

after the disappearance of the headach; when the hemorrhoidal or menstrual flux supervenes, and also after a profuse discharge of the lochiæ. In violent examples of this disease, those which rapidly terminate in a general dissolution of the splenic tissue, incessant vomiting is a prominent symptom, which is often attended by discharge of grumous or clotted blood both from the stomach and intestines.

In the most satisfactory accounts of dissections of acute splenitis on record, we find it stated that the peritoneal coat is inflamed and adherent to the surrounding parts: the parenchyma is observed to be swollen, hardened, and variously discoloured. If the disease have been violent, the organ is more or less dissolved into a semi-fluid pulp of grumous or coagulated blood and sanies. There is often disseminated throughout this mass a creamy pus, either in innumerable drops, or in one or more large deposits—without being at all times contained in a distinct sac. Similar appearances were observed by M. Gendrin in the spleens of dogs, in which he had excited inflammation by the insertion of caustic into their substance. In these cases, when the inflammation was in its first degree, he found the splenic parenchyma of a brownish red colour, gorged with blood, denser than natural, though easily torn. At a more advanced stage, the spleen became of a greyish brown and still more friable, and when cut into, presented a close sponge-like tissue, filled with blackish blood. In the third degree of intensity, the spleen was resolved into a pulp, like the lees of red wine.

Dr. Ley has fully detailed a case of acute splenitis, complicated with inflammation of the uterus, which terminated in nine days.* On dissection the spleen was found adherent to the contiguous peritoneum. Internally it seemed like a piece of extremely soft sponge. Its cells had been filled with an intimate mixture of pus and grumous blood. On placing it in water, innumerable vessels, as fine as the fibres of swan's down, floated separately, rising from every point of the superficies of the organ. The contents of this spongy mass having been removed by repeated washings, something like an attempt at the formation of cavities, to contain the matter, manifested itself: no regular cyst, however, had been formed. All the other viscera, abdominal and thoracic, were healthy, except the uterus, whose inner surface was gangrenous.

The example of acute splenitis in a boy aged three years and a half, related by M. Huguier,† is very curious. After the ordinary symptoms of the disease had existed for a week or ten days, occasional convulsions with insensibility came on and lasted a week. After the use of leeches and aperients the boy became much better, but on the twentieth day of the illness, gangrene attacked successively the right foot, leg, and thigh, and some days afterwards

* Trans. Coll. Ph. l. v. 304.

† Journ. Hebdom. vii. 424.

passed to the left leg. The child died on the thirty-sixth day from the first seizure.

The external coat of the spleen adhered all around pretty generally, and in its substance two abscesses were found. All the other viscera of the body were sound. The most remarkable feature in the case, as connected with the sphacelus of the lower limbs, was that all, or very nearly all, the branches of the abdominal aorta below the second lumbar, were found plugged up with fibrinous clots. There was a dense clot in the aorta near its bifurcation, which seemed older than the rest.

If, after a certain period, the inflammation of the spleen do not yield, it assumes the chronic form. Dr. Grotannelli thus enumerates its symptoms, as the disease occurs in Italy; and the description applies well generally. "There is a sensation of weight and pressure in the left hypochondrium, fulness and swelling in that situation; an obtuse pain or sense of uneasiness, especially when turning in bed; indigestion; disturbed sleep and unpleasant dreams; sometimes dyspnoea, with a dry cough; defective nutrition; a sallow complexion, and sometimes scurvy. The enlarged spleen may occasionally be distinctly felt early, and always late in the disease."

Wandering pains in the limbs, sometimes ending in collections of pus under the integuments of the thigh, arm, &c. are not uncommon in chronic splenitis. In the latter periods of the disease, the debility and emaciation become very great; the complexion darkens and the appetite fails. Hectic, more or less violent, (sometimes very slight,) comes on, with diarrhoea or vomiting of unconquerable pertinacity, and blood is frequently discharged both upwards and downwards; the patient often complains of aching pains all over the body, accompanied with restlessness, anxiety, vertigo, or sleeplessness.

The variation in the severity and duration of the complaint is very great. If it have accompanied ague, the symptoms may possibly not have been urgent in the outset, but it is almost always a painful as well as formidable disease. It commonly continues for some months, and may last for years with remissions.

The spleen is so closely connected with several important organs, that it cannot well be inflamed without implicating one or other of them. When the diaphragm becomes inflamed, the breathing is hurried, laborious, and painful; there is frequent dry cough, with palpitation at times. Thus, in a case related by Cozè,* and in another by Cruveilhier,† great anguish and an occasional sense of impending suffocation aggravated the sufferings of the patient; and dissection shewed that the enlarged spleen, and the adjacent part of the diaphragm, were covered with false membrane. In an example described by Dr. Bree, the suffocative feeling came on in spasmodic attacks, attended with faintness and confusion of head. These paroxysms left the patient very weak, and were

attended with intolerable pain in the side. In two cases, one reported by Mr. Howship, and the other by M. Cozè, (before quoted,) the spleen adhered closely to the stomach, and poured its contents into it by an opening. In that of Mr. Howship, the man, during life, passed blood constantly both by stool and by vomiting; and, on dissection, the stomach was found full of that fluid. M. Cozè found the spleen full of pus: the vomiting, during life, had consisted of pus and blood.

The liver, according to systematic writers, is usually diseased in this form of splenic inflammation, but we believe that this does not so often occur as is supposed. Out of fourteen severe cases ending in abscess, the liver was only in some degree deranged in two. In five other protracted and finally fatal cases, not ending in suppuration, this organ had only undergone slight alteration in four. If the complaint last very long, any of the surrounding viscera may become involved in inflammation; and the instances are not few. One of the most remarkable combinations takes place when the disease extends to the kidney, and proves rapidly fatal, with the usual symptoms of ischuria renalis. (Abercrombie.) Accumulation of serum in the peritoneal sac is not an uncommon effect of chronic inflammation of the spleen.

The terminations of chronic splenitis are, resolution, hypertrophy, suppuration, softening, induration, ossification, and gangrene. Though there are cases on record of the termination of inflammation of the spleen in resolution, this does not take place often. Collections of pus in the spleen are on the whole rare, and the symptoms of their formation are obscure and unsatisfactory. When the pus is deposited in the parenchyma, the membranes being sound or nearly so, the pain in the part is small; but there is uneasiness, and both strength and flesh waste gradually until the patient dies. As soon as the investing membranes are affected, the sufferings become varied and acute; frequently with a peculiar sense of heat in the left hypochondrium. The pain often strikes to the spine, clavicle, or shoulder. The membranes are almost always affected sooner or later, and, together with the neighbouring viscera, are covered with coagulable lymph. The pus is of the ordinary creamy kind, but is sometimes concrete. (Cruveilhier.) It varies in amount from a few ounces to many pounds. It is often found infiltrating the whole or part of the substance of the spleen, or in minute yellow dots intermixed with the blood in the cells. (Andral.) The filamentous tissue of the organ, though bathed in pus, is sometimes quite uninjured; but generally it is pulpy and diffuent. On most occasions the pus is collected in a distinct sac or sacs, within the parenchyma of the spleen, which is more or less softened, or even altogether destroyed. The pain and fever generally run high when there is an organised sac. The sac may be fibrous, cartilaginous, or even bony. It is often very large, and is occasionally easily torn, although perhaps half an inch

* Ed. Med. and Surg. Journ. xx.

† M. C. Rev. xii. 83.

thick. The matter may find its way into the stomach, colon, or peritoneal cavity, the left side of the chest, or into the lungs, inducing symptoms of phthisis; or it may burst outwards through the abdominal walls. In Dr. Tweedie's case of splenic abscess during fever, it had nearly perforated the contiguous part of the diaphragm; and in two cases given by Drs. Grotannelli and Raikem, there was a purulent discharge through the abdominal parietes, the spleen having formed an adhesion to them.

Softening.—We have stated that there are many cases of chronic splenitis in which the only morbid changes observable in the viscus are, an inflamed and even ulcerated state of the membranes, and the dissolution of its substance into a bloody colluvies. Under such circumstances, the spleen is generally enlarged, and converted into a cyst with thickened and hardened coats, full of dark-coloured sanies, as in a case narrated by Dr. Heberden, (Comm.) and in one of Dr. Abercrombie's cases it was broken down like grumous blood, and full of a matter like the lees of red wine.

Besides the inflammatory softening there is another of a character quite peculiar, and not as yet well understood. The structure of the spleen is here more or less destroyed; and it is often reduced to a simple bag, containing a substance which varies from the state of clotted or grumous blood to that of tar. It is unattended by any of the characteristics of inflammation. Such, most probably, is the softening of this organ so constantly accompanying fever, if we take into consideration, with Louis, that the whole tissue of the organ is always affected, that in his forty-six cases, the peritoneal membrane was never inflamed, and that pus was never formed: it seems in some way connected with a febrile state of the body, and dependent on a change in the blood. Andral inclines to believe that the softening in intermittents is owing to the miasmatic poison altering the qualities of the blood. In forty-six dissections of typhoid fever,* Louis found the spleen natural only in four. In three-eighths of the cases, it was enlarged to more than thrice its usual volume: in three-fourths it was softened; in a fifth part of these to such a degree as to be reduced to a pulp with the greatest ease; and its colour was also generally changed. As this diseased state was universal in those who died at an early period, and was less and less frequent in the more advanced stages, it probably was never absent at the beginning. Softening of the spleen occurred much less frequently in other acute diseases, namely, in little more than a fourth part. Dr. Tweedie's† experience is similar. Pearson Dawson, Vetch, Wardrop, and others, state that in the Walcheren fever, the spleen was usually found, after death, of great size, and generally a mere bag, filled with a liquid like tar, and weighing from three to five pounds. In the malignant fever of Italy, the dissolved or pulpy spleen, just described, is very common, in con-

junction with acute inflammation of various organs, especially of the membranes of the brain, of the stomach, and intestines. Fatal rupture of the spleen, from extreme tenuity, is in these diseases an ordinary event.

Most chronic diseases, and especially those of the liver, and the dysentery of Arracan, are occasionally accompanied with this softening of the spleen, but the fact is often not known until after death.

Induration.—After symptoms of splenitis, we sometimes find the spleen much enlarged, with a compact structure like healthy liver.* Dr. Abercrombie† gives a case where the spleen was thus hard and enlarged, after all the symptoms of phthisis, for three years. The liver was also enlarged, but the lungs sound. The coats of the spleen in these instances are sometimes cartilaginous. Baillie states that cartilage usually shews itself on the convex surface. It is commonly smooth, and resembles the cartilages of the nose and ears rather than that of the ends of the bones. The substance of the spleen is sometimes so hard and brown as to have acquired for it the designation of scirrhus, but without any statement of particulars. Sauvages quotes a scirrhus spleen which weighed thirty-three pounds; but Dr. Baillie questions the existence of scirrhus in this organ.

Ossification, which is enumerated as another termination of chronic splenitis, is usually confined to the investing membranes, and is most frequently seen in elderly persons. Morgagni is probably correct in his opinion, that the ossifying process almost always commences on the dorsum of the spleen. He supports it by many examples. Morgagni describes the spleen of a day-labourer as "osseo-lapideum." The man had severe pain in the seat of the spleen. Andral once found this viscus transformed into a mere osseous shell, with a bony cancellated structure within. It contained a small quantity of reddish fluid like muddy wine.‡ Mr. Bampfild§ details the appearances on dissection, of a drunken wine-porter, who died of hydrothorax, with dilatation of the heart, in whose spleen a large bony tumour was imbedded and fixed to the parts about the spine. This man had for years had pain about the large end of the stomach, which left him after vomiting. He was also troubled with constipation, dyspnœa, cough, and pain in the left side of the thorax. Littré|| mentions an elderly gentleman of gay disposition, who, dying suddenly, was opened. He never complained during life. The spleen only weighed an ounce and a half; it was completely ossified.

Gangrene.—Ollivier¶ speaks of inflammation of the spleen proving mortal by gangrene; and Portal, in his *Anatomie Médicale*, says that this condition of the organ is often seen, and

* *Hodgkin, Med. Gaz. ix.*

† *Edin. Med. and Surg. Journal, xvii.*

‡ *Path. Anat. ii. 439.*

§ *Med. and Phys. Journ. xlv. 15.*

|| *Med. Essays, vol. i.*

¶ *Dict. de Méd. xviii.*

* *Edin. Med. and Surg. Journ. xxxiii. 128.*

† *Illustrations of Fever.*

that it is more especially to be recognised by its fetid odour. There are, however, on record very few incontestable examples of gangrenous splenitis. Morgagni only gives two cases, and these not in detail.

In the treatment of *acute splenitis* we must be prompt and energetic; general bloodletting should be practised as long as the inflammatory pain is considerable, provided the patient's strength will admit of it. A moderate degree of catharsis should be kept up. A plentiful application of leeches to the seat of pain, followed by vesication, will sometimes complete the cure; but the disease is apt to remain latent: it may subside apparently, and then re-appear with a violence sooner or later fatal.

In *chronic splenitis*, besides the removal of the cause and the restoration of the system to a healthy condition, we have to overcome sub-acute inflammation, to impart tone to the relaxed organ, and to stimulate its absorbents. This is a most obstinate disease under whatever shape it appear. The treatment indicated by Sauvages,* and even by earlier authorities, is that which, with some additions, is practised at present by most physicians in Europe. It consists chiefly of the combination of aperients with iron and sedatives. These had been laid aside, in Great Britain, in favour of mercury, until recently; but now almost all concur in testifying that the good effects of mercury as a deobstruent in chronic diseases of the spleen, are precarious, trivial, and temporary at best, while usually this remedy procures no mitigation of the complaint whatever. For this return to successful practice we are much indebted to Dr. Bree. He trusts principally to a combination of aloes with antimonials and neutral salts, given in small doses twice a day, with great perseverance; but he has latterly preferred the drastic purges to neutral salts. From three to six stools are procured daily with a decided increase of strength, and the gradual removal of the complaint; which, however, seems to require from three to six months to complete. The Hindoos for ages have cured this disease by administering vinegar and steel, and by procuring at the same time, the above number of alvine evacuations daily by means of aloetics. Dr. Bree subdues increased irritability by conium and other sedatives; and if inflammatory exacerbations occur, he meets them in the ordinary way. This physician mentions that there is sometimes an apparent connexion between epilepsy and chronic splenitis; at least, that there is a coincidence, and that by means of drastic purgatives he has cured both diseases. A similar remark is made by Hoffmann in the chapter "De Vomitu cruento."

If the spleen seem to suffer from relaxation, more especially after iron, bitters, and acids have been used, iodine becomes worthy of trial: indeed it is strongly indicated here whether the stromous diathesis be present or not. Dr. Milligan† and many others have furnished cases where cures have been effected by iodine,

in chronic enlargement of the spleen, accompanied by a low degree of inflammation, occurring in children. We have ourselves seen this medicine of decided service.

Grotannelli recommends, as soon as the passive state is formed, those remedies which act chiefly by promoting absorption, and by operating through the kidneys, and which at the same time are both antiphlogistic and diluent. In conformity with this plan he prescribes squills combined with digitalis and colchicum, the precipitated sulphuret of antimony joined to nitre and the supertartrate of potass.

In the chronic splenitis which terminates by softening, the stomach is peculiarly irritable: a blister should therefore be laid on the precordia occasionally, and an effervescing draught with a few drops of laudanum will be found beneficial. Smart purging was always productive of immediate relief in M. Cruveilhier's protracted case of chronic inflammatory softening. Issues and setons in the left side have been found particularly useful in this complaint, and especially in cases preceded by uterine disorder. Dr. Glionna, in Arch. de Méd. tom. xvii. gives a singular case of a cabinet-maker, aged twenty nine, in whom an abscess of the spleen pointed externally, and was relieved of three pounds of pus by the insertion of a trochar. The wound closed after remaining open some days, and the man was restored to perfect health.

We think that the saline chalybeate springs of England, such as those of Leamington or Cheltenham, or the sulphureous waters of Harrogate, are entitled to a prolonged trial: the probability of their being serviceable is very great; they answer at once many indications of cure, and possess valuable collateral advantages.

In the temporary exacerbations of fever and pain in the side, which are but too common, general bleeding expends too much of the powers of the constitution to be used frequently in this protracted malady. Cupping, leeches, fomentations, or bran poultices, are productive of great benefit.

Simple enlargement and hypertrophy of the spleen.—There is a simple enlargement of the spleen from mere temporary congestion, as when brought on by sudden mental emotion, or by oscillations of the circulation from internal causes. Andral observed the spleen of the living dog to undergo remarkable changes of bulk during a painful experiment;* and Cruveilhier mentions the great frequency of rupture of the spleen in the draught horse after violent exertion.† Numerous observers (Stoker, Andral, &c.) state that, during the cold stage of the ague, the spleen has been perceived to be painfully tumified, subsiding immediately after the fit. In temperate climates, the more permanent enlargement or hypertrophy of this organ not being accompanied by the same violence of constitutional disease as in the hotter, is usually of a passive character, and probably in a majority of instances is owing to relaxation of fibre. In

* Nos. Meth. t. v. 493.

† Med. Chir. Trans. ix.

* Dict. de Méd. art. *Erectile*.

† Dict. de Méd. et Chir. i. 291.

Lincolnshire, individuals carry about with them very enlarged spleens for many years, and die eventually of other diseases. Lommius knew many who had tumid spleens all their lives. Lieutaud speaks of a woman who had for seventeen years a spleen weighing thirty-two pounds. Haller abounds in such facts. The most frequent causes of enlarged spleen are ague and remittent fever; it is therefore chiefly to be found where these are endemial, but it is not very uncommon in any part of Great Britain.

Hypertrophy is liable to pass into inflammation, but it may remain stationary, or yield to the restorative powers of the constitution, with or without the use of medicine.

The most characteristic symptoms of hypertrophy are, a sense of weight in the left side, with or without evident swelling; inability to lie on the right side with ease; debility; disordered stomach; dry cough, and absence of fever. When obvious enlargements take place, we can almost always distinguish them from other tumours by their history, and by their usually increasing obliquely from above downwards, or from left to right. Percussion makes us sensible of a peculiar uniformity of consistence in them, and often enables us to trace their boundaries with great accuracy. It is true that there are here many sources of deception, as, for instance, tumours in the peritoneum, increased bulk in the left lobe of the liver or left kidney, thoracic disease, &c. But in such cases we shall be greatly assisted by the symptomatology.

The indications of treatment in this form of splenic disease are, first, to remove the cause; secondly, to restore the organ to its natural condition; and, thirdly, to improve the general health. If ague be the exciting cause, it must be combated by the appropriate remedies. Warm and brisk purgatives should be given once or twice a week, of the kind affecting the upper bowels. Mercury in all its forms should be avoided, from its having been found prejudicial on extensive trial.

The bowels being kept somewhat more open than ordinary, the nascent irritative stage having gone by, and the case being strictly passive, tonics are to be had recourse to, and especially the acids, with the preparations of iron. The quinine, which has been prescribed to cure the ague, will probably be serviceable to the hypertrophy. When the complaint is preceded or accompanied by suppression of the menses, in addition to the application of leeches to the left side, and moderate but sustained purging by aloetics, the sulphate of iron should be prescribed in such doses, and as soon, as the pulse will permit. Under the use of iron we may expect to see the morbid pulsation of the heart and arteries, the tumefaction of the spleen, and the chlorotic tint, depart as by a charm. Repeated emetics have frequently dispersed simple enlargement; and cataplasms of tobacco-leaves have, according to Mr. Stedman,* produced the happiest effects.

Kneading with the hand twice or thrice a day has been practised with benefit, and especially in the West Indies. Equable and moderate pressure by a broad elastic belt would probably create a beneficial excitement in the diseased organ.

The diet should be bland, nutritious, easily digested, and less liquid than usual.

Atrophy of the spleen is by no means so common as hypertrophy. Haller,* Bonetus, and modern writers relate instances, but their statements are so meagre and contradictory, that no use can be made of them. It is sometimes found exceedingly small and even shrivelled, when some other organ is much enlarged, where there have been great discharges of blood, in ascites, and in extensive chronic disease. This form of disease of the spleen obviously admits of no remedy.

Hemorrhage, or apoplexy, of the spleen.—We shall here introduce M. Cruveilhier's valuable observations on internal hemorrhage of the spleen, which he denominates "apoplexie."† "I have often," he says, "met with in the substance of the spleen, apoplectic deposits of various sizes, round in figure, and exhibiting all the changes which the blood undergoes in such circumstances in the brain and other organs. The spleens of persons affected with agues have often presented, at one or more points in their parenchyma, brownish blood in larger or smaller quantities. I have also seen ochry-brown cicatrices and fibrous cysts of the same colour—indubitable traces of former hemorrhages, with breach of substance. I am persuaded that these appearances are very frequent in the spleen. This is very distinct from pulpy softening of this viscus. At every strong muscular effort, the blood rushes in abundance into the cells of the spleen, and distends them, and so rupture may be the consequence. What renders this opinion probable is the frequency of hemorrhage in the spleen of the horse. I shewed at one of my lectures hemorrhagic deposits, in many stages, in the spleen of a horse. Bailly gives two cases of spontaneous rupture in remittent fever."

It is impossible to predicate this state of the spleen in the living subject; if it were ascertained, however, the treatment is the same as in hemorrhage from the lungs or any other organ.

Hydatids have the same origin in the spleen as in the liver and other organs in which they are found. They may be simply attached to its surface, be placed between the membranes, or within its substance. They are met with in males and females of relaxed and feeble stamina, but more frequently the latter sex. Their occasional causes are not known. The disease arises quite unconsciously to the patient, the first intimation of its existence being debility, dyspepsia, and the uneasiness created by a slowly increasing tumour, which, in its progress, causes further derangement by compression and displacement of other organs,

* Elem. Physiol. vi.

† Dict. de Méd. et Chir. pratiques, i. 291.

* Med. Essays, Edinburgh.

and becomes itself but too perceptible externally. It is only when the containing membrane, or some organ, becomes inflamed, that fever, pain, and their fatal consequences ensue. The patient may die of another complaint during the indolent continuance of this: it may end in suppuration or ulceration of the containing sac, when the hydatids will probably destroy life by passing into the peritoneal cavity. The cysts may be burst by external violence. Hydatids may prove fatal without being inflamed themselves, by disturbing the circulation or by irritating other viscera. This is a very obscure disease, and admits of but little medical interference.

Full statements of two very interesting examples of hydatids in the spleen are inserted in the sixth and twelfth volumes of the Medical Repository. The symptoms during life in both were those of a general breaking-up of the constitution. In one there was hæmoptoe. The spleen in both cases was very large, quite disorganized, and divided by a membrane into two cavities, full of large and small hydatids containing serum.

Cysts of other descriptions are also seen in the spleen, which, although not discernible during life, should not be passed by in silence. "The simplest form," according to Andral,* is that "of small vesicles filled with serous fluid, which are sometimes found in great numbers, either singly or in clusters, not in a sac. These vesicles are not confined to the splenic cells: I have also found them in the interior of the splenic veins, some floating loose, others attached by peduncles to the sides of the veins, and others again lodged between their coats. Cysts of a more complicated structure are likewise found in the spleen. I have seen one with a fibro-serous tunic, which contained in its interior a substance resembling suet interspersed with hairs. In another spleen I found a cyst composed of serous membrane filled with a substance like honey, and of a bright yellow colour."

Dr. Abercrombie† describes an infiltration of the substance of this viscus with a gelatinous fluid, and deposition of fatty matter, throughout its structure. It is distinguished by no particular symptoms.

The formation of hydatids in the spleen is irremediable in the present state of medicine. We cannot with any degree of certainty detect them during life until they become very bulky, or until some have been discharged. Almost all that is in our power is, to keep the system as nearly as possible to the healthy standard. If the cyst point, it will be unwise to puncture it, although this has been done in a very few instances with success. If it be resolved to puncture, a trochar must be used, not thicker than a common needle, and then only when the sac evidently adheres to the abdominal parietes. In opening the cyst there is a momentous risk of the contents flowing into the abdomen; and a second risk, of the suppuration of its internal

parietes, with the usual fatal consequences of such an event; and, moreover, who will assure the operator that his trochar shall not wound some large vascular trunk in the sac?

Tubercles.—We occasionally find tubercles disseminated in the splenic tissue. They are in masses or grains, few in number or in great quantities. They are of the same nature as the pulmonary tubercle. We rarely meet with tubercles in the spleen, except in cases where they also exist in other organs. They very commonly attack this organ in children, in whom they are often found in a state of softening. This tuberculated condition of the spleen, which is met with in children, is certainly much under the controul of iodine, continued long, and in small doses. It should be applied at the same time to the side in the form of a liniment. Of course, the same attention to food, clothing, air, and exercise, which is observed in strumous disease, must be paid here; and the medicines most beneficial in such a diathesis should be employed, if it become necessary to omit the iodine for a time.

Melanosis.—The spleen is occasionally affected with melanosis, as is seen in the accounts of this affection published by Cullen, Halliday, Alison, Carswell, and others.

Calculus deposits are seldom observed in the spleen. Bonetus* states that a widow had fever, pain in the back, suppression of urine, and then died dropsical. After death the spleen was found doubled up, as it were, and full of calculi. There was a square calculus in the right kidney. Morgagni† mentions two cases of splenic calculus in a woman and a youth. He says that they are sometimes very white; that they may be many or few. He saw one which weighed twenty-one drachms, and which was formed in concentric layers.

The treatment of melanosis and calculi of the spleen must be obviously palliative, and does not call for particular remark.

Rupture.—Numerous cases are to be found in Bonetus, Van Swieten, and the periodical publications of the present day, of rupture of the spleen by blows or falls. While the organ is lacerated extensively, the parietes of the abdomen may be little or not at all injured. In the instances which prove fatal in a few hours, the symptoms are great shiverings, coldness of body, vomiting, and other signs of extreme collapse. When there is time and strength for re-action, there is considerable fever, with a remarkable heat of skin, and great pain in the left side, or all over the abdomen; the stools and urine are nearly natural, for a short time at least.

In a case related by Mr. Greene,‡ where the man had fallen from the third story of a house, the peritoneum was not inflamed, although much blood had flowed into the sac which it forms. The man lived four days. In the Archives de Médecine, vol. vi., there is an uncommon case reported by M. Deguise, where the splenic vein

* Anatom. ii. 438.

† Dis. of Abd. p. 389.

* Sep. l. ii. s. iv. obs. 48.

† Ep. 36. a. 14.

‡ Med. Gaz. iii. 591.

was ruptured by a blow on the left side, a month before death. The splenic vein had poured its blood into the abdomen. A remarkable example of spontaneous rupture is well detailed by Mr. Ancill in the *Med. Chir. Review*, vol. xiii. It occurred in a drunken blacksmith. There was immediate and extreme prostration of vital power, together with great sense of weight at the epigastrium. He died in sixteen hours. On dissection an extensive black coagulum was perceived to occupy the upper part of the belly, and concealed the spleen. The substance of the latter was torn into large triangular fragments of bloody pulp, cemented together by a dark coagulum of a firmer consistence. A small round hole was observed in the dorsum of the organ. It adhered to the surrounding parts much more largely than usual, and seemed increased in size from effusion of blood. Scutteten and others have noticed very truly that the redness of the parts round the ruptured spleen is not inflammation, but a stain from imbibition.

In the majority of instances of ruptured spleen from external violence, the injury is so overwhelming that little is left for the medical attendant to do. Free venesection and perfect rest, however, have saved life.

(J. J. Bigsby.)

STATISTICS, MEDICAL.—The word statistics is of modern origin; it was first invented in 1749 by Achenwall, a professor of Göttingen. Applied to political subjects, this term expresses the investigation and exposition of the actual condition of states and countries. It principally includes those particulars in the condition of a nation which are capable of being reduced to numerical calculation; but its domain is not necessarily confined within such limits. Medical statistics may, perhaps, be defined to be the application of numbers to illustrate the natural history of men in health and disease.

We know too well how enormous is the quantity of facts which has been accumulated in every department of medicine during the last two thousand years; the most pressing want which our science at present suffers, is the reduction of this vast mass into separate groups, and the establishment of certain definite principles. The performance of this important task has occupied the attention of many eminent men; but they do not appear, until lately, to have sufficiently appreciated and employed the valuable instrument of statistical calculation. By the aid of numbers we are enabled to classify the irregular, and many-coloured, and conflicting observations which have been bequeathed to us by our predecessors, and which are daily presented to us by our cotemporaries: instead of losing ourselves in a continual reference to opposite authorities, we compute the amount of evidence on both sides of a question, and thus arrive at a positive conclusion. It is probably only by the assistance of the statistical test that we shall finally arrive at fixed conclusions re-

specting the efficacy of various modes of treating a disease, and the prognosis to be formed respecting the issue of various diseases. It is only by means of this auxiliary that we can estimate the comparative salubrity of different situations and of different modes of life, and that we can justly decide on the value of various modes of discipline and of diet.

As the principle of population is intimately connected with all inquiries of this nature, we shall commence our brief outline with a few observations on that long-contested point; believing that it cannot be indifferent to the physiologist, and that the best solution of its difficulties must always be sought in the stores of medical science.

The majority of writers at present agree with Malthus in maintaining the proposition that, *ceteris paribus*, a population will uniformly increase with the powers of subsistence, and diminish with their decrease. To prevent the sufferings from want and disease which would attend the struggles of a population against those limits on its increase which arise from the want of food, it is generally allowed that we must endeavour gently to check an excessive increase by moral restraint, and by the occasional exercise of a prudential abstinence from marriage. Such a prudential restraint is only that which a young man of education and reflection usually imposes on himself; however desirous of forming an union, he patiently awaits the moment when he can accomplish his wishes without degrading the object of his choice from her former standard of comfort, or without entailing poverty on his offspring; and we find, accordingly, that marriages occur at a later age amongst those classes or individuals who are distinguished for intelligence, sobriety, and self-denial, than among the uneducated and the careless. But, on the other hand, every endeavour should be used, by those who have the means of influencing the movements of nations, to increase the supply of food. From the wonderful activity of the principle of population, we are bound to deduce the expediency, not of multiplying checks, which already press but too heavily, but of removing that obstacle which is most opposed to the multiplication of the species and to its happiness and health, namely, the difficulty of obtaining nourishment. It has been justly observed that, until the world is already fully peopled, and until all its fertile soils are cultivated, the problem would appear to be not how to diminish but how to disperse; not how to lessen the number of consumers, but how to increase the means of subsistence; not to keep out of life, by anticipation, the multitudes ready to inherit it, but to place them in the situations most advantageous for their reception, and, in short, most hospitable to the new comer. Perhaps too much has been assumed, in treating of these subjects, respecting the *fixed limits* of every nation. Such limits, however, do not exist generally, and wherever they are found, they are also capable of being removed by enterprise, courage, and industry. Such limits, assuredly, are not the lot

of our own country, which includes in the bosom of its various colonies a sufficiency of practicable and unoccupied land to supply bread, under suitable efforts, to inhabitants far more numerous than our present list. Independently of the benefit which colonization confers on the father-land, it promotes the general diffusion of knowledge, of civilization, and of religion in the most eminent degree, and in the only sure and permanent mode: pestilential regions thus become purified, barbarous practices are discouraged, the arts of life are made to travel, the rugged aspect of nature assumes a smile, and a new climate is created in the wilderness where vegetation was extinct, and where life had almost gone out. It is true that the able-bodied emigrant has not always the means of transporting himself from the old and closely-packed country to the comparatively empty land of his adoption; but selfish indeed must be the wealthy inhabitants of the parent state, blind or reckless must be its legislature, dull must be the prophetic spirit of all, if the funds which are ever at hand to gratify ostentation cannot also be supplied to remove the idle, the miserable, too often and too inevitably the criminal, from a theatre in which they are only sullen, ungratified, and unplaced spectators, to a new and ample stage, where they themselves will be enabled to act, and to reap the profits and the honour of their exertions.

Misery is one of the most powerful agents which operates in restraining the excessive growth of population. How far this scourge is capable of being permanently diminished by the wisdom of a legislature and the virtue of private citizens is a matter on which benevolence will always entertain a secret hope of better days, although we have no assurance that in *this* world the reign of great calamities is ever to be at an end. *Famine* is one branch of misery which is, perhaps, least under the control of human precautions; but *war*, the most terrible of all evils, is undoubtedly often induced by the vices of individuals. How frequently, to gratify selfish and grasping ambition, has this consuming fire been kindled to ravage whole districts, to extinguish villages, to destroy thousands of beings totally uninterested in the results, and to bring in its ghastly train both scarcity of food and epidemic diseases, scarcely less fatal than the sword? Unhappily in no age have such enemies of mankind been wanting; and too blindly have historians and poets offered their incense on the altar of blood. How often, if not to serve the views of an individual, at least to promote the designs of some political party, has a war taken its origin, and gradually extended itself over distant nations? War is the real parent of famine and of the most deadly diseases. The most severe epidemic fevers which have ever visited Europe have marched in the van of an invading army, or in the rear of a retreating one.

The price of *corn* has a most remarkable influence on the movements of population and of disease: we have not a sufficient number of

data to enable us to estimate the exact amount of its influence, but we shall assuredly not be mistaken in classing it among the most energetic causes which press on the operations of life. This influence extends not only upon deaths but upon births; it affects also the number of marriages, of diseases, and even of crimes. Variations in the price of corn, then, form one of the most serious changes which can occur on the surface of a state; they may insensibly lead to the most unexpected, the most formidable results; and we may affirm with confidence, that one of the most important duties of a government is to temper and to diminish, as far as is possible, all the circumstances which promote these fluctuations in the price of the most necessary article of all which man can purchase.

The causes which tend to produce *longevity* have been repeatedly the subject of controversy; we shall present a few facts towards the illustration of this difficult subject.

The married live usually longer than the single, and it is amongst the married that the greatest instances of longevity have been found. The inhabitants of convents and of monasteries, in spite of the regularity of their habits, do not live longer than men of the world: De Parcieux and an old curate of St. Sulpice have produced tables which show that but few of these individuals attained the age of eighty, during the interval of years which elapsed between the years 1685 and 1745. But monks and nuns are not so long-lived as the religious orders which are not immured within the gloom of the cloister; and, finally, we may observe, in order to point out the injurious tendency of that mode of life, that celibacy in the lay-classes enjoys a better chance of life than is the portion of the inhabitants of the monastery and the convent.

An abundant supply of the necessities and even of the luxuries of life has a powerful agency in inducing longevity; and if we add to an easy condition of life the more rare gift of a tranquil mind, we shall have enumerated the two circumstances which are best calculated to ensure it.

Cultivation of the sciences and of literature is not a little favourable to longevity: we might produce many facts in support of this assertion. Such pursuits are well suited to compose, to calm, and to fortify the mind, and hence to form the quietude of soul which is a real elixir of long life.

The instances of *extreme* longevity are very rare, and form lonely exceptions to the established order of things; insomuch that an individual could scarcely be suspected to be in possession of common sense or information who should hope by any modes of diet, or any advantage of constitution, to exceed the age of 100. The most authentic examples of those who have far outstripped a century of years are afforded by the famous Parr, who married at the age of 120, retained his vigour till 140, and died at the age of 152, from a plethora, induced, it is stated, by a change

of diet. Harvey, the illustrious discoverer of the circulation of the blood, who dissected him, could detect no signs of decay in any organ. Henry Jenkins, who died in Yorkshire in 1670, exceeded Parr, and attained 169 years. He is probably the oldest man on genuine record in modern times. The latest case is that of Joseph Sarrington, a Norwegian, who died at Bergen in 1797, at the age of 160.

Haller, whose accuracy and industry are well known, collected together the most authentic facts recorded in his time respecting the duration of the life of man, and found the following to be the relative proportions:—

Of men who have lived from 100 to 110 years, the instances have been	1000
From 110 to 120 "	60
" 120 to 130 "	29
" 130 to 140 "	15
" 140 to 150 "	6
169 "	1

An American writer has lately expressed his belief that between 30,000 and 40,000 persons annually fall victims to the abuse of spirituous liquors throughout the United States. This belief is founded on the Bills of Mortality of the city of Boston, which, during the last two years, have reported an average of fifty deaths yearly, as proceeding from this source. Professor Hitchcock of Amherst College, in his Lectures on Dietetics, has lately estimated at from 30,000 to 50,000 the annual number of those who die prematurely, above twenty years of age, in consequence of such intemperance. These estimates are probably beyond the real amount of the mischief, extensive and revolting as it unquestionably is. On the amount of deaths produced by the *indirect* action of ardent spirits our evidence must always remain defective, because there is not a disease so induced which might not also admit of another cause, and here is an insurmountable perplexity.

Mortality, or the calculation of the number of deaths which occur in a country or town, has become an object of important research; and tables are formed in almost every civilized state, by direction of the government, in order to ascertain this point. In some districts this amount is increased or diminished in a slight degree by direct and by local causes; but, on the whole, it appears that the good or bad condition of a people, the possession of the necessaries of life or their absence—the mildness or rigour of the mode of government—the advance or retrogression in knowledge—are the principal circumstances which influence the result. The following calculation of the annual number of deaths in the principal countries of Europe will give a sufficiently exact idea. Among all their inhabitants every year destroys, in

England and Wales, nearly	1 in 60
Pays de Vaud.....	1 „ 49
Sweden	1 „ 48
Holland	1 „ 48
France	1 „ 40

Kingdom of Naples	1 in 35
„ „ Wirtemberg	1 „ 33
Prussia	1 „ 33
Lombards—Venetian provinces. .	1 „ 28*

This is the present proportion, but in several of these countries the number of deaths was formerly much more numerous. The mortality has diminished in nearly the same degree in which their prosperity has gradually increased. In England and Wales, for instance, the annual deaths were, in the census of 1780, so numerous as 1 in 40. In 1801 they were 1 in 47. So in France the annual mortality was, in the year 1781, 1 in 29, and in 1802 1 in 30. In Sweden, also, the annual deaths were 1 in 35, during the years between 1755 and 1785.

The mortality of large towns exceeds considerably that of small ones: the following table presents an approximation to the comparative mortality of great towns:—

In London, about	1 in 40 dies annually.
Birmingham	1 „ 43
Nice	1 „ 31
Naples	1 „ 28
Leghorn.....	1 „ 35
Paris.....	1 „ 32
Lyons	1 „ 32
Strasburg	1 „ 32
Barcelona	1 „ 32
Berlin	1 „ 34
Madrid	1 „ 29
Rome	1 „ 25
Amsterdam	1 „ 24
Vienna	1 „ 22½

The late census of 1832 has not, as yet, been sufficiently examined to admit of any accurate inference, but we believe that it is rather less favourable to England than the preceding one.

The deaths in a city are almost uniformly more numerous than those in a rural district. It is unnecessary in this place to inquire into the causes of this difference; they will readily occur to medical observers. Cities are the theatres on which the violent passions find their appropriate scene; in them the desperate struggles of life are decided; and they afford the most constant temptation to an excessive indulgence of every appetite. The atmosphere, the scanty exercise, the irregular hours, all add to the depressing influence of civic life; but still there are many individuals who habituate their constitutions with safety to a constant residence in towns, and attain a great age. These are beings cast in a happy mould, who are equally well placed in almost any situation, and flourish under every exposure. Children endure a town life less easily than adults; and, in general, those who are on the eve of sickness, or who have just recovered from it, begin to perceive the injurious effect of the confined air of cities, although they may have never been previously aware of it when in a state of health. As long as the patient remains in this situation, we often perceive that tonic remedies disappoint us of their expected results.

* In 1817, a year of scarcity, the number of deaths was so large as 1 in 14.

The number of deaths which occur at *hospitals* is very various, and yet admits of being explained on some general principles. The deaths in a large hospital are usually more numerous than in a small one; they are also more numerous in the hospital of a great city than in the hospital of a small town. The mortality of hospitals is always greater than that of the same number of cases taken from the same ranks of life in private dwellings; because the separation from the familiar scenes of home and from beloved faces is not compensated by the superior cleanliness and more abundant comforts of an hospital. It will be usually found that the number of deaths in hospitals bears a very near proportion to the state of prosperity and to the diffusion of knowledge in any given country or town. On sifting the reports of the hospitals of the continent, it will be usually found that their mortality is greater than that which is presented by the registers of British hospitals. Amongst other causes of this difference must be assigned the disinclination which has long prevailed on the continent towards the use of copious blood-letting in inflammations. Defective ventilation is one of the most common causes of an excess in the deaths of an hospital. The mortality in dispensaries is much less considerable than in hospitals.

A gratifying result on the whole presents itself to us in this section of medical statistics; the number of deaths in hospitals has greatly diminished throughout Europe during the last half century, and particularly in our own country.

It has been lately calculated that the number of the *deaf and dumb* is about 1 in every 1585 individuals. According to this computation, France has about 20,189 deaf and dumb; Austria has 16,684; and Russia in Europe has 27,834. Supposing, then, that Europe contains 214 millions of inhabitants, it will also probably contain 139,212 deaf and dumb individuals.

According to a computation recently made at the Institution for the Deaf and Dumb at Paris, it would appear that only one in twenty-four of those unfortunate beings receives an education throughout the world at large: but that, in France, so many as one in four of them obtains a suitable course of instruction.

Suicide is a theme unfortunately very prolific of examples and of tables in almost all parts of Europe. But the number of its victims is very various in different places. England certainly no longer deserves the pre-eminent disposition to this crime which the conjectures of her neighbours formerly assigned to her. In France, Germany, and Denmark, suicide is extremely frequent; in England it is less common, but far from rare; in Sweden, in the Neapolitan dominions, in Russia, and, above all, in Spain, it occurs only in a scanty proportion. It is far more common in great towns than in small ones; far more frequent in towns than in rural districts; and its victims are more often single than married, more often males

than females. It is impossible any longer to ascribe its prevalence to *climate*, or to the weather. We may trace it occasionally to two obscure causes, one of which is the principle of imitation; the other is an hereditary disposition. On the whole, it appears to occur more frequently among the lower classes of life than in the middle or higher stations.

According to the registers preserved in France, and recently analyzed by Mr. Guerry, about 1800 suicides take place in a year in all France; 6900 have been committed between the years 1827 and 1830. Mr. Guerry believes, however, that this number is considerably inferior to the total number of *attempts*; because the judicial authorities only take cognizance of those which terminate in death, or which furnish materials for a process. The nearer each department of France is to the capital, the more abundant are its suicides and its murders; the more distant each department is from the capital, the less frequent are both the one and the other. Thus, in the department of the Seine, which contains Paris, the annual proportion of suicides is 1 to every 3600 inhabitants; while in the province of the Haute Loire, the annual proportion is only 1 in 163,000 inhabitants. These two departments furnish the maximum and the minimum of suicide in France.

It would lead us too far, if we were here to enter into the interesting details which relate to the *increase and decrease* of particular diseases, and into the *comparative prevalence* of disease in different countries. We can only remark, generally, that the results of the inquiry are greatly in favour of our own time and country.

The statistics of the *sexes*, of *marriage*, of *pregnancy*, and of *infant life*, afford the most important information, alone sufficient to fill a volume. The proportion of males to females throughout the world is about 21 of the former to 20 of the latter. The proportion of births to a marriage fluctuates in different countries: in England it is about 4 births to a marriage. At Paris the proportion is scarcely 2.44 births to a marriage, while in some villages of Scotland it is so high as 7. A most remarkable change has occurred gradually in the fate of lying-in women and of infants. In 1750, at the British Lying-in Hospital of London, 1 woman died out of 42, and 1 child out of 15; about the year 1800, in the same hospital, only 1 woman died out of 288, and only 1 child out of 77. In Prussia, 1 mother dies annually out of 112, taking hospitals and private life together. The deaths at lying-in hospitals are far more numerous than those which occur among the same class of women at their own dwellings. The deaths from parturition are far more numerous in great towns than in the country.

The subject of *life assurance* ought to be glanced at in this article, because it is almost entirely founded on the facts afforded by medical statistics. And as medical practitioners are very frequently applied to respecting the assurance of lives, it may perhaps be useful to supply the student with some elementary no-

tions, or with an outline which may be easily filled up at leisure by a reference to the labours of Price, Milne, Quetelet, Babbage, and Finlayson.

Nothing is more subject to uncertainty than the duration of the life of a single individual; and a conviction of the frailty of this tenure has laid the foundations of institutions for the assurance of lives. One of the most encouraging signs which a nation can afford of the prudence, economy, and kind affections of its inhabitants, is the growth and popularity of such establishments, because they evince that the individual is content to sacrifice some present enjoyments in order to lay up a little store for some being or beings who are to survive him; and that selfishness is with him a secondary consideration to prospective benevolence. Annuities upon lives are an operation conducted in a spirit totally opposite; although often extremely eligible and suitable, they provide rather for the present than for the future, and it is a good feature in the times when the demands for life assurances are more numerous than for life annuities. It was remarked in France, shortly before its first revolution, that a prodigious number of citizens were eager to obtain life annuities, and thus to convert their capital into an increase of present indulgences for themselves, but to extinguish any benefits which might otherwise have streamed from it to fertilize some kindred soil.

Assurances on lives have no analogy whatever with the speculations of gamblers, since their object is to equalize chances, and not to dispropportion the risk: they fix the monied relations of large bodies of society on a basis quite unconnected with the hazard of individuals. In order that this desirable object may be accomplished with advantage to all parties concerned, it becomes absolutely requisite to ascertain the average number, or proportion of persons, out of a numerous population, who die at the different periods of life; or, in other words, we must know the law of mortality (as it is called) which belongs to every age of existence. Nothing appears more difficult, at first sight, than the construction of such a law; but the progressive labours of mathematicians, political economists, and physicians, in different countries, have gradually produced an abundant collection of facts on which to ground the principles of a science which is entirely the offspring of modern times, and more particularly of our own country.

We shall not enumerate here the various tables of the duration of life which have been founded on observations made in different places; nor shall we do more than allude to that remarkable improvement in the tenure of life which has rendered some of the older calculations obsolete.

But since medical men are universally consulted before assurances of this kind can be effected, it is perhaps not superfluous to explain the nature and process of the transaction. An assurance on life, then, is the assurance of a certain sum which is to be paid in the case that an individual named is alive at a particular

time, or dies within a particular time; or which is to be paid within a particular time after the death of an individual named, at whatsoever time that death may occur. The *assurer* is the party who undertakes to pay this sum, and the *premium* of assurance is the sum which he obtains as a recompence for that which he is to pay. The *policy* of assurance is the document or instrument by which the party is obliged to the assured sum. This policy is called *absolute*, when the assured sum is to be paid on the death of an assured party; and it is said to be *contingent* when the payment of this sum is made to depend upon some other circumstance, as, for instance, the existence or the previous death of some other individual or individuals. The premium of assurance is in some cases a sum paid down all at once; but the more usual method is to pay down a certain sum on the day on which the engagement is completed, and to enter into an obligation to pay the same sum yearly, so long as the policy continues in force.

When a party wishes to accomplish an assurance, he receives, from the particular assurance-office to which he applies, a paper called a *declaration*, which he fills up with the name, the age, the time and the place of birth, the actual residence, and some details respecting the health of the individual to be assured. This declaration includes a notice to this very important effect,—namely, that any falsehood introduced into the declaration invalidates or vitiates the policy. The declaration is then properly signed; and in order to confirm the statement, references are afforded to two persons, who must be familiar with the habits of the party on whom the assurance is effected; one of these two is a medical practitioner, and in some instances more than two references are demanded. The individual who makes the assurance next appears in the presence of the directors of the company, who endeavour to ascertain his ordinary and actual condition of health, and introduce a memorandum of the result into their journals. The directors ultimately decide upon the case according to the answers which are obtained from the persons to whom reference has been made, and occasionally from other additional sources of information. If the individual on whose life the assurance is to be effected, is unable to make his appearance in the presence of the directors, or of any person delegated by the directors, an additional payment is demanded in lieu of personal appearance.

Life-assurance offices usually employ a stationary medical adviser, who assists the directors with his judgment respecting the health of the applicant, and with his advice on the evidence submitted.

The questions contained in the circulars which are transmitted by the life-assurance offices to the medical attendants of the applicant are various in form, but nearly similar in import, at all the various establishments. The spirit of these queries may be conveyed in a few words:—How long have you known —? When did you last see —? State of health at that time? General state of health? Have you

had occasion to know, or to hear, that the ap-
plicant is subject to fits, diseases of the lungs,
scrofula, insanity, gout, or to any hereditary
disorder? Are his habits sober? Is there any
circumstance connected with his health, within
your knowledge, with which the directors ought
to be acquainted?

The questions addressed to the medical friend
of the party require, it will be seen, considerable
caution in the answer; any suppression
of facts, whether intentional or accidental, may
in the end render the whole transaction nugatory,
or, in other words, may vitiate the policy.
These queries refer both to the past and present
state of the health of the party, and to his pre-
disposition to disease, either hereditary or ac-
quired. A medical practitioner, placed in in-
timate relation with the party, may feel a desire
to soften certain circumstances, through a nat-
ural impulse of friendship; but, in reality,
this undue delicacy may prove an ultimate in-
jury to the person whom he intends to serve,
and is totally unjustifiable in every sense. His
report will be confidential: the motives for re-
jecting an application will not transpire; and a
debt is to be discharged not only to our own
conscience, but equally to our friend and to the
community at large, because a transaction so
beneficial to all parties can only continue to be
carried on through the medium of frankness
and of good faith.

We might illustrate the practical bearings of
this subject more clearly by selecting some of
the most important trials which have occurred
in consequence of errors in the statement of
health; but we should trespass too largely on
the space which is more necessarily allotted to
practical medicine. It will be sufficient to
have pointed out the necessity of caution and
the sources of information.

We have been obliged to treat the whole of
this article in a cursory manner, and entirely to
omit the consideration of several topics belong-
ing to it. There is one general principle, how-
ever, which unites together every branch of it,
and which, if properly considered, will supply
our omissions, and lead the reader to the col-
lection of new materials for reflection and gen-
eralization. Life and death, then, mainly depend
on the *prosperity* of the circumstances which
surround us: physical prosperity and moral
happiness, which often depend and re-act upon
each other, present a safeguard at every crisis
of existence both to individuals and to nations.
We may often judge with tolerable accuracy of
the mortality which is likely to exist in any
given country, town, or hospital, from the de-
gree in which poverty or wealth, knowledge or
ignorance, misfortune or success, are seen to
prevail. Whenever *want* and *misery* exist, there
the mother is more likely to die in labour,
there still-births will be more frequent, there
the deaths during infancy will be more num-
erous, there epidemics will rage more vio-
lently, there the recoveries from disease will be
more tedious, and the fatal termination of it
more probable, and there also will death usually
approach at an earlier period of life than in
happier situations.

This important conclusion deserves the high-
est attention, and a variety of considerations
flow from it which we cannot here follow in
their windings. It is a state of things highly
instrumental towards the improvement of our
social state. It encourages us to improve our
physical and moral frame to the utmost of our
power, in order that we may reap the harvest
of life which only awaits those who can suc-
ceed, to a certain degree, in elevating them-
selves above want and ignorance. It is a dis-
tribution of health and disease, of life and of
death, entirely analogous with the state of trial
in which we are here placed.

It would be endless to enumerate the works
which furnish the materials for this subject, or
rather for the illustration of various parts of it.
To those who are desirous of prosecuting it we
may recommend—*Berard*, Discours sur les
Améliorations Progressives de la Santé Pub-
lique, Paris, 1826. *Blane*, Select Disserta-
tions. *Tommasini*, della Necessita di sotto-
porre ad una Statistica i fatti piu importanti
della Medicina Pratica, Bologna, 1821. *Cas-
per*, Beiträge zur Medicinischen Statistik, Ber-
lin, 1825. *Roberton*, Observations on the
Mortality and Physical Management of Chil-
dren. *Quetelet*, Recherches sur la Population,
les Naissances, &c. Bruxelles. *Malthus*, Essay
on the Principle of Population: and last, but
not least, we may direct the reader's attention
to innumerable reviews and essays, of great
value, which Dr. Villermé of Paris has con-
tributed to the *Geographical Section* of the
Bulletin Universel (now extinct), and to the
excellent *Annales d'Hygiène*.

(Bisset Hawkins.)

STERILITY.—See IMPOTENCE.

STETHOSCOPE, (from *στήθος*, *pectus*, and
σκοπέω, *exploro*, *contemplor*,) is the name of an
instrument invented by the late M. Laennec,
to assist the ear in examining the acoustic signs
of various diseases, especially of those of the
chest.

The use and indications of the stethoscope
have been so fully explained in the article *AUS-
CULTATION*, that it remains for us here only to
study the stethoscope as an instrument, and the
physical principles of its adaptation to the ob-
ject to which it is applied. When we bring to
the aid of our senses artificial instruments, we
can neither perfect their construction nor fully
avail ourselves of their uses, without a know-
ledge of the laws by which they assist our
organs. No one can satisfactorily use the mi-
croscope or telescope without understanding
the laws of optics; and we hold that the
easiest, the most agreeable, and the surest road
to a knowledge of stethoscopic phenomena, is
through a study of acoustics. It was by a
happy application of a general law that Laennec
was led to the discovery of this instrument, and
he never could have enriched his description of
its use with such a number of interesting and
valuable facts, if his experience had not been
guided by a familiar knowledge of natural phi-
losophy.

The first instrument used by Laennec was formed of three quires of paper, compactly rolled into a cylinder, and kept in that shape by means of paste. He afterwards tried various other materials, and found a cylinder of wood, with certain modifications, answer better than any other. He found denser bodies, such as glass and metal, less effectual; and a cylinder of gold-beater's skin, inflated with air, proved inferior to all the others. It will be found that these facts are in perfect accordance with principles which we can only glance at here; and that the superiority of bodies of moderate density, such as light firm wood, although opposed by what Laennec considered to be an axiom in physics, is really an illustration of an acoustic law, which has never, as far as we know, been accurately exposed.

The power of bodies to conduct sound varies according to the density of the medium in which the sound is generated—those bodies being the best conductors which correspond in density with the body communicating the sound. Thus the sounds produced by the vibration of air are best conveyed by air; and those of solids, by a rigid solid of similar density. On the other hand, air with difficulty receives the sonorous vibrations of very dense bodies; and the latter, in great measure, intercept the sounds of air; but rigid bodies of intermediate density will greatly facilitate the transmission of sound between these dissimilar media. Two examples will suffice to illustrate this principle. The common pitch-bar or tuning-fork, when struck, yields very little sound as long as it is held in the fingers, or placed in contact with metal only; but as soon as it touches a table, or especially a sounding board, its sound becomes distinct and clear.* Again, a metal or even a glass partition between two rooms, much more effectually prevents the transmission of sound from one to the other than a partition of wood, even of greater thickness.

In acoustic instruments, we avail ourselves of the conducting power of similar bodies, and the reflecting quality of dissimilar substances, to direct sound into any particular channel. It is with regard to these principles, in the first place, and with a certain respect to portability and convenience, that the best stethoscopes are constructed. As the sounds which they have to transmit to the ear are various in origin and intensity, so these instruments have modifications in their make, which, with a view to avoid the multiplication of apparatus, were contrived by Laennec in a single instrument of convenient portability. Thus to convey the sounds originating in the denser contents of the chest, such as the heart, a cylinder of light but rigid wood, as free as possible from knots and inequalities, answers perfectly. To transmit the sounds produced in the more aerial contents of the chest, this cylinder is perforated longitudinally, so as to contain a column of air, which being perfectly closed

from external communication by the ear at one end, and the chest of the patient at the other, readily conducts the sounds of the voice, or of the respiration, produced in the spot which the aperture covers. To concentrate the diffused sound of respiration, and to expedite the examination by making the stethoscope take in as large an extent of surface at a time as possible, the cylinder is hollowed out at the pectoral end into a conical cavity, the apex of which terminates in the central canal; so that all the sounds that enter the excavated end are reflected through this canal into the ear. To re-convert this into a simply perforated cylinder for the uses before mentioned, a perforated plug or stopper is adapted, of size and form exactly filling the conical excavation. The instrument last recommended by Laennec was a cylinder of walnut, a foot long and an inch and a half in diameter, with the longitudinal perforation three lines in diameter, and the excavation and stopper of a parabolic form, with a metallic tube to fix the latter into the central bore. For the sake of portability, and to render it applicable in a shorter form, the instrument is divided in the middle, with an excavation into which the stopper can be fitted as at the other end. We have found reasons, in both principle and practice, to prefer a conical to a parabolic cavity; and we would recommend, as the best and most easily used stethoscope, a cylinder of cedar nine inches long, of the diameter and bore prescribed by Laennec, with a conical excavation tapering at least an inch and three quarters, so that its sides do not subtend an angle of more than twenty-five degrees. The stopper must be made to fill this cavity completely, and it may be held in it either by a flute-joint at the base of the cone, or by a thin ivory or horn tube projecting an inch from the apex of the stopper and fitting into the central bore. The flute-joint is in principle the best of these, but as it is with difficulty made accurately, and from its requiring ivory or ebony ferules, is liable to get out of repair, the tube may be preferred. The general excellence of this instrument will depend on the smoothness and true turning of the interior, and the perfect adaptation of the stopper to the cavity; but to be fully available to the auscultator, the auricular end should be made wide or narrow, flat or concave, to fit comfortably to his ear. Generally it will be found useful to make this end slightly concave, and somewhat wider, by a ferule of ivory or ebony, than the general diameter of the instrument, or this width may be formed in the wood itself. A beginner should not choose a stethoscope hastily, but when one is found exactly to fit the ear, a more perfect tact will be acquired by keeping to the same instrument than by using a variety.*

* Many other illustrations might be adduced; and we believe that the long sought-for explanation of the principle of sounding-boards of musical instruments is to be found in the same law.

* For further information on the construction of the stethoscope, assisted by diagrams, see the writer's "Rational Exposition of Physical Signs," &c. second edition, 1833, pp. 52 and 184. After trying many artificers, we have at last succeeded in finding one who makes stethoscopes with nicety; and to those who want a good instrument, we can, therefore, recommend Grumbridge, turner, 42, Po-

Before we conclude this article, we would say a few words on the advantages of mediate auscultation, and on the necessity of the stethoscope to those who wish to avail themselves fully of physical diagnosis in general practice. After what has been said by Laennec and others on this point, we should have hardly deemed it necessary to mention it here, were it not that several writers, otherwise advocates of auscultation, have spoken slightly of the aid afforded by the stethoscope. Could the naked ear be in all cases applied to the chest of a patient, the utility of the stethoscope might be more reasonably questioned. But it cannot be denied that immediate auscultation is in many circumstances impracticable,—in some cases being indelicate, in others disgusting, and in infectious disorders unsafe,—while these objections are not applicable to the use of the stethoscope. Further, if it be said, restrict the use of the cylinder to these cases, we reply, that unless we have more practice with it than can be obtained in these only, the stethoscope would be comparatively useless in our hands; for its indications, although decidedly more accurate than those of the unaided ear, unquestionably require more practice to obtain them.

But there are other circumstances which give to mediate auscultation a claim to preference. The unaided ear, although capable of perceiving very delicately the sounds produced under the surface to which it is applied, cannot isolate any particular spot, and the sounds transmitted by the parts adjoining the ear, the temporal zygoma, the mastoid protuberances, &c. as well

as the adventitious noises liable to be produced by the friction of the hair of the head and face, are frequently mixed with and confuse the signs from the spot under examination. On the other hand, by the stethoscope, we can isolate any individual point; and, by tracing the sounds to their real position in the organs within, we can accurately determine their value as signs. This faculty is, in some cases, of great importance. It is only by its means that we can discern the limits between a natural resonance of the voice under the clavicles, beneath the scapulæ and in the axillæ, and the morbid resonance which an induration of the tissue of the lung produces in parts immediately adjoining these regions. The stethoscope, with the stopper, not unfrequently discovers a sound to be merely a natural resonance, which, to the open instrument, or to the naked ear, has the character of morbid bronchophony; and the variations in the form of the instrument furnish a means of distinction between the degrees of pectoriloquy more accurate than can be obtained by the ear alone. (See AUSCULTATION.) The capability of the stethoscope to separate the sound from the impulse of the heart, and the facility with which it can be applied to the infra-clavicular and axillary regions, and to the examination of the sounds in the carotid arteries and abdominal aorta, which are not within convenient reach of the unassisted ear, are further and important advantages of mediate auscultation. In conclusion, we would express our conviction that although, with a view to expedition and convenience, immediate auscultation may be occasionally substituted, no one who has once thoroughly trained his ears to the use of the stethoscope, will ever so lightly esteem its aid as again to abandon it.

(C. J. B. Williams.)

land-street, Oxford-street. Our limits do not permit us to describe other forms of stethoscopes that are to be met with. In all those which we have seen, acoustic rules are sacrificed to portability or elegance. That of M. Piorry, which is commonly used, is faulty in having the conducting power of the wood impeded by screws and a thick cap of ivory; besides which, the excavated end is generally very ill fitted. Although, when unscrewed, more portable than the other instrument, the trouble of screwing and unscrewing the several parts is enough to counterbalance this advantage. Our friend Dr. Stroud uses a caoutchouc tube, with an ivory funnel attached, like the flexible hearing trumpet. The flexibility of this instrument is certainly an advantage, but it is obtained at a great sacrifice of intensity and distinctness of the sounds, in consequence of the imperfect and irregular reflecting power of the interior of the tube. This flexible stethoscope separates the sound from the impulse of the heart more completely than any other. Although, for general purposes, the common stethoscope fulfils sufficiently well its triple office, it might be well for the attainment of greater accuracy in physical diagnosis, if auscultators in hospitals would use separate instruments for the three classes of signs. 1. A solid cylinder of wood for the auscultation of the heart. 2. A metallic tube, half an inch in diameter, furnished with a wooden or ivory ferrule at the pectoral, and an ear-piece at the other end, for the investigation of the respiration and vocal resonance of small spots. 3. A metallic tube, like the last, but with its pectoral end expanded into a tapering cone, for the same purposes as the stethoscope without the stopper. After a little practice, we have little doubt that these instruments would be more powerful aids than the common stethoscope, but we do not pretend to recommend them for general adoption.

STIMULANTS, (from *stimulare*, to prick, to goad,) are medicines which augment the functions peculiar to the different organs of the body, by a primary impulse on the sensibility and irritability of the part to which they are applied, extended to the whole system of the nerves. Every medicine, indeed, which communicates mobility, or increased action, to any organ, may, in strict language, be regarded as a stimulant; consequently, expectorants, emetics, cathartics, diuretics, emmenagogues, diaphoretics, and epispastics, are all stimulants; but their influence is chiefly exerted on particular organs, whilst stimulants, exclusively so called, are substances which excite the entire system.

All substances that operate as stimulants produce some effects in common. When administered in small doses their influence is scarcely perceptible; they cause no obvious change in the condition of the organ into which they are received; but, nevertheless, their impression on the nerves of the part is communicated to the brain and spinal cord, the nervous energy is exalted, and their excitant property becomes evident in the increased action of the pulse. When administered in larger doses, they first impart a sensation of warmth or

acrimony to the organs of taste; this is extended to the stomach; and the particles of the substance being carried into the blood, the impression on the nervous system is not only greatly augmented, but, every organised tissue sharing the impression, all the functions are exalted, and the whole system becomes preternaturally excited. In still larger doses, their effects assume the characteristics of disease. Besides producing such impressions on the vital energies, almost all stimulants possess some sensible properties in common. These impart, as already stated, a warm and acrid impression to the organs of taste; awaken the sensation of smelling in the olfactory organ; and, when applied to the surface, augment the sensibility and the temperature of the part, and cause a greater flow of blood into its vessels than is consonant with their natural condition. The qualities producing these effects are regarded by several writers on *Materia Medica* as constituting the essential properties of every stimulant; but they are those chiefly found in stimulants obtained from the organic kingdom of nature, and belonging to that class of vegetable bodies termed aromatics, in which it is probable that the exciting agent is *volatile oil*. It must nevertheless be admitted, that there are even vegetable stimulants in which no volatile oil can be detected; but these furnish a principle analogous in its effects to volatile oil. There are stimulants which have neither taste nor odour; as, for instance, caloric and electricity, as well as those of a mental description, such as the exciting passions; but, whatever may be the nature of the stimulant, the impulse communicated to the system differs rather in degree than in kind. In one respect, however, inorganic are particularly distinguished from organic stimulants; they have no principle in common to which their excitant influence can be referred.

Four changes in the condition of the body are obvious, on the administration of stimulants:—1. a greater than usual susceptibility of impression in the nerves; 2. an increase of action in the moving fibres; 3. an acceleration of the beat, and an augmentation of the force of the pulse; 4. an elevated degree of the temperature of the body. These effects are displayed chiefly on the cuticular organ, and in the organs of digestion, circulation, respiration, and secretion, as well as on the cerebro-spinal centres; and if we examine any of the organic tissues during the operation of stimulants, we find that they are redder, hotter, and more sensitive than in the ordinary state of the habit. These appearances do not always depend either on the nature of the stimulant, or on the extent of the dose, but very frequently on the state of the body of the patient. Something, also, is due to the manner in which the stimulant is administered, whether simple or uncombined, or in a state of combination.

Stimulants differ greatly in the rapidity with which their effects are produced, some acting almost instantaneously, others requiring time to display their influence; and this difference does not depend on the nature of the part to which

they are applied. In general, the degree of power is in the ratio of the rapidity of their action; and the permanency of the impression is more or less connected with the same circumstance. The operation, also, of all stimulants is followed by symptoms of collapse; and this result, in an especial manner, distinguishes them from *tonics*, and at the same time renders it extremely difficult to separate them from narcotics, which at first increase action, but soon afterwards exhaust both sensibility and irritability. To illustrate this effect of stimulants, it is requisite to have a clear conception of the nature of *excitement* and *collapse*; terms that are evidently relative to some standard or point which, in the healthy system, can be considered as neither.

With respect to excitement, “if,” says Dr. Cullen, “we take the lowest, every higher degree than that must be called a degree of excitement; and if we take the highest degree, and consider the lower degrees which may take place while life still subsists, every lower may be called a degree of collapse.”* In the opinion of the author of this article, *excitement* implies every condition of the nervous system in which the energy of the brain is greater than that which, in the waking state of a healthy man, is exactly adequate for the performance of the ordinary functions of the system; *collapse*, that condition in which the cerebral energy is so much diminished as to suspend the exercise of the functions of sensation and volition,—a state of defective activity of the brain, similar to that which causes sleep, only in an augmented degree. The function of the brain cannot be carried on without a sufficient supply of blood, which is essential for its support and continuance: a greater increase of the momentum than usual produces excitement; a diminished afflux, within certain limits, or an exhaustion of energy from previous over-excitement, is productive of collapse. In some instances there is much difficulty in distinguishing these states.

Let us now examine the effects of excitement on the different organs on which this class of medicines chiefly displays its influence.

1. On the *digestive organs* stimulants exert a primary action: a sensation of heat is experienced which is immediately referred to the stomach. The liver, the pancreas, the brain, and the spinal cord sympathetically share this local excitement; but the chief effect is felt in the stomach, the mucous membrane of which, could it be seen, would be found redder than natural, and more sensitive; whilst the capacity of the organ is diminished, owing to the contraction of its muscular coat. If the stomach be empty, a sensation of hunger is experienced; if the excitant be mingled with the food, the process of chymification is hastened; and this also is the case, if food be taken soon after a stimulant has been swallowed. This excitement, commenced in the stomach, is extended through the whole alimentary canal.

* *Materia Medica*.

The effect of a stimulant on the *primæ viæ* is always in the ratio of the dose; small doses merely augment the energy of the digestive faculty; large doses, on the contrary, impair this, awaken a sensation of heat, thirst, and uneasiness in the gastric region, and suspend or render inefficient the action of the stomach, causing nausea and sometimes vomiting. But although these effects are the result of a very large dose even of a salutary excitant, yet the impulse which it communicates to the rest of the system is not always commensurate to the impression thus made upon the stomach; and many substances that display scarcely any obvious influence on that viscus, operate powerfully on the general habit. But if they quickly pass the pylorus without acting on the stomach, then their influence on the general system is less than when their impression is previously made on that organ. We must search for the cause of this in the function of the intestinal canal, and the nature of the stimulants which thus operate. The natural effect of the action of a stimulant on the intestinal canal is to increase its peristaltic and vermicular motion; thence the stimulant is carried forward, and it continues its impulse in its progress; yet this is too transitory to be very influential. With regard to the nature of the stimulants which thus operate, the active principle is often so sheathed in other matters, that the digestive process is not able to evolve it until it pass out of the stomach. Some stimulants, also, of an organic nature exert little influence on the general habit until they are taken into the circulation; they may, therefore, be said to communicate their impulse directly to the heart and arteries, independent of any primary impression on the stomach.

The primary influence of stimulants on the digestive organs is, also, greatly modified by the condition of the stomach. If this be relaxed and thin, excitants appear to exert little action upon it; but small as the impression may be, the effect is salutary, the appetite is improved, and chymification proceeds with more regularity. If the capacity of the organ be considerable and its parietes thick, stimulants produce a powerful impression on it: hunger is more urgent, the appetite is rendered voracious, and chymification accelerated. When the stomach is in an irritable state, every impression produced by an excitant is increased; the patient suffers from anxiety, hot eructations, tightness across the epigastric region, and a general uneasiness, which is referred to the viscus. If ulceration or open cancer exist there, all these symptoms, accompanied by acute pain and a burning sensation at the epigastrium, are experienced in an augmented degree. If no organic lesions are present in the organ, but the gastric nerves are in an asthenic condition, owing to softening or some similar affection of the brain or the spinal cord, then the impression of the most active stimulants is scarcely felt in the stomach; but should the nervous centres be suffering from irritation, in that case the stomach shares in their morbid susceptibility, and even the slightest excitant produces a serious effect

on it. Something, also, depends on the state of the neighbouring organs, the morbid condition of which is more or less extended to the stomach, and consequently modifies the operation of stimulants received into it. On the other hand, the neighbouring organs, being more or less affected by contiguity when any excitant is taken into the stomach, have their secretory functions increased; but, at the same time, in making this statement, we must admit that this effect is not confined to the action of excitants on the stomach; for in whatever manner or on whatever part the impulse is first impressed, it is rapidly communicated to the neighbouring organs, and progressively to the rest of the system.

2. The influence of stimulants on the *circulating and respiratory organs* is a secondary effect of their impression on the stomach; thus when a stimulant is swallowed, it renders the pulse both quicker and stronger than before; and this excitement is extended even to the capillaries. Red blood is propelled into vessels not accustomed to receive it, and the skin appears, as it were, suffused with a blush; its temperature is elevated, and either sweating is induced, or the action of the kidneys or that of the uterus is augmented; or, if the dose of the stimulant be considerable, the brain feels its impulse, and restlessness, watchfulness, and cephalalgia supervene. These effects are undoubtedly owing, in a considerable degree, to the absorption of the excitant, or rather of its active principle, and to the impulse which it directly communicates to the coats of the vessels: they are necessarily proportionate to the dose and the nature of the excitant; but other circumstances, in some degree, also modify them. Thus on persons of a sanguine temperament stimulants act with more energy, as far as concerns the circulating system, than on those of an opposite frame of body, in whom their influence upon the heart and arteries is often scarcely perceptible. Indeed, there is no doubt that the circulating organs are more or less susceptible in different individuals, and, consequently, the variety of effects produced by the same stimulant substances, administered in the same doses and in the same manner, to different persons, are readily explained. One set of excitants, namely, the mental, display their influence in a striking manner on the circulation; thus blushing, palpitation of the heart, and that sensation of a glow of warmth overspreading the chest which often attends highly agreeable and pleasurable feelings, are merely the effects of the stimulant influence of these mental affections on the circulation.

As in the case of the digestive organs, morbid conditions of the vascular system necessarily modify the action of stimulants on this part of the body. Thus, in hypertrophy of the heart, every impulse of an excitant, however slight, increases the movements of that organ; both the momentum and the frequency of the pulse are augmented, the surface is reddened, and hemorrhages not unfrequently follow. When the hypertrophy is chiefly confined to the left ventricle, the administration of excitants is

often accompanied with singing in the ears, weight of the head, epistaxis, and other symptoms of congestion of the vessels of the encephalon; and thence apoplexy is not an unfrequent attendant of free living in persons labouring under this affection of the heart. On the contrary, if the right ventricle be the part affected, the influence of stimulants is chiefly displayed on the pulmonary circulation.

In febrile states of the habit, in which the circulation is rapid, and the animal temperature greatly elevated, stimulants precipitate still more this increased action, and exasperate every symptom which constitutes the disease.

3. That stimulants affect the *respiratory system* is evident; indeed, the natural consequence of an accelerated action of the heart and arteries is an increase in the movements of the thorax. The result of a greater number of inspirations and expirations, occurring in a given time, is a more rapid change than ordinary in the blood circulated through the pulmonary vessels; it is exposed more frequently to the action of the air, becomes more arterialized, and displays a more vivid redness when drawn from the arm than is customary. If stimulants be administered during febrile states, this condition of the pulmonary system is augmented; and the air expired from the lungs seems almost burning hot. If the mucous membrane of the bronchial tubes and cells be inflamed, stimulants oppress the breathing, and excite a dry cough; and if the inflammation extend either to the pulmonary tissue or affect the pleura, the consequences of their administration are almost immediate; the cough becomes hard, excites violent pain, and the expectoration ceases. This influence of stimulants on the pulmonary organ points out the advantages to be derived from their employment in those states of the chest in which the bronchial tubes are choked with mucus, and the debilitated state of the frame renders it impossible to clear them by the effort of coughing: in truth, expectoration is merely the effect of the influence of an excitant on the lungs in a state of disease.

4. With respect to the influence of stimulants on the *secerning system*, we have already stated that an excitant taken into the stomach increases the action of the capillaries, and rouses the activity of both the secreting and the exhalent organs. This, however, never occurs until the excitant is carried into the circulation, and is immediately applied to the glands. It is difficult to trace the causes of the apparent selection which occurs: one set of excitants, for instance, augmenting the secretion of the kidneys, another that of the salivary glands; a third the elaboration of bile in the liver, and a fourth the cutaneous exhalation; but every day's experience demonstrates the fact. The skin, in particular, is highly susceptible of the impression of stimulants taken into the blood; the capillaries act with reboubled vigour; and diaphoresis quickly follows. It is only, however, within a certain limit of excitement, one considerably short of inflammatory action, that these effects

follow; when the stimulant is too powerful, secretion is impeded; thence we find that some volatile oils, when taken in a large dose, if they do not immediately operate as purgatives, cause most distressing effects on the urinary organs. As it is also unquestionable that to a certain extent the natural conformation of an organ modifies the action of stimulants upon it, so if the skin be thick, firm, and well nourished, a sudorific effect is readily obtained; whereas this is slowly induced, and the secretion itself is imperfect, when it is thin, soft, and pallid. The condition of organs also, when altered by disease, modifies greatly the action of this class of medicines; and this is particularly true with respect to the skin and the kidneys. In febrile affections attended with cutaneous eruptions, exciting medicines, instead of producing diaphoresis, augment the tension and the heat of the surface; and, in the same state of the habit, the kidneys become morbidly irritable, and their secreting function is suspended; if stimulants be now administered, the irritation is augmented, and the organs are occasionally attacked with inflammation. On the contrary, when the kidneys are in a state of atony or paralysis from affections of the brain or spinal cord, and their secreting powers languish, then stimulants tend to re-establish the function of the organs, and the flow of the urine is more or less abundant, according to the supply of fluid received into the stomach.

5. In reference to the *nervous system*, it is well known that no exciting substance, in a sufficient dose, can be taken into the stomach without primarily exciting the nerves of the viscus, after which the impulses thus received are rapidly transmitted to the rest of the frame, developing vital energy in the various organic centres to which the nerves relate. It is true that we cannot explain this power of transmitting impressions inherent in the nerves; and we must acknowledge that an acquaintance, however intimate, with the structure of the nervous tissue affords us no information.

On the brain itself the influence of stimulants is obviously manifested by the perceptions becoming more vivid, the imagination more prolific with ideas, and those of a more brilliant and exalted character than usual. Indeed it cannot be denied that the employment of stimulating substances, within a moderate limit, is often followed by the happiest inspirations, and the most delightful sensations; but it is, also, well known that this excitation of the mental faculties, when stimulants are taken in the evening, is productive of agitated and sleepless nights; thence the medicines belonging to this class were denominated exhilarants by the ancients; and, even in the present day, powders, electuaries, and aromatic spirits composed of stimulating ingredients, are administered to dissipate melancholy and renovate the spirits. Another proof of the influence of excitants on the cerebral functions, is the awakening of memory: many events and circumstances effaced from recollection; verses, anecdotes, and facts long forgotten, again present them-

selves to the mind when under the operation of excitants. Even circumstances which occurred in a state of high excitation, and which were completely forgotten in the interval, are again remembered on the recurrence of the same state. A curious illustration of this fact is recorded by Mr. Combe. A porter, who when drunk left a parcel at a wrong door, on becoming sober could not recollect at what house he had left it; but the next time he got drunk, he at once called to mind the house, and went and recovered the parcel. In the state of inebriety, however, the influence of stimulants on the brain is more generally manifested by vertigo, temporary delirium, and a change of perception, than by a restoration of memory.

Whether the cerebellum be affected by excitants in the same manner as the brain, is uncertain; but there is no doubt that many stimulants affect, in a special manner, the medulla spinalis: the susceptibility of the sensitive nerves of the skin is increased, the respiration is quickened, and the muscular system displays an unusual aptitude for action. It is necessary here to remark that, although this power of augmenting the general sensibility of the body is common to all excitants, yet it is possessed in a higher degree by some than by others. Upon the whole, however, we may conclude that the influence of stimulants is more or less evidenced on every part of the nervous system, by the greater susceptibility than usual to impressions on every part of the body, and by a higher degree of intellectual energy, displayed not only in the acuteness of perception, but in the facility of comparing, separating, and arranging our ideas. These phenomena, it must be admitted, are not always sequences of the administration of the same stimulants, neither in intensity, nor at different epochs, in the same individuals,—results which can only be referred to altered conditions of the organs receiving and transmitting the impressions; and thence we are authorized in asserting the influence of the condition of the nervous system in modifying the action of stimulants,—a fact of great practical importance. It is difficult to trace the alterations in the nervous tissue which produce these modifications; and we even hesitate in according with the opinion that a less natural susceptibility of impression is to be attributed to a defective development of the volume of the nervous centres; neither can we admit that an unusual bulk of brain and enlargement of the nervous fibrils are likely to produce a higher degree of excitement on the administration of stimulants. It must, however, be admitted that the changes on the nervous system produced by disease modify, in the most striking manner, the action of stimulants.

In an irritable state of the brain, manifested by general morbid susceptibility, tremors, and agitations, with irregular muscular contractions, delirium, and maniacal hallucinations, or great mental exaltation, the administration of stimulants either exasperates these symptoms, or, producing sanguineous congestions, causes a new train of symptoms equally unfavourable. If

one portion only of the cerebral pulp or of the meninges be affected, the perturbation is confined to one or a few only of the senses; or if convulsions occur, they are limited to some particular muscles. Stimulants in such cases often induce epilepsy, or, if the patient be already subject to its attacks, augment the violence of the paroxysms; and the same occurs when the spinal cord or its theca is the subject of irritation.

If the excess of stimulus be always hurtful, in a moderate degree it is salutary; and, consequently, we are in the daily habit of employing excitants mixed with our food, and rely on their salutary influence, under certain circumstances, as remedial agents. With regard to the state of the body in which they are useful as remedies, we may advance the following as a general principle,—namely, that it is that state in which powerful and sudden impressions on the system are required; in which the functions of the brain and the nervous energy are diminished, and in which the impulse of the blood on the brain, necessary for its healthful action, is defective—in truth, one of direct debility of the brain. That this condition of the brain depends on a deficient impetus of blood to that organ, may be inferred from the fact that a state closely resembling it is induced by pressure on the carotids; but, when this impetus is excessive, so as to produce convulsions, these are subdued by whatever diminishes the action of the heart—for instance, bloodletting. They have also been stopped by compression on one or both carotids. The renewal of impulse, when it is absent or defective, is to be obtained by increasing the general momentum of the blood; an effect most rapidly induced by the application of stimulants either to the nerves of the stomach, or those of the Schneiderian membrane, or of other parts in which their influence can be directly impressed. Some objections may be raised against the explanation of the mode in which the increased momentum is produced, by those who contend that the brain exerts very little power over the action of the heart and arteries; but when we reflect upon the influence which passions exert over the heart during perfect health—when we consider the magnitude of the cardiac nerves, and the sympathy that exists between the heart and other organs in relation to its momentum, we shall not hesitate to admit that excitants, operating on the bloodvessels, produce their effects chiefly through the medium of the nervous system.

With respect to the nature of the substances operating as stimulants, it is necessary to remark that their distinction from tonics is not solely in degree, but also in the character of their effects. Thus stimulants augment the mobility of the system, tonics the strength of the muscles; stimulants exhaust the excitability, tonics, within a certain limit, maintain it; the action of stimulants is immediate, powerful, and transitory, that of tonics slow, almost imperceptible, progressive, and permanent. The necessity, therefore, for separating these two classes of medicines must be obvious.

Stimulants may be arranged under three distinct heads: *organic products, inorganic substances, and mental affections.*

1. The most important of the organic products employed as stimulants is undoubtedly volatile oil, whether in its uncombined state, or as separated from the plants containing it, or as it exists in combination with other principles in the roots, wood, barks, flowers, fruits, and seeds of many vegetables.

The *uncombined volatile oils* are chiefly obtained from plants belonging to the natural orders Umbelliferæ, Myrtaceæ, Aurantiaceæ, Rutaceæ, and Labiataæ. Those procured from the umbelliferous plants, namely, the oils of carraway, anise, dill, fennel, and carrot, are secreted in the seeds of the plants, and deposited in small cells or *vittæ* in these organs. The *melaleuca cajuputi*, one of the Myrtaceæ, which yields the cajuputi oil, contains it in the leaves; whilst in those well-known members of the natural order Aurantiaceæ, the citrus *aurantium* and citrus *medica*, the uncombined oil which they yield is found in the cells of the rind of their fruits. It is the product of the flowers of *lavandula spica*, and *rosmarinus officinalis*; and of the whole plant of *ruta graveolens*, and the following Labiataæ, namely, *mentha piperita*, *mentha viridis*, *mentha pulegium*, and *origanum vulgare*. From all of these plants it is procured by distillation with water, the oil and the watery vapour passing over together and afterwards separating, and the oil either collecting on the surface or settling at the bottom, according as its density is less than or exceeds that of the water. This is not the place to enter into the consideration of the chemical properties of these oils; it is only necessary to remark that, although they are all insoluble in water, yet they are readily rendered soluble by combining them with sugar, or as an *oleo-saccharum*, and they may thus be prescribed in conjunction with aqueous fluids.

All these uncombined volatile oils operate at first as direct stimulants on the tissue with which they are in contact, whether introduced into the stomach or applied to the surface of the body; but their influence is soon extended over the body, both by nervous sympathy and by absorption into the circulation, and they can be generally detected in one or more of the secretions. When the dose of the oil is moderate, and its acrimony sheathed with mucilage or other demulcents before being swallowed, the stimulus proves salutary; the digestive function is promoted, the action of the heart and arteries is moderately augmented, and the secreting faculty both of the skin and the kidneys favoured. Although they are all more or less general excitants, yet the volatile oils are individually determined to particular parts of the system, and display their influence specially upon distinct organs: thus, whilst the oil of anise operates as a sudorific, that of dill produces an antispasmodic effect. But in whatever manner they operate, the volatile oils are too violent in their action to be administered in the simple form, or uncombined with

some material which can obtund or sheath their acrimony. The best form for internal administration is that of an *oleo-saccharum* dissolved in any aqueous infusion or decoction. Externally, volatile oils operate as counter-irritants, and relieve deep-seated inflammation; whilst in cases, such as tooth-ache, in which they can be directly applied to the part, they exhaust the nervous excitability and thus allay pain.

Many vegetable stimulants owe their efficacy to volatile oil, although it cannot be readily separated from their other components. Thus we find it in the roots of the *Aristolochia serpentaria*, in combination with a bitter principle, gum and resin; in the rhizomes of the *Acorus calamus*, ginger and turmeric, *Curcuma longa* with fecula; in the wood of sassafras, and the barks of *Drymis Winteri* and cinnamon, with tannin and gallic acid; and in that of *Canella alba* with fecula; in saffron, the stigmata of *Crocus sativus*, with a peculiar colouring matter which chemists have named polychroite; in the clove, allspice, laurel-berries, the cardamom and the nutmeg, chiefly with fecula, tannin, and gum; and in the cubeb, the fruit of *Piper cubeba*, with resin, gum, and extractive. In all these the volatile oil is the efficient principle. It is separated by the digestive function of the stomach when these medicines are given in substance, and is afterwards taken into the circulation: thence its primary influence is exerted on the coats of the stomach and intestinal canal to which it is applied, its secondary on the capillary system, and the cerebral and rachidian centres. When the action is intended to be confined to the digestive organs, either uncombined volatile oil, as an *oleo-saccharum*, or those substances containing it in combination with tannin and the bitter principle,—namely, the roots and barks above enumerated,—should be selected. When the stomach is suffering under that chronic debility which is characterised by sickness and occasional vomiting, and in all cases of deficient action of that organ, particularly when it is accompanied with cardialgia and flatulence, these aromatic stimulants are indicated. It is, however, important to discriminate that pain which is the result of spasm, and that arising from inflammatory action, in dyspeptic affections; and even when the disease is grafted upon a hypochondriacal condition of the habit, the uncombined volatile oils should not be employed. In affections, also, of the intestinal canal, when no inflammation is suspected, as, for example, flatulent colic and cholera and atonic gout attacking the stomach, the warmest of the uncombined volatile oils may be prescribed, even during the utmost violence of the pain. In Asiatic cholera these oils have been strongly recommended, but the pathology of the disease is still too obscure to enable us to decide on the propriety of their employment, although in general atony of the bowels, producing either obstinate constipation or passive diarrhœa, the addition of aromatics, more especially the uncombined oils, in conjunction with purgatives in the one case and astringents in the other, by rousing the nervous energy, is

productive of the best effects. In the administration, however, of these agents in gastric and intestinal diseases, it is of importance to ascertain the exact condition of the abdominal viscera, and most particularly that of the whole mucous membrane of the alimentary canal. We should be satisfied that no ulcerations, nor scirrhus or cancerous tendency exist in any portion of the canal; and if vomiting or gripings be present, that these are not symptomatic of cerebral congestion or irritations of the encephalon or of the spinal cord; and at the same time the state of the liver, the pancreas, and the spleen, must be carefully investigated. Much caution is also requisite, in prescribing any of the aromatics, when the tongue displays that red and glazed state which denotes subacute inflammation of the mucous membrane of the stomach,—a not unfrequent cause of dyspepsia.

In looking at the peculiar determination to distinct organs produced by some of the combined oils, we are enabled to select the substances containing them for the relief of particular symptoms, when the general state of the habit does not contra-indicate the employment of stimulants. Thus, in those dyspeptic affections in which the circulation is languid with a dry harsh skin; or in cases of remittent and malignant fever, when the powers of life sink and the skin is hot and dry; or in pustular eruptive fevers, when the eruption suddenly recedes; or in protracted intermittents, especially when these are combined with cough; the serpentaria root is better calculated to fulfil the intentions of the physician than any other of this class of stimulants. If the surface be kept warm, it rarely fails to excite the action of the cutaneous capillaries; and while it promotes diaphoresis, it supports and supplies energy to the general system. In such cases the best form of administering the medicine is tincture, as proof spirit takes up both its volatile oil and bitter extractive. On the same principle the volatile oil of cubebæ is determined to the kidneys, and probably produces its beneficial influence in gonorrhœa both by stimulating the kidneys and augmenting its secretion, and acting directly on the urethra during the excretion of the urine; thus overcoming the disease by setting up a new action in the affected part.

When this action on the urinary organs does not take place, cubebæ excite great irritation and fever, and paralysis is sometimes the result. In a case which fell under the care of the writer of this article, in which the extent of the dose was 3i, so much febrile irritation was excited that the life of the patient was in danger.

All of the aromatic stimulants are admirable additions to tonics when judiciously prescribed, and some of the most important of the class owe their excellence to a natural combination of this description; as, for example, Winter's bark and *Calamus aromaticus*, the latter of which is one of the best additions to cinchona bark and sulphate of quina in intermittents. Several of the aromatics, nevertheless, cannot be combined with cinchona or the salts of quina, as, for instance, cinnamon, cloves, and pimenta, on account of the precipitates which

they throw down,—a disadvantage from which the uncombined oils are free.

As external stimulants, all the uncombined volatile oils may be employed, the extent of their rubefacient effect being easily regulated by the quantity of bland oil used for diluting them.

Such are the stimulant properties of volatile oil, both in its uncombined and combined state; the list of substances yielding it, contained in the British pharmacopœias, might be greatly abridged, and yet ample means afforded for fulfilling every indication for which vegetable aromatics can be required in the treatment of diseases.

Many vegetables owe their stimulant influence to *acrid fixed oil*, which exists in the plants in a state not in all cases quite evident, although in some it seems to be deposited in distinct cells. This acrid principle is apparently mixed with fixed oil if the parts of the plants containing it be submitted to the operation of expression, but it is perhaps in every instance separate from it during its existence in the plant: it is usually more or less volatile. All the peppers, mustard, and pellitory, derive their stimulant property from an acrid principle of this description. In black pepper it is combined with fecula, uric and malic acids, and piperina; and its stimulant powers, whether internally administered or externally employed as a suppurative, are solely due to this acrid principle. When separated, this oil is too pungent to be tasted with impunity; it reddens and inflames the skin, and thence we can readily trace the cause of the long-continued insupportable burning sensation which it excites when taken into the stomach. It rapidly increases vascular action, and powerfully excites the sexual organs. The effect of pepper as an antiperiodic has been attributed solely to the piperina; but the writer of this article accords with Majendie in thinking, that something is due to this stimulant principle, as alone it has cured intermittents. It has not generally been employed as a therapeutical agent; but pepper in substance is given in the form of powder, in doses of six, eight, or ten grains.

The same remarks apply to mustard and pellitory root; both of which, however, are employed almost exclusively as local stimulants. The chief advantage of the mustard cataplasm is in the promptness of its action, and the facility of regulating it. The use of pellitory is confined almost exclusively to cases of paralysis of the tongue and the internal organs of deglutition, arising from circumstances affecting partially the nerves of these organs. A small portion, more or less bruised according to the power of mastication enjoyed by the patient, is chewed as constantly as the sensibility of the mouth will admit, and the saliva ejected.

There can be no doubt that *camphor* is properly placed in this class of remedies; but much difference of opinion exists regarding the mode in which its stimulant influence is exerted. Its first effect, in a full dose, is undoubtedly derived from its stimulant power; this might, indeed, be assumed from its red-

dening and causing heat and increased action in the part when it is applied to the skin; and it is rendered evident, also, by the warmth which is felt in the throat and at the epigastrium in swallowing it. Its influence on the gastric nerves is propagated to the brain, the spinal cord, and the whole ganglionic system; and, during this time, the heat of the surface is diminished, rigors sometimes occur, and vertigo with perverted vision supervenes. Were our observations to proceed no further, camphor might be regarded as a simple narcotic, not affecting the heart and arteries; but a secondary effect—one, undoubtedly, of increased action—soon displays itself: the pulse becomes strong, frequent, and vibrating; the temperature of the body is elevated; the eyes glisten, and cephalalgia occurs. From these effects we may conclude that camphor operates, at first, solely on the nervous system; and that it is not until it is taken into the circulation, that it stimulates the vascular organs. Its influence as a stimulant is much less permanent than that of aromatics, as it passes rapidly out of the habit by the cutaneous exhalents, producing its excitant effects in transitu. The action of camphor is also greatly modified by the dose of the medicine. In moderate doses, namely, from five to twelve grains, it softens and fills the pulse, and promotes diaphoresis, mitigates pain, dissolves spasm, and seems to rouse the nervous energy without quickening the pulse; thence, in combination with antimonials it may be administered even in diseases of excitement: but when its stimulant property is required, the dose should not be less than a scruple; and it may be combined with aromatics, opium, or tonics, as the indications direct. In such combinations, its influence in checking the progress of gangrene, and in supporting the powers of the habit, in confluent small-pox, measles, and other eruptive fevers, when these assume a typhoid character and the eruptions recede, has been amply demonstrated. Professor Hallé informs us that it acts as an antiperiodic when it is administered in combination with nitrate of potassa, in the intervals of intermittent fever. As an external local stimulant or rubefacient, camphor is in very general use when dissolved in oil or soap liniment; nevertheless, when dissolved in proof spirit and applied to a hot and inflamed surface, instead of stimulating it causes an agreeable sensation of coolness,—a circumstance depending on the great volatility of the camphor; whereas, when dissolved in fixed oil, its volatility is restrained, and its stimulant effect secured. Another method of employing camphor as an external stimulant is as a fumigation. The patient is covered with a blanket pinned close round the neck, and from half an ounce to an ounce of camphor is thrown on a hot iron plate placed within the blanket. The effect is copious perspiration.

Owing to the insolubility of camphor in water, aqueous fluids are unfit vehicles for its exhibition unless means are adopted to keep it suspended in them. The best method of effecting this is by dissolving the camphor in fixed oil, then forming this solution into an emulsion by triturating it with gum and water, or the

almond emulsion. It has also been formed into a soap by means of liquor potassæ, or triturated with soap, and thus rendered miscible with water; or it may be dissolved in milk in the proportion of 3i℥ of the camphor to f3iv of milk and f3vi℥ of distilled water, as recommended by Dr. Cassils of Kendal.*

One of the most powerful of the vegetable stimulants is strychnia, an alkaloid,† the active principle of *Strychnos nux vomica*, the seeds of which contain it in combination with igasauric acid, as an igasauriate. Its first obvious effect when taken into the stomach in a moderate dose, namely, one-tenth of a grain, is an augmented energy of the digestive function, without much change on the pulse; the vigour of the cutaneous function is also increased, and perspiration flows freely. By degrees, however, as it accumulates in the system, the respiration becomes oppressed, and the respiratory muscles suffer a clonic contraction. This extends to the rest of the system, and violent twitchings and tetanic contractions supervene. In addition to these symptoms, the surface of the body becomes morbidly sensitive to the slightest impressions, even the motion of the air, as in hydrophobia; whilst a sensation of heat, prickings, formications, and other uncomfortable feelings, are experienced in the limbs. These symptoms increase at one moment and subside in the next, keeping pace, as it were, with the changes which supervene in the power of the irritations impressed on the medullary matter of the spinal cord. From these symptoms, as well as the fact ascertained by experiment, that strychnia produces no effect on the system when the spinal cord has been previously destroyed, it is evident that it acts directly on the motor tract of the spinal marrow;‡ and when the dose is sufficient to destroy the animal, death soon follows the clonic spasm of the respiratory muscles, and the deficient decarbonization of the blood in the lungs.

The employment of the extract of *nux vomica*, and of the powder of the seeds, was formerly common in pyrosis, and its influence in changing

* Edinburgh Med. and Surg. Journal, vol. viii. p. 124.

† Strychnia, according to the analysis of Liebig, consists of

Carbon . . .	76.43	or 30i	equiv. 183
Hydrogen . .	6.70	„ 16	„ 16
Nitrogen . .	5.81	„ 1	„ 14
Oxygen . . .	11.06	„ 3	„ 24
	100.00	„ 237	

It is procured by precipitating a concentrated decoction of the seeds of *nux vomica*, or *St. Ignatius bean*, with acetate of lead; decomposing the acetate thus formed with magnesia, and treating the precipitate, well washed and dried, with strong alcohol. By repeated solution and crystallization it is procured in the form of minute, white, elongated, tetrahedral prisms, terminated by a pyramid, permanent in the air, and inodorous, but so intensely bitter as to impart a sensible bitterness to 506,400 parts of water.

‡ Podéré found, that on exposing the spinal cord in the loins of an animal to which strychnia had been administered, he could arrest the tetanic convulsions by making pressure on the anterior segment of the spinal cord.

morbid into healthy action in the digestive organs was well ascertained; but the introduction of the administration of strychnia in paraplegia is due to Dr. Fouquier of the Hospital de la Pitié, in Paris; and the expectations of its powers raised by the result of his practice have been fully verified: strychnia is now, therefore, generally regarded as a most valuable stimulant in paralytic affections, especially those of the lower extremities. With respect to the mode of prescribing it, on account of its great insolubility in water and the variation of activity according to the greater or less ascendency of the stomach during its employment, the author of this article has proposed to administer it always in the form of an acetate, which is readily produced by dissolving one grain of the alkaloid in a fluid drachm of distilled vinegar. Six minims of this solution, containing one-tenth of a grain of strychnia, is the dose of the medicine to be given at first. It must be gradually increased until the tetanic twitchings appear, which generally occur before the dose amounts to thirty minims, equivalent to half a grain of strychnia. When the powder of *nux vomica* is given, the dose may be gradually increased, from five grains until fifty be taken in the course of a day; or if the extract be preferred, two grains may be first prescribed to be taken at night and in the morning, and one grain added every day or every second day, until the specific effects of the remedy display themselves with sufficient intensity to lead to a salutary result. If strychnia be employed in cases where there is much irritability of stomach, instead of being swallowed it may be sprinkled on a denuded surface in double the dose requisite when internally administered.

Besides the use of strychnia or its acetate, or the extract of *nux vomica* in paralysis, it has been found useful in several other diseases. M. Frisch, a German physician, affirms that he has cured ague in robust persons when sulphate of quinia failed, by adding to this salt the powder of *nux vomica* in doses of four or five grains; and Dr. Bardsley has found strychnia equally serviceable in amenorrhœa and chronic diarrhœa.* When overdosed, the fatal effect which has followed seems to proceed chiefly from the poison exhausting the irritability of the heart. The first symptom characterizing an overdose or the result of its poisoning influence is tremor; this is followed by stupor, which is quickly succeeded by tetanus, stiffness of the muscles of the neck, trismus, severe pain under the ensiform cartilage, opisthotonos, laborious respiration, and fatal asphyxia. M. Donnè has proposed iodine as an antidote in such cases; and the results of his experiments on dogs afford strong reasons for trying it on man.†

* Hospital Facts and Observations, &c., by James Lomax Bardsley, M.D. p. 57.

† As the advantage, however, arises from a chemical change effected on the strychnia by the iodine, it cannot prove useful if the poison be absorbed; but it is more probable that it operates solely through the intestinal nerves. Post-mortem examinations display the venous system of vessels gorged with blood, whilst the arterial is nearly

The stimulant influence of *alcohol* in all its modifications and combinations has been known almost from time immemorial. When alcohol, diluted and uncombined, is applied to the living system, it acts upon the nervous energy, augmenting the tone of the part, diminishing the capacity of the bloodvessels, and adding to their power of carrying forward the blood which they contain. But this effect is modified both by the strength of the alcohol and the susceptibility of the part to which it is applied: if the sensibility be considerable, and the alcohol strong, the state of augmented tone, and the contraction which renders the surface pale, are of short continuance: the vital energy is rapidly exhausted, and inflammation is the consequence. The stimulant property of alcohol thus becomes obvious to our senses. When taken into the stomach in large quantity and pure, its primary influence is experienced on the organ itself; its mucous membrane is inflamed, and its vitality destroyed: this shock is communicated through the nerves to the brain; and the person often dies before there is time for absorption to have taken place. In animals killed by injecting alcohol into the stomach, Mr. Brodie found on dissection every appearance that indicates strong inflammatory action, and blood extravasated between the tunics; but, except a gorged state of the vessels, no appearances of any injury to the brain were observed; thence dissection strengthens the opinion that the impression is wholly on the nerves. When the alcohol is somewhat diluted, it acts with less energy, and merely causes ebriety. The first impression, in this case, is one of augmented energy; the mental function acts with unwonted power; fancy is awakened, and creates, from uninterrupted associations, new and often brilliant combinations; and at this moment, imagination luxuriating unrestrained, the poet pours forth his most harmonious and sublimest strains. By degrees, however, this blissful sensation vanishes; all control of the will as well as reason is suspended; and instead of agreeable conceptions, ideas crowd into the mind in the most incongruous order; vertigo supervenes, and delirium precedes a state of exhaustion, which at length terminates in collapse and sleep resembling that of apoplexy, and not unfrequently proves the prelude to death. In general, however, nature adopts this method of restoring exhausted excitability; but after the repose, the shock given to the nervous system is rendered obvious, in the tremulous hand, the unsteady limb, the rigors, the nauseated stomach, the irascible temper, and the completely overpowered state of the system which the individual experiences on awaking. That all these symptoms depend more on the impression made on the nerves of the mouth, the gullet, and the stomach, and its transmission to the brain by nervous sympathy, than by absorption, is evident from the influence of a small portion of wine or of alcohol in causing

empty, and the arteries contracted to nearly one-half their usual diameter. Scarcely any traces of inflammatory action have been detected even in the stomach.

intoxication, if it be allowed to pass slowly over the sensitive extremities of the nerves of the tongue and fauces in its progress to the stomach; and, also, by the sudden sobriety which often follows the act of vomiting. The repetition of such impressions, however, affects seriously the powers of life: cancer of the pylorus, abscess of the liver, delirium tremens, palsy, dropsy, epilepsy, mania, and a long train of evils, attack and soon subdue the strongest constitution. It is true that some habitual drunkards have lived to a good old age; but this is an exception to a general rule:—

“Perhaps some doctor, of tremendous paunch,
Awful and deep, a black abyss of drink,
Outlives them all; and from his buried flock
Retiring, full of rumination sad,
Laments the weakness of this latter time.”*

But notwithstanding these frightful results of the dietetical abuse of alcohol, it is, when temperately indulged and discriminately prescribed as a medicine, a most salutary stimulant.

As a medicinal excitant, alcohol in some respects resembles a narcotic in its operation; its use is more or less followed by sedative effects; but its stimulant influence is too great to allow it to be employed as a narcotic. In its diluted state it is serviceable in those fevers, and those periods of fever, which indicate much depression. Great attention is necessary in determining the degree of dilution which is always requisite: as a general rule, one part of ardent spirits to five of water, and the mixture acidulated with lemon-juice and sweetened, is a mixture of a proper strength, and forms an excellent substitute for wine. In this degree of strength, it may even be prescribed in some diseases of excitement, if no vital organ be affected, and the powers of life are sinking.

In dyspeptic states of the stomach, although often recommended, alcohol is often pernicious. The symptoms of dyspepsia sometimes depend on a state of subacute inflammation instead of debility of the organ; thence only one opinion can be formed respecting the propriety of prescribing stimulants. If alcohol, simply diluted with water, produce these effects, we may also look for them from its combination in wine, beer, and cider.

In regarding the therapeutical influence of wine, we must consider both the chemical properties of the kind of wine to be prescribed, and the condition of the habit of the patient. With respect to the former, sweet wines, such as mountain, constantia, tent, lisbon, &c. although they do not intoxicate so quickly as some other wines, yet, owing to their imperfect fermentation, promote acidity, and therefore they should not be prescribed in any case when the stomach is in a low state of vitality. The brisk and sparkling wines, the produce of Champagne and Burgundy, intoxicate sooner than dry or still wines, owing to the carbonic acid which they contain, but their effect is more transitory, and the subsequent exhaustion less than that caused by other wines; thence they are salutary

stimulants in those diseases which are termed nervous, when taken in moderation; and no opinion is worse founded than that which regards them as injurious to gouty habits. The light wines of the Rhine and the Moselle are less likely than any of the others to influence injuriously the nervous system: they are less inebriating and possess diuretic properties, and although acidulous, yet they do not disorder the stomach so readily as the stronger wines, both because the acid which they contain is the tartaric, the least fermentable of the vegetable acids, and also because their alcohol is intimately combined with the other principles of the wine. The strong wines, as port, sherry, madeira, and the aromatic spirituous wines of Burgundy, are the least wholesome, owing chiefly to the uncombined brandy which is mixed with them for the purpose of securing their exportation, and their powerful intoxicating properties. All of them, also, contain volatile oil, which displays narcotic properties in the nervous system, and induces a tendency to apoplexy.

With respect to the second object of consideration,—the state of the habit in diseases which require the stimulus of wine,—we may venture to affirm that wine, under proper management, is well adapted for the advanced stages of continued fevers, and every disease in which the powers of the constitution fail. Its exciting powers are of primary importance, and it is grateful to the palates of most patients; but various circumstances are requisite to be attended to in its administration.

1. It is more necessary and safe if during health the patient has been accustomed to take wine, than if his habits have been abstemious.

2. It is indicated when, in the advanced stage of fever, the pulse is frequent, small, and compressible; if there is low muttering delirium, and subsultus tendinum.

3. It is also indicated when there is a strong instinctive desire for it; on the contrary, its use should not be urged when there is such desire.

4. Its effects should be watched: if it do not disorder the stomach, or augment the heat of the skin, but fill the pulse and lessen its frequency, mitigate delirium, and remove restlessness, it is not only proper but absolutely requisite.

5. In contagious fevers, with a languid pulse and oppressed spirits, wine may be administered even in an early stage. It should be given in small quantities, frequently repeated, as long as it seems to answer the intention of its exhibition; nor should it be rapidly withdrawn, but gradually diminished as the febrile symptoms abate, and the system displays more susceptibility of its impression.

6. Claret and Rhine wines are more proper than the stronger wines in the earlier, but not in the later or sinking stages of fever. The lighter wines generally tend to open the bowels, the stronger to check diarrhoea; but sometimes the opposite is the case.

7. With respect to the form of administering wine, it is generally most grateful to the sick

* Thomson's Seasons—Autumn.

when warmed, sweetened, and slightly acidulated; but to many patients it is most grateful when diluted with cold water.

Wine proves hurtful in neuralgic and rheumatic affections, and, like every remedial agent, is beneficial or injurious, according to the degree of skill, discrimination, and judgment which directs its administration.

These remarks are applicable to *ether* and its preparations, which differ from wine in their operation chiefly by the rapidity with which their effects are propagated over the system. It is probable that ether is absorbed in its state of vapour, and applied directly to the nervous centres. When taken into the stomach in moderate doses, twenty or thirty minims in a glass of water, it stimulates the gastric nerves, and has a powerful influence in checking vomiting. In malignant fevers it aids in allaying subsultus tendinum and hiccough; and when prescribed in larger doses, on the approach of the intermittent paroxysm, it often succeeds in preventing its accession.

In treating of *electricity* as a stimulant, it would be out of place here to enter into any investigation of the causes of its phenomena; its influence as a therapeutical agent in the removal of disease is our object. In whatever form it be employed, whether as voltaic or common electricity, when it is applied to the animal system in a moderate degree it increases excitement; in a large quantity it destroys life. It operates equally on the sensibility and the irritability of the system, is quickly propagated, and excites the action of the most distant parts. It differs from other powerful stimulants in not being followed by those secondary effects which are the result of the excitant influence of almost every other stimulant. It is indicated only in diseases of debility, and it requires to be continued for many weeks in order to secure beneficial effects from its use. Much, also, depends on the mode of applying it. In all cases the isolation of the patient and the accumulation of the electrical fluid on his body should be first tried; then the *aura* used; after which *sparks* may be taken; and, lastly, when the system has accommodated itself to the stimulus, *shocks* may be given. The necessity of proceeding in this cautious manner is obvious: in delicate and nervous habits a strong shock may not only induce syncope, pain, and vomiting of blood, but it may further so exhaust the strength as to accelerate and even cause death.*

Electricity has been found a useful stimulant in glandular affections. In recent cases it operates by exciting the capillary action and reducing the swelling; in the more advanced, by promoting suppuration. On the same principle much confidence is placed on it in amenorrhœa; it produces a current of blood to the uterus, and stimulates the secreting powers of that organ. It is especially indicated when atony of the uterus accompanies a pale leucophlegmatic condition of the habit. The shocks should be passed directly through the part. When, on the other hand, there is plethora, with rigidity

of fibre and a high sanguine complexion, electricity is hazardous in amenorrhœa, unless preceded by bleeding, purging, and other antiphlogistic measures. In every case, before determining on the employment of electricity on the female habit, it should be ascertained that pregnancy is not present, as either miscarriage or premature labour, according to circumstances, and the death of the fetus, may follow its use. In passing shocks through the uterus under any state of the organ, much caution is requisite in regulating its force: if the shocks are too powerful, danger may result; if too weak, no benefit will accrue from its use.

The beneficial influence of electricity has often been observed in paralysis in all its forms, if it be not complicated with determinations to the head. Thence it is more useful in old than in recent cases, in partial than in general paralysis, and in paraplegia arising from the poison of carbonate of lead, than hemiplegia following apoplexy. In the most favourable cases for its employment it must still be cautiously applied, and the remark of Dr. Percival should always be kept in recollection, "that few cases which resist the power of small and repeated shocks, yield to great and terrifying ones." Rubefacients aid considerably the beneficial power of electricity. In asphyxia gentle shocks may be passed through the region of the heart. In deafness from atony of the auditory nerve, sparks should be taken from the internal part of the meatus by means of a metallic conductor passed through a glass tube: the effect is swelling of the part, with an increase of ceruminous matter, which is followed by an improvement in the faculty of the organ. In amaurosis from mere defective sensibility of the optic nerve, much benefit may result from taking sparks from the eye, directed through the back part of the head, following the course of the optic nerve; but if the cause be a tumour pressing on the nerve, either at its origin or in its course, no benefit will follow the use of electricity. In some cases galvanism may be substituted for common electricity, but in general electricity has succeeded where galvanism has failed. See ELECTRICITY and GALVANISM.

We have already treated of the stimulant influence of caloric. See BATHING.

Iodine is a powerful stimulant, whether it be employed in its simple or uncombined state, or as it exists in many preparations. Its great utility depends on its entering the circulation and exciting the capillary system. Its primary influence, however, is exerted upon the stomach, a fact which has been fully ascertained by the appearance observed on that organ in persons who have been poisoned by it: indeed, the powerful manner in which it attacks the skin might have enabled us to prognosticate a similar effect when it is introduced into the stomach. Like some other medicines, it accumulates in the system; and, therefore, the continued employment of it, even in small doses, has occasionally proved hurtful. Its absorption is demonstrated by the facility with which it is detected in the blood, the urine, the perspiration, and other secretions; thence its

* Percival's Essays, vol. i. p. 393.

stimulant influence is extended to every part of the frame; the absorbents are urged to unusual activity, and not only diseased but healthy parts are carried off by its means; the mammae in women and the testicles in men waste: in truth, no gland is exempt from the influence of iodine. There is a remarkable discrepancy, however, in its action, which was first observed by M. Lugol,—namely, that women labouring under scrofula, instead of becoming emaciated, gain flesh. In overdoses it operates as a poison, causing heat and a sensation of weight at the epigastrium, pain at the lower part of the sternum increased on pressure, cardialgia, burning heat of the skin, excessive thirst, and frequent purging of dark bilious matter; the pulse is weak and tremulous; great restlessness and palpitations supervene, with frequent syncope and extreme exhaustion.

The principal diseases for which iodine has been advantageously administered are bronchocele, scrofula, amenorrhoea, chlorosis, dropsy, and every form of disease arising from or connected with diminished capillary action. The activity of the medicine is modified by its combination with other substances; as in the hydriodate of potassa, the iodurets of mercury and of lead, and ioduret and hydriodate of iron. The first is the least active of these preparations, and is chiefly employed as a vehicle for augmenting the solubility of iodine in aqueous fluids: the iodurets of mercury and of lead are more powerful stimulants than the iodine alone, and require to be cautiously administered in doses at first not exceeding the sixth of a grain; on the other hand, the combination with iron, which was introduced to the notice of the profession by the writer of this article, diminishes the irritative action of the iodine, whilst the iron being rendered soluble, and in a state to be readily converted into the protoxide, is carried into the habit with the iodine, and aids its deobstruent influence by giving tone and support to the system.* It is admirably adapted for chlorotic affections, and cases of glandular obstructions, connected with diminished power and a leucophlegmatic state of the habit. On account of its deliquescent property it cannot be administered in substance; and when dissolved it is converted into a hydriodate, in which form it may be adminis-

tered in doses of from two to six grains three times a day. The influence of both its components is rapidly visible on the habit, by the improved colour of the skin, the increase of appetite, exhilarated spirits, and invigorated strength of the patient; and so quickly does it get into the system, that in twenty-four hours after the first dose has been taken, both the iron and the iodine can be detected in the secretions. It is incompatible in prescriptions with alkalis and their carbonates; the metallic salts; all vegetable infusions and decoctions containing tannin and gallic acid; the preparations of opium, henbane, and conium; the alkaloids and their salts, and chlorine. It has one advantage over all the other preparations of iodine,—it does not produce emaciation, or that wasting of glandular bodies, which renders the closest watchfulness requisite in their administration.

The stimulant influence of all the preparations of *mercury* has been long known and acknowledged. In whatever manner they are introduced into the body, whether they be taken into the stomach or applied by friction to the skin, they excite powerfully, and set up a febrile condition of the system, evidenced both by the state of the pulse and the nerves, and by an augmented energy in the whole secreting organs. This action, like that of every other energetic stimulant, when carried beyond a certain point, or when long continued, debilitates, and, consequently, emaciation is a constant attendant of a mercurial course. In producing their effects, mercurial preparations, whether oxides, chlorides, cyanides, or iodides, are decomposed, and the mercury, in a metallic form, is either thrown out of the body by the skin and lungs, or, under certain circumstances, is deposited in the glands and the bones. The first of these facts is demonstrated by the amalgam formed between the exhaled mercury and gold and silver coins worn in the pocket of a person under a course of mercury; the second has been confirmed by the discovery of metallic mercury in various parts of the body, in *post-mortem* examinations. Amongst other well-authenticated proofs of the latter, there is a pelvis of a young woman who died of syphilis, preserved in the Lubben cabinet of midwifery, which is infiltrated with metallic mercury.

The stimulant influence of mercurials is much modified by the manner and the doses in which they are administered, and to a certain extent by the nature of the preparation employed. In large doses, given at distant intervals, mercurials operate as local stimulants, first on the liver and pancreas, by exciting the orifices of their excretory ducts, through which the impression is conveyed to these glands; and, secondly, on the exhalants of the alimentary canal, thereby unloading the vascular system and giving a new impulse to the circulating powers. In this case no primary excitement is communicated to the capillary system. When smaller doses, repeated at short intervals, are administered, the mercurial is absorbed, and being directly applied to the capillaries, the

* The ioduret of iron is prepared by placing one part of soft tempered iron-wire in a hollow porcelain vessel with a considerable quantity of distilled water, and adding five parts, by weight, of pure iodine, and then subjecting the mixture to heat, constantly stirring until the solution is accomplished and the liquid is nearly clear. The solution is then to be filtered and immediately evaporated to dryness in a flask, which must be broken as soon as the ioduret has crystallized, and the preparation directly put into a well-stopped phial. It is a proto-ioduret, containing one equivalent of each of its components. When well made, and well preserved from the air, it dissolves entirely, and affords a pale greenish-yellow solution; but when not well preserved from the air, a portion of the iron is converted into the peroxide of the metal, and a sesqui-ioduret is formed, so that when it is rubbed up with water the peroxide remains insoluble.

whole glandular system is excited; and the salivary glands being more susceptible of impressions than those of the rest of the body, salivation is the consequence. When this high degree of irritation is carried to excess or long-continued, it is apt to be followed by a state of exhaustion which sometimes proceeds rapidly to a fatal termination; or when that condition of the nervous system which has been denominated hysterical, exists, particularly if the patient be exposed to sudden alternations of heat and cold, the ordinary febrile symptoms resulting from mercurial action are attended by dry cough and tightness across the præcordia; and an eruption closely resembling eczema appears. At first a redness is diffused over considerable portions of the surface; this is followed by crowded minute vesications, accompanied by a stinging sensation, and this continues after the vesications; dry and extensive exfoliations of large flakes of the skin occur; the eyes and palpebræ are completely denuded of their hairs; the head swells; the whole body exhales a fetid odour; and a degree of exhaustion, which tends to the fatal termination, generally supervenes. (See article ECZEMA.) This affection was first noticed, as a result of the action of mercury, by Mr. Alley of Dublin,* and afterwards ably investigated by Dr. Moriarty,† Dr. Spens,‡ and others. All temperaments, it is stated by those who have written on the disease, are liable to this species of eczema, but the experience of the author of this article is at variance with that opinion; and he believes that it is peculiar to that state of habit which is termed *hysterical*, occurring in a sanguine temperament.

In no circumstances, not even in the treatment of syphilis, is the introduction of mercurials into the habit required to be carried so far as to risk the appearance of these effects. Salivation is not essential, and can be regarded as a mere proof that the system is fully under the influence of the mercurial action; to throw in more is merely raising a higher degree of irritation, which is not only unnecessary but hurtful. Too profuse salivation has induced epilepsy, and occasionally led to that fatal erethismus which sometimes occurs when mercurials appear to act as poisons on the system, in which the use of the stimulant must be discontinued, and the patients exposed freely to a cool atmosphere, whilst the strength is sustained by a liberal allowance of mild but nutritive diet. On this account, mercurials should be introduced into the system gradually, and the mildest forms of the preparations first employed. The efficacy of the remedy undoubtedly depends on its exciting power, but this should be maintained only in a moderate degree; and it is of importance that the excitement should not be disturbed by that of any

other stimulus, dietetical or medicinal; thence the necessity of dieting patients during a mercurial course. If wine or other stimulants be allowed, the peculiar action set up by the mercury may be so modified as to prevent it from overcoming that induced by the virus of syphilis; a rule which is applicable, perhaps, in regulating the employment of all other stimulants. It is proper to remark here, that the degree of the febrile action induced by mercurials does not always depend on either the extent of the dose or the nature of the preparation; two grains of calomel will cause salivation in some persons, whilst in others no effects can be produced by the largest doses, long continued, until fumigations are resorted to; and even these have been resisted. A knowledge of the circumstances on which these anomalies depend is important: they may be arranged under those which refer to the body,—temperament, idiosyncrasy, and sex; and those extraneous to it,—climate, and the nature of the preparations employed.

1. With respect to temperament, the sanguine and choleric are more susceptible of the mercurial action than other individuals: if the remedy be given for the cure of syphilis, great caution is necessary not to bring the habit suddenly under the full influence of the medicine.

2. Some idiosyncrasies are occasionally met with which prevent the free use of mercurials; and as this may occur in reference to some preparations and not to others, it is proper, when syphilis is the disease, that a person who seems to suffer in this manner should try other preparations before his system is pronounced incapable of bearing mercury, and he is thereby deprived of the only chance of being cured.

3. With regard to sex, women are more easily brought under the mercurial influence than men; and as it promotes the uterine secretion, the use of mercurials should be suspended during the continuance of the catamenia. In pregnancy, also, their employment requires the utmost caution. They do not, however, materially interfere with lactation; and, therefore, when infants are affected with congenital syphilis, the mercurial influence is readily communicated to the system of the child by the milk of the mother.

4. As climate renders the human habit highly susceptible of the impression of all medicinal agents, a smaller quantity of mercury and a shorter period for its application will suffice to cure syphilis in a warm than a cold climate; and, for the same reason, this stimulant is more beneficial when employed in summer than in winter. Sydenham sent his syphilitic patients to the south of France.

5. In reviewing the comparative merit of the various preparations of mercury, it would be out of place here to enter into pharmaceutical details. Among the *protoxides* the *blue pill*, when properly prepared, is the mildest of those which certainly mercurialize the habit. It seldom incommodes either the stomach or the bowels, unless much acid be present, in which

* Essay on a peculiar eruptive disease, arising from the exhibitions of mercury, by George Alley, Dub. 1804.

† Description of Mercurial Lepra, by D. Moriarty, Dub. 1804.

‡ Cases, &c. by Thomas Spens, M.D. Edinburgh Med. and Surg. Journ. vol. i. p. 7.

case it is apt to gripe and purge. From the mildness of its operation, it is admirably adapted for the naturally delicate and those debilitated by previous disease. But in some persons, however, it proves too active, and requires the addition of opium, or the administration of a few grains of rhubarb, in the morning, to communicate tone and prevent griping. It gradually displays its influence by affecting the gums, when given in doses of five or six grains night and morning.

The *hydrargyrum cum creta*, in doses of a scruple to half a drachm, is sometimes substituted for the blue pill when much acid is present on the stomach, but its action is slow and uncertain.

The *grey oxides*, although precipitated from active salts, yet are mild preparations. They incommode the stomach and bowels less than the blue pill, and being more oxidized they act with more certainty, but they are not much employed except for fumigations.

The *peroxides*, constituting the red precipitate *per se* and the precipitate with nitric acid, operate with too much acrimony to be used internally, inducing griping, diarrhœa, and tenesmus. They are, consequently, used only as topical excitants.

The *chlorides*, *calomel* and *corrosive sublimate*, are also most active stimulants. The protochloride, calomel, in doses of four or five grains, frequently operates topically, stimulating the orifices of the gall-ducts, and by thus throwing much bile into the intestinal canal, causing purging.* In smaller doses it brings the habit under the mercurial influence more rapidly than the blue pill, and it is even more manageable. Its stimulant influence on the capillaries greatly aids the action of other remedies; as for instance, the diaphoretic powers of antimonials, and the diuretic of squill and foxglove; it aids, also, the force of the milder purgatives, whilst it moderates the acrimony of the more drastic. The best form of administering it is that of pill combined with opium.

The *perchloride*, *corrosive sublimate*, is the most active of all the mercurial salts, but it frequently gripes, even when administered in very small doses, and is supposed to have the power of causing cough, hæmoptysis, and phthisis. It is, nevertheless, one of those preparations on which experience has taught us to rely in cases of syphilitic eruptions, especially those which assume the characters of psoriasis or of lepra; and from the rapidity with which it brings the habit under the mercurial influence, it proves, as Mr. Pearson has remarked, often beneficial at the commencement of a course of mercury. The dose of the perchloride should not exceed, at first, one-tenth of a grain; but, if it be guarded by opium, it may be gradually increased to half a grain, twice a day. A good vehicle for administering it is nitric acid, in which the salt dissolves without undergoing any chemical change; and in this form it may be given in conjunction with decoction of sarsaparilla or of elm-bark in cases of syphilitic eruptions. In such case that attention to diet, which has been already noticed, is most essential, little

benefit following the use of the perchloride if the patient be permitted to indulge in his usual diet, and to use, even moderately, either wine or spirits or any fermented liquor: he should be restricted to milk and farinaceous matters.

These remarks are applicable to the remaining mercurial preparations, the iodides and cyanides, which are gradually coming into general use; the iodides in particular, as they are equal in stimulant power to the most active of the old preparations, and possess besides other advantages. From the influence of the iodine which they contain, they are likely to supersede the perchloride as an internal remedy.

The only other material stimulants which require to be noticed are *ammonia* and its *carbonates*. In the state in which the former is medicinally employed, it excites powerfully the living solid, inflaming and causing vesication or suppuration, according to the nature of the surface or tissue to which it is applied. When very largely diluted, and taken into the stomach, its primary stimulant impression is made on the nerves of that organ, and the impulse is rapidly propagated over the system; but its effects are transitory; thence it is, like ether, regarded as a diffusible stimulus. It is indicated in those diseases and states of the habit in which there is an evident deficiency of nervous power, and where it is important to rouse the nervous energy without affecting, in an equal ratio, the sanguiferous system. In prescribing it, the only object to be kept in view is not to administer it in doses sufficient to exhaust the excitability. The carbonates operate in a similar manner, but with less energy. The dose of the liquor ammoniæ is from ten minims to half a drachm; that of the subcarbonate from five to fifteen grains; both should be involved in some bland mucilaginous emulsion. The ammonia possesses one advantage over the carbonates—it may be prescribed in conjunction with muriate of lime and the salts of baryta, which are precipitated by the carbonates.*

Some consideration is due to *mental stimulants*, which are too much overlooked by the physician. The effects of all the exciting passions closely resemble those that follow the impression of a powerful material stimulant; the action of the heart and arteries is suddenly augmented; the animal temperature is elevated; perspiration flows freely, demonstrating the direct influence on the capillaries; the face glows; the eyes sparkle; and the respiration becomes quicker and fuller. The mental functions of the brain are not less excited than those of the body: the imagination takes a more excursive range; the pleasurable scenes of former life are again presented to the memory; the future teems with gay and delightful anticipations; every task seems easy, every labour light; whilst the most difficult and momentous schemes appear already accom-

* Nothing is more likely to prove injurious than applying a bottle of liquor ammoniæ to the nostrils of persons who are in a state of syncope. The life of a medical man was nearly sacrificed to a rash act of this kind.

plished, and crowned with the most brilliant success. But, besides these effects, the excitement of some passions, especially *joy*, quickens the corporeal sensibility; every object makes a stronger impression on the organs of sense; the eye sees more distinctly, the ear is more acutely alive to sounds, the taste and the touch are delicately sensitive, and every bodily movement is more prompt and energetic. It is unnecessary here to enter into any metaphysical conjectures respecting this influence of the intellectual essence, connected with our existence, on the material part of our frame; the effects of its excitant power are sufficient to enable us to trace its importance as a therapeutical agent.

The condition of the habit in which the exciting passions, particularly *joy*, may be employed as a remedy, is that which is characterized by languor and debility, in such diseases as melancholia, hypochondriasis, dyspepsia, and chlorosis; and many cases might be detailed to display their beneficial influence on those afflicted with these diseases.* The application, however, of such agents requires the utmost judgment and discrimination: a sudden impulse of joy has made so powerful an impression on the nervous and irritable frame of delicate persons as to produce epilepsy and even death. The influence of mental excitants in such cases, like the stroke of a flash of lightning, whilst it illuminates destroys its victim.†

The knowledge of this stimulant influence of mind on body is also important in pointing out, to the student and the inexperienced practitioner, the necessity of guarding those weakened by disease from indulging in impetuosity of feeling, whether during the progress of the malady, or in convalescence. The fatal consequence of such a state of excited feeling was once witnessed by the writer of this article. A gentleman in the advanced stage of phthisis was visited by an old friend, whom he had not seen for many years; the conversation turned upon an event in which the poor invalid felt deeply interested; in relating it he became greatly excited, rose from his seat, and displayed an unusual impetuosity of manner; but he had scarcely concluded the narrative ere he sank into his chair and instantly expired. It is easy to conceive that in such a state of excitement the effects would be felt chiefly upon the thoracic viscera; for, even in a state of health, impetuosity causes an unusual glow of warmth in the præcordia, the pulse beats quickly, and a peculiar sensation is experienced, which is referred, and not without reason, to the heart.

Such is the nature of those stimulants which are so manageable as to be fitted for therapeutical purposes: their importance as remedies is undoubted; but the very nature of the substances belonging to this class renders them more liable to be abused than those in any of the other classes; we shall conclude this ar-

ticle, therefore, with a few remarks upon the cautions requisite to be kept in view during their administration.

It is scarcely necessary to caution against the general employment of stimulants in febrile affections marked by a quick and full pulse, with much heat of body: in truth, it is only in the latter stage of fevers, when the diminished action of the heart is manifested by a fluttering pulse and a cold clamminess on the skin, that stimulants are admissible: they rouse again not only the nervous energy, but also that action of the capillary system without which the powers of life cannot be sustained. Great discrimination, also, is requisite in determining the exact period when they are demanded, even in this stage of fever; and there is, perhaps, less risk in permitting the prostration of strength to proceed for a short time, than to hazard their administration on the first indications of the approach of collapse: even when the circumstances which demand the employment of wine in typhus are fully developed, much caution is requisite. When the debility seems to yield to the free administration of wine, the observing physician will often find sufficient reasons for suspecting that the temporary vigour that it apparently bestows is succeeded by a greater degree of debility, and consequently that the utmost danger may result from persevering in the use of stimulants. When petechiæ appear, or when there is protracted diarrhoea followed by sudden collapse, wine and other stimulants are not only admissible, but are the remedies upon which we must rely for the safety of the patient; and this is also true when the tongue is coated with a brown fur, the teeth and gums are covered with sordes, the skin is hot and dry, and when subsultus tendinum and low delirium are present, with a rapid, small, compressible pulse.

Stimulants have been found beneficial in those affections of the chest which are accompanied with spasm, as, for example, the latter stage of hooping-cough. In bronchitis and similar affections, although, during the continuance of the inflammatory action, when the cough is dry and the expectoration difficult, stimulants would be productive of the greatest mischief, yet in the advanced stages, particularly in peripneumony, their administration is demanded, not only to aid expectoration, but to excite the capillaries so as to relieve the engorged state of the pulmonary tissues. On the same principles, also, camphor and sulphuric ether prove successful in relieving the urgent symptoms in some varieties of dyspnoea, whilst they are as injurious in others. It is in those cases in which effusions into the air-tubes take place, consisting of either a redundancy of the natural secretion, or frothy mucus the result of previous inflammation, that we may most confidently anticipate advantage from the administration of stimulants. In softening of the muscular tissue of the heart, they prove serviceable in renewing the vigour of the ventricular action and rendering the contractions more steady and regular. Stimulants, however, are not only contraindicated, but are

* Lory de Melancholia, tom. i. p. 57.—Trellianus, lib. ix. p. 17.

† Haller's Physiology, vol. v. p. 501.

directly injurious, wherever there is reason for suspecting hypertrophy of one or both ventricles of the heart. When the hypertrophy is confined to the left ventricle, their administration is followed by vertigo, dimness of sight, singing in the ears, weight in the head, and epistaxis, or, if this do not occur, by congestion of the encephalon and apoplexy.

In hysteria, epilepsy, chorea, catalepsy, tetanus, neuralgia, and, under some circumstances, in hypochondriacal and maniacal affections, stimulants are clearly indicated. In these cases, however, the state of the brain and the spinal marrow must be clearly ascertained; morbid dissections having demonstrated that many affections which are frequently regarded as altogether nervous, are connected with and dependent upon abscess, ulcerations, tumours, or depositions of blood in the substance of the brain, or collections of fluid in the ventricles; sometimes on a similar affection of the spinal cord or its tunics. Wherever these are suspected, there can be only one opinion respecting the impropriety of the administration of stimulants.

In many instances of paralysis, especially in that of the lower extremities, constituting paraplegia, experience has fully demonstrated the utility of strychnia and other stimulants; but, at the same time, circumstances may exist which contraindicate their employment, and nothing is more necessary than a sound judgment and a cautious diagnosis in such cases. The employment of external stimulants is less hazardous; but the result of their employment, not excepting electricity, has been disappointing.

From the state of the nervous centres closely resembling that which produces paralysis, the skin often loses its natural qualities, becomes pale or discoloured, soft and scaly, or covered with crusts. In this condition stimulants prove serviceable, by throwing the blood upon the surface and exciting generally the cutaneous capillaries. It is essential, however, to distinguish between this state and that in which inflammatory pustules and tubercles appear upon the skin, the disposition to which is undoubtedly increased by exciting medicines.

In many painful affections, in which it is necessary to exhaust the sensibility of nerves, the topical application of stimulants has been found beneficial; as, for example, toothach from caries, whitlow, and paronychia; the various species of erythema, and in some of those of herpes. In malignant sore throat, capsicum and some other stimulants form the bases of the most useful gargles.

Many stimulants are employed as condiments; some of them as our daily beverage; and the general predilection of all nations for diffusible stimulants, particularly wine and ardent spirits, is sufficient to demonstrate the caution requisite in their employment as remedial agents. It is of the utmost importance, also, that the student should clearly understand the distinction between stimulants and tonics, or those medicines which simply increase action and those which are capable of pro-

ducing a permanent augmentation of power. It is true that the excitement which stimulants afford to the nervous system, in a debilitated state of the body, gives a temporary impulse to the power of the digestive organs and consequent increase of strength to every part of the frame; but this effect is merely temporary: and the continued employment of the stimulant, instead of maintaining this condition of the habit, is followed by the directly opposite state, that of exhaustion; indubitably proving that action is not strength. The combination, however, of stimulants and tonics aids greatly the power of the latter; the former calling forth, as it were, the tone which the latter renders permanent.

(A. T. Thomson.)

STOMACH AND PYLORUS, DISEASES OF THE.—See SUPPLEMENT.

SUCCESSION OF INHERITANCE.—LEGITIMACY.—It would be more than superfluous to dwell, even for a moment, on the immense importance of the interests which are involved in the determination of the question of *legitimacy*. It is sufficient only to remember that the honour and purity of virtue, and the succession to rank, titles, and property, not unfrequently depend solely for their invalidation or establishment on the settlement of this question; while the fact to be established is unfortunately one which does not always admit of being tested by any fixed criterion either in law or physiology, but on every new occasion of doubt or difficulty depends for its elucidation on the contradictory evidence of witnesses, and the opinion that may, in the particular instance discussed, be formed by judges or committees, of the connexion between facts stated and admitted, and their relations with other circumstances, in general not admitting of any certain or satisfactory method of proof.

Our ancestors of the olden time were satisfied with a very simple rule on the subject of legitimacy:—*the husband of the woman was the father of her children*, unless he happened to be impotent or “beyond the four seas” during a period exceeding that of gestation; so that, in fact, the wife might with impunity, so far as the law was concerned, have twenty children by as many paramours, and the law would father them all on the husband. Absolute proof of paternity being nearly impossible, recourse was had to presumptions, and of these the most natural, reasonable, and satisfactory is that founded on marriage; and hence the rule of the civil law, *pater est quem nuptie demonstrant*, was very early adopted, and could not be impeached, except in the two cases already mentioned—impotence of the husband, or his absence from the realm. No rule of law was ever more strictly adhered to than this for a period of nearly five centuries, the judges with singular pertinacity resisting every effort that was made to infringe it.

The old English law, as laid down by Bracton, and copied from him in *Fleetwood*, differed considerably from this, and recognized three valid objections to legitimacy,—impotence,

non-access, and all conclusive presumptions deduced from physical or moral causes; and so far did they carry the latter, that a refusal by the husband to recognize the child was held sufficient, so that it was in the power of any unnatural father to disinherit his offspring, and avoid the trouble and expence of rearing it. In all Bracton's cases this arbitrary recognition appears to have been a *sine-qua-non*, but the rejection of a once acknowledged child was at no time evidence.

These statements are confirmed by Britton; but no sooner had the common law struggled into respectability and thrown off the bondage of canonists and civilians, than a system entirely different grew up; and from the time of Edward III. until that of Lord Hale, one simple and inviolable rule prevailed, viz. that every child born in wedlock was legitimate, unless the husband was impotent or beyond the four seas (*extra quatuor maria*) at the epoch of conception.*

That great judge resolved to purify the law from its manifest absurdity, and was the first to admit evidence of the non-access on the part of the husband without the foolish condition of *ultra-marine* absence. This occurred in the case of *Dickens v. Collins*, of which unfortunately no report exists; but this was the whole amount of innovation. It was, however, regarded as of the greatest consequence, and immediately followed by the judges; and in a very important case in the beginning of the eighteenth century it was laid down by Lord Chief Justice Raymond, that the old doctrine was not to be held, but that the jury were at liberty to consider the point of access. This was the case *Pendrell v. Pendrell* :—the husband, after cohabiting with his wife for some months, went to Staffordshire, the wife remaining in London. At the end of three years the wife had a son, who rested his claim upon the presumption of law in favour of legitimacy, he being born in wedlock and his father *within the four seas*. Strong evidence was admitted that the husband had never left his house in Staffordshire; and so upon the ground of non-access the jury found the son a bastard.†

Neither Lord Hale nor his successors ever thought of admitting evidence that did not demonstrate the absolute *impossibility* of access, as where the husband was in a different country, or entirely disabled by disease during the period of conception. Thus in *Lomax v. Holmden* and another, 2 Strange 490, which was a trial in ejectment, where the question was whether the lessor of the plaintiff was son and heir of Caleb Lomax deceased, the defendants gave in evidence the inability of the ancestor from a bad habit of body; but their proofs going only to *improbability* and not

impossibility, there was a verdict against them. The disavowal of the offspring by the husband was of no avail, nor was the wife allowed to prove his non-access, although she might the access of another man.

As late as 1807 Lord Ellenborough said, "If we may resort to all impediments arising from natural causes, we may adopt other causes equally conclusive to shew the *absolute physical impossibility* of the husband being the father, I will not say the *improbability* of his being such; for upon the ground of improbability, *however strong*, I will not venture to proceed."

How strictly such a rule was acted upon by one of our most acute judges, the following case, decided in 1792 by Sir William Wynne, will shew. It was a cause in the Prerogative Court of Canterbury, for the administration of the effects of John Newport, Esq. The intestate was the only son of Ann the wife of Ralph Smyth, and was born when his mother had left her husband for some years to live with Lord Bradford as his mistress. He was educated by that nobleman as his son, inherited from him a splendid fortune, and assumed his family name by act of parliament.

The separation between Mr. and Mrs. Smyth was of an amicable nature; he appeared rather to promote her intercourse with Lord Bradford, and allowed her a small annuity. For the payment of this they had occasionally brief interviews, but there was no proof of any such having taken place for some time previous to the birth of her child.

Mr. Newport, on his return from abroad, became insane, (the disease was hereditary in Lord Bradford's family,) and he was placed under the care of some members of it. Suits in chancery were instituted respecting his property, and Mr. Smyth as his mother's husband was made party to them; but although the latter gentleman would have derived great pecuniary advantages from claiming the lunatic as his son, he studiously avoided all declarations to that effect; and both acted himself, and allowed the court to act, as if no doubt could be entertained of Mr. Newport's illegitimacy.

The lunatic survived his mother and her husband, and died possessed of property which had accumulated to an immense amount, which property was claimed by the grand-nephew of the deceased, Mr. Smyth; whereupon Sir William Wynne decided that the legitimacy of Mr. Newport was established, and consequently in favour of the claimant. His reasons were, that the circumstance of the husband and wife both residing in London for some time previous to the birth of the child was proved in evidence. It was also proved that they occasionally met; that she visited him at his lodgings in Holborn to receive her annuity, and on those occasions remained alone with him in his room, which was a bed-room, for half an hour at a time. It seemed probable that he occasionally dined with her at a house of Lord Bradford's, at Hammersmith. Thus possibility of access was established, and the learned judge delivered

* For cases on the dictum of Hale, see *Pendrell v. Pendrell*, Strange, 925; *Rex v. Reading*, Case, Temp. Lord Hardwicke, 82; *Rex v. Luffe*, 3 East, 208. See, also, *Rex v. Rook*, Jay. Rep. 61, and *Rex v. Inhab. of Bedell*, Andr. 8.

† 2 Strange 924. See, also, *Paris and Fonblanque*, vol. i. p. 216.

his opinion as to the legal question in these words:—"The law of England on this subject, as now settled, I take to be this: that if such proof can be given, of whatever kind, as shall satisfy legally the mind of the court that the husband had no access to the wife at the time when the child must have been begotten, the child is a bastard, though born of a married woman in the lifetime of her husband; but if the husband and wife were so circumstanced that access must be presumed between them (as if they lived in the same town or place, and cannot be proved by persons who have watched them never to have come together); or if by direct evidence it can be proved that they had access to each other, in such a case I take it the son is legitimate, *notwithstanding any circumstantial evidence that may be given to the contrary.*"

Such appears to have been the law on this subject until the year 1813, when it was first disturbed and altered by a judgment of the House of Lords in the Banbury peerage case, in which, although constant access was admitted and impotence not proved, the offspring was declared illegitimate *from circumstantial evidence*. On this occasion Lord Ellenborough proposed that "it was desirable to have the opinion of the judges, whether any circumstances could rebut the presumption of access," and "whether there existed in this case any such circumstances." Accordingly, several important queries were submitted to them; and amongst the most material of their answers were the following:—"That the presumption of legitimacy arising from the birth of a child during wedlock, the husband and wife not being proved to be impotent, and having opportunities of access to each other during the period in which a child could be begotten and born in the course of nature, may be rebutted by circumstances indicating a contrary presumption.

"That in every case where a child is born in lawful wedlock, the husband not being separated from the wife by a sentence of divorce, sexual intercourse is presumed to have taken place between the husband and wife, until that presumption is encountered by such evidence as proves, to the satisfaction of those who are to decide the question, that such sexual intercourse did not take place at any time, when by such intercourse the husband could, *according to the laws of nature*, be the father of such child.

"That the presumption of the legitimacy of a child born in lawful wedlock, the husband not being separated from his wife by a sentence of divorce, can only be legally resisted by evidence of such facts or circumstances as are sufficient to prove to the satisfaction of those who are to decide the question, that no sexual intercourse did take place between the husband and wife at any time, when by such intercourse the husband could by the laws of nature be the father of such child.*"

* In the celebrated case of *Morris v. Davis*, Mr. Justice Gaselee, who presided at the third trial of that cause in 1828, in summing up his charge to the jury, made the following observations on the sub-

Lords Ellenborough, Eldon, and Redesdale concurred in their opinions on this case; and their arguments may be thus briefly stated. "This is a question of presumption: the presumption of legitimacy arising from the fact of marriage may be rebutted by circumstances inducing a contrary presumption. Impotence is such a circumstance; so, also, is any other cause or combination of circumstances, proving that the husband could not be the father of the child. It is agreed that neither impotence nor want of access is proved in the present instance; there is, therefore, no *physical* impossibility of Lord Banbury's being the father. But in the absence of such evidence the question may be decided on the ground of a *moral* impossibility, which the conduct of the parties in this case establishes."

Lord Erskine made great exertions on the opposite side and in favour of the legitimacy, but he was unsuccessful; and on the 18th June, 1813, the house resolved that the petitioner had no claim to the title, dignity, and honour of Earl of Banbury.*

It appears, then, that the law formerly stood thus:—

Presumption of legitimacy may be rebutted by *physical* evidence *proving* the contrary; and that, since the Banbury peerage case, it stands thus:—

Presumption of legitimacy may be rebutted by *physical* evidence *proving*, or by *moral* evidence *rendering probable*, the contrary.

Accordingly, Mr. Phillips lays it down as a doctrine to be extracted from this case, "that the jury may not only take into consideration proofs tending to shew the *physical impossibility* of the child in wedlock being legitimate; but they may decide the question of paternity by attending to the relative situation of the parties, their habits of life, the evidence of conduct, and of declarations connected with conduct, and to every induction which reason suggests for determining upon the probabilities of the case."†

Blackstone lays down the law on some of the most material points connected with this subject, thus:—"A bastard by our English laws is one that is not only begotten but born out of lawful matrimony. The civil and canon laws do not allow a child to remain a bastard, if the parents afterwards intermarry; and herein they differ most materially from our law; which,

ject of *access and intercourse*:—"The Banbury peerage is now the law. There is proof that the husband was in the wife's neighbourhood, and this is *primâ facie* evidence of intercourse; but it is competent in the defendants to rebut the presumption thus raised, by anything that amounts to satisfactory evidence that no intercourse took place. The question then will be, first, whether you are satisfied there was that access between the husband and wife, that sexual intercourse *might* take place: secondly, whether the evidence satisfies you that no such intercourse did take place? If it might take place, the law presumes it did, unless the contrary is proved. Many witnesses proved opportunities. If you are satisfied there were opportunities, the law says the child is the child of the husband."

* See Lords' Journals, vol. xlix. 178.

† Treatise on the Law of Evidence, vol. ii. p. 288. Edit. 1829.

‡ Commentaries, vol. i. p. 454 et seq. Edit. 1832.

though not so strict as to require that the child shall be *begotten*, yet makes it an indispensable condition, to make it legitimate, that it shall be *born* after lawful wedlock.

"As bastards may be born before the coverture or marriage-state is begun, or after it is determined, so also children born during wedlock may, in some circumstances, be bastards. As, if the husband be out of the kingdom of England, or, as the law somewhat loosely phrases it, *extra quatuor maria*, for above nine months, so that no access to his wife can be presumed, her issue during that period shall be bastards. But generally, during the coverture, access of the husband shall be presumed, unless the contrary can be shewn, which is such a negative as can only be proved by shewing him to be elsewhere; for the general rule is *presumitur pro legitimatione*. In a divorce *a mensâ et thoro*, if the wife breeds children they are bastards; for the law will presume the husband and wife conformable to the sentence of separation, unless access can be proved; but in a voluntary separation by agreement, the law will suppose access unless the negative be shewn. So, also, if there is an apparent impossibility of procreation on the part of the husband, as if he be only eight years old, or the like,* then the issue of the wife shall be bastards. Likewise, in case of divorce in the spiritual court *a vinculo matrimonii*, all the issue born during the coverture are bastards, because such divorce is always upon some cause that rendered the marriage unlawful and null from the beginning.

"From what has been said it appears that all children born before matrimony are bastards by our law; and so it is of all children born so long after the death of the husband, that by the *usual course of gestation* they could not be begotten by him. But this being a matter of some uncertainty, the law is not exact as to a few days."†

In the foregoing statements of the law connected with this subject, there is frequent reference to "the usual period of gestation," "the course of nature," "the laws of nature," &c. a conformity to which, in the birth of any individual whose legitimacy may happen to be questioned, constitutes one of the requisites essentially necessary to satisfy the law; "but this being," to use the words of Blackstone, "a matter of some uncertainty, the law is not exact as to a few days." Unfortunately the law is not exact as to any time, however un-

* It would be very difficult to assign the opposite limit of advanced age which would preclude the possibility of procreation. "There is," says Lord Erskine, "no statute of limitations on the powers and faculties of man. Instances of robust longevity might be cited still more extraordinary than that of Lord Banbury. Sir Stephen Fox married at the age of seventy-seven, and had four children. The first child was born when the father was seventy-eight: the second and third were twins in the following year; and the fourth was born when the father was eighty-one. The Earl of Ilchester and Lord Holland can vouch for the accuracy of this statement, and I believe their genealogy has stood hitherto unquestioned."—*Speech on the Banbury Case*.

† Comm. vol. i. p. 456.

sual, and affixes no limit; and whenever a question of legitimacy is brought before the judges involving the determination of the usual period of gestation in women, and the variations to which it may be liable, the matter is made on every new occasion of the kind a subject of discussion, to be decided by the evidence of witnesses examined at the time; and the facts proposed to be investigated in reference to such questions generally are—1. the natural period of gestation in women; 2. premature births; 3. the possibility of protracted gestation; each of which we shall now proceed to consider.

1. *Natural period of gestation in women.*—With regard to this point it must be confessed that our knowledge is by no means so precise as might be at first sight expected in a matter apparently capable of being made the subject of daily observation; but the fact is, that we are very rarely able to ascertain with anything like certainty the exact time of conception, and consequently having in general only one end of the chain, we can have no certain mode of counting the number of links of which it consists. Still, however, it appears to us that we are in possession of facts sufficient to warrant our belief that the natural period of gestation is ten lunar months, or forty weeks, amounting to 280 days, which is also the period acknowledged in law.* A good deal of the confusion on this point seems to have arisen from considering forty weeks and *nine calendar months* as one and the same quantity of time, whereas, in fact, they differ by from five to eight days. Nine calendar months make 275 days, or, if February be included, only 272 or 273 days, that is, thirty-nine weeks only instead of forty. Yet we constantly find in books on law and on medical jurisprudence, the expression, "nine months or forty weeks."† Another source of confusion has evidently had its origin in the indiscriminate use of lunar and solar months as the basis of computation in certain writings of authority. This appears to have occurred in the Roman laws on this very subject. Hippocrates, in his book "*De Septimestri et Octomestri partu*," calculates by lunar months, while in several others of his works solar months are uniformly those referred to, and the Roman laws were founded on his authority. In like manner we find in the book of Esdras,‡ "nine months" spoken of as the fixed time of gestation; and in the Wisdom of Solomon,§ "ten months" is the period assigned for the perfection of the child in the womb; a discrepancy which could only have arisen from the writers using different divisions of time.

An opportunity was lately afforded us of observing the natural term of gestation under circumstances in which the day of conception was known with certainty. A lady who had

* See Coke upon Littleton, 123, b.

† Vide Coke upon Litt., loc. cit. and Paris and Fonblanque, vol. i. p. 241. Smith's Principles of Forensic Medicine, p. 491. Dewees' Compendium of Midwifery, p. 164. Mr. Burns more accurately says, "nine calendar months and a week." Principles of Midwifery, p. 168.

‡ 2 Esdras, iv. 40.

§ Chap. vii. 2.

been for some time under our care in consequence of irritable uterus, went to the sea-side at Wexford in the month of June, 1831, leaving her husband in Dublin, a temporary separation being considered essential to the recovery of her health. They did not meet until the 10th of November, on which day he went down to see her; and being engaged in a public office, he returned to town next day. The result of this visit was conception: before the end of the month she began to experience some of the symptoms of pregnancy; and when she came to town on the 22d of February she was large with child, and had quickened on the 29th of the month preceding. Her last menstruation had occurred on the 18th of October. She went on well through her pregnancy; and the writer was called on to attend her in labour on the 17th of August, when she gave birth to a healthy child after a labour of a few hours' duration. Here the gestation exceeded nine calendar months by just one week, making exactly 280 days from the time of conception. It may be observed that this was the earliest instance of quickening which has presented itself to the writer, occurring as it did before the completion of the twelfth week.

2. *Premature births.*—The premature birth of children not unfrequently gives rise to discussions of a very delicate and important nature, involving on the one hand the legitimacy of the child, and on the other the honour and fair fame of the mother, and consequently the happiness of families, when suspicions are entertained that the development of the fœtus does not correspond to the period which ought to have been that of gestation, dating from the time of marriage; or the return of the husband, and so forth. It is, therefore, essentially necessary that all who are likely to be consulted on such matters should possess themselves with as accurate a knowledge as possible of the progressive development of the embryo, and the marks or characters which belong to each successive period of intra-uterine existence, even in the earlier months. The full details of this subject do not properly belong to the discussion of the question of legitimacy, the investigation of which can only become of interest or importance when the fœtus has acquired such a degree of maturity as is likely to render it viable, or capable of sustaining its functions independently of the mother. There will then be two distinct points of view under which we must consider this part of the subject. We must inquire, first, what is the earliest period of gestation at which the condition of viability* may be expected to exist; and, secondly, can we admit that a child may in six or seven months acquire that degree of maturity which we observe to belong to those which have continued in the womb the whole natural period of gestation?

* Viability is thus defined by Capuron:—"La viabilité pour un enfant qui vient au monde n'est autre chose que la possibilité de vivre complètement et aussi long tems que le commun des hommes; c'est à dire de devenir un adulte, un homme fait, un véritable membre de société."—*Médecine Légale*, p. 152.

With regard to the first of these questions, we think experience warrants us in adopting as correct the opinion of Wm. Hunter, given in answer to an interrogatory put to him on this subject:—"A child may be born alive at any time after three months; *but we see none born with powers of living to manhood*, or of being reared before seven calendar months, or near that time.* At six months it cannot be."† We do not take into consideration, or attach any value to such rare and wonderful histories as those of Fortunio Liceti, the Italian physician, who was said to have been born at four months and a half, and to have attained the age of manhood; nor to that of Cardinal Richelieu, in whose case the parliament of Paris decreed that the infant at five months possessed that capability of living to the ordinary period of human existence which the law of France required for establishing its title to inheritance.

In the consideration of the second point, we have to contend with a very formidable difficulty, intrinsic to and inseparable from the subject,—namely, the great variety constantly observed in the size, weight, strength, and appearance of children at the full time. Some of these, for instance, do not exceed seven pounds in weight, while occasionally we meet with instances where they are of double that weight. This should at least make us extremely delicate in forming, and cautious in pronouncing our opinion, particularly when the period of gestation may have advanced to within a month of its expected termination, in which case it might be impossible for us, with all our care and all our knowledge, to draw the distinction between a child of eight months and one of nine.

But in such a case as occurs from time to time, where a woman six or seven months after marriage, or the return of her husband, produces a healthy well-formed child of the *full size and development*, we need hardly hesitate about its illegitimacy; at least we never saw an instance where a child, avowedly of six or seven months' growth, presented an appearance even remotely resembling that of a full-grown and matured fœtus. Even though the size alone may not enable us to distinguish the one from the other satisfactorily, there are several characters of imperfect development which mark the really premature fœtus whatever may be its size; while, on the other hand, there are others which accompany the fully matured child, although deficient in bulk.

Of the latter kind are the colour and firmness of the skin; the perfect condition of the hair and nails; the full development of the lower extremities; the solidity of the bones of

* The earliest instances we have met with were the following:—A fœtus which at the utmost could only have completed the fifth month, and which lived for a few minutes; and another of five months and a half, which lived for four hours.

† "Ante septimum mensem fœtus non potest supere."—*Haller*, Elem. Phys. vol. viii. p. 423. The French civil code, however, regards as legitimate and viable all children born after 180 days, or six months. *Capuron*, Cours d'Accouchement, p. 69.

the cranium, and their close approximation along the sutures. If along with these we find that the child is vigorous and active, crying strongly soon after birth, and taking the nipple readily or even eagerly, and sucking it effectually; that its length measures from 19 to 21 inches,* and that the *middle point* of that length *falls at the umbilicus*; we have an assemblage of characters which ought to leave but little doubt of maturity having been attained. The situation of this middle point was first proposed as a test of the age of the fetus by Chaussier, and his observations have been since confirmed by several others.† From the trials we have made of this test, we are disposed to attach considerable value to it. (See the article INFANTICIDE.)

It should be recollected, also, that there are certain women to whom it is peculiar always to have the time of delivery anticipated by two or three weeks, so that they never go beyond the end of the thirty-seventh or thirty-eighth week for several pregnancies in succession.‡ La Motte§ mentions two women who always brought forth at the end of seven months; and the same thing happened to the daughters of one of them. Van Swieten|| takes notice of a similar circumstance; as does also Fodéré.¶ A member of the writer's family never passed the end of eight months in three successive pregnancies; but such cases cannot be looked on as instances of gestation *completed*, but of premature labour from some infirmity of the system, or indisposition in the uterus to enlarge beyond a certain size; nor is it contended or asserted by these writers that the children had acquired their full growth: in the instances occurring under our own observation they certainly had not.

3. *Protracted gestation.*—The possibility or otherwise of an extension of the ordinary period of gestation has been for a very long time, and still continues, a question of very warm debate; some maintaining that the time is fixed and admits of no variation; while others, who agree as to there being a certain period most frequently observed, believe that it is not exempt from variety, and may be prolonged. In this view of the subject we entirely coincide; but at the same time we are ready to confess that many of the arguments brought forward in support of it have been

vague and nugatory in the extreme, and several of the cases adduced totally unworthy of belief.

We cannot imagine why gestation should be the only process connected with reproduction for which a total exemption from any variation in its period should be claimed. The periods of menstruation are in general very regular; but who is there who does not know, that as there are on the one hand women in whom the return of that discharge is anticipated by several days, so there are also many in whom the return is postponed an equal length of time without the slightest appreciable derangement of their health?*. Again, menstruation and the power of reproduction in the female very generally, indeed almost universally, cease in these countries about the forty-fifth year; yet occasionally instances are met with in which both are prolonged ten or fifteen years beyond that time of life; and a similar variety is observable in the period of the first establishment of that function in the system.† If we turn our attention to brutes, the conditions of whose gestation so closely coincide with those of the human female, and are less exposed to have it disturbed, we cannot for a moment doubt the fact that there is a great inequality in the term of gestation in different individuals of the same species. The experiments and observations of Tessier, which were continued through a period of forty years, contain facts and information more than sufficient, as appears to us, to satisfy any one on this point with regard to the lower animals.‡

There is a very curious fact mentioned by the late Sir Everard Home, which, if strictly correct, would go a great length in strengthening the argument from analogy. He says that “where the female of one species of animals breeds from the male of another, the utero-gestation of whose species is different in its period, there appears to be no approximation in the time in which the hybrid is brought forth; but the longest term of the two is the time of such utero-gestation. Thus the mare covered by the ass goes eleven months, her usual period; and the ass covered by the horse goes *eleven months*, although *ten is her usual period*.”—Philos. Trans. 1822.

The circumstances of incubation are by no means without some weight, when we observe that of a clutch of eggs laid by the same hen and covered alike during the hatching time,

* Ræderer concludes from his examinations, that the average length of a male, at the full time, is twenty inches and a third; while that of a female is nineteen inches and seventeen-eightihs.

† Capuron, p. 172. Hutchinson, pp. 6-14. Fodéré, vol. ii. p. 149. Burns, pp. 114, 118. Metzger, by Ballard, 168. Beck, p. 112 et seq.

‡ While writing these observations we met with an instance of this. The writer was engaged to attend a lady in her fifth confinement, who told him a month before-hand that from particular circumstances she knew her time would be up about the 23d of the month, but that she expected her labour to occur about the 9th, as she had on the two former occasions anticipated by two weeks; she became in labour on the night of the 10th, and was delivered on the 11th.

§ Liv. i. chap. 28.

|| Comment. vol. xiv. p. 6, 7.

¶ Méd. Lég. vol. ii. p. 128.

* For a case in which the regular menstrual period was five weeks, see Burn's Principles of Midwifery, Edit. 7, p. 168.

† It is a law of nature very constantly observed, that dentition should commence a few months after birth, and that some of the teeth of children should shew themselves within the first year at farthest, and instances where the cutting of the first teeth is deferred to the end of a year are unusual; yet in the case of one of the writer's children, the first tooth did not appear until the child had reached the twenty-first month of her age, she being at the time and previously in perfect health.

‡ Magasin Encyclopédique, quatrième année, t. vi. p. 7; or Beck's Medical Jurisprudence, p. 194. Edit. 1829. See, also, Capuron, Cours d'Accouchement, p. 71. Edit. 1833.

some will produce the chick twenty-four, thirty-six, or even forty-eight hours later than the rest,—an excess in the period amounting to one-tenth of the whole, and as great as that which facts appear to shew may be *reasonably* contended for as affecting the period of human gestation.

But if we relinquish the less certain support of analogy, and resort to facts alone, as observed by ourselves, or others worthy of belief, we are quite satisfied that we are in possession of more than enough to prove the point; and let it not be forgotten that the combined testimony of all who have maintained the unvarying fixedness of the natural term, merely because they had known no instance to the contrary, (and they could have no other grounds for their belief,) is, after all, only negative evidence, and must fall before a single well-established instance in which that term was exceeded.

The weight of authority is altogether on the side of those who believe in the occasional protraction of gestation, in favour of which we find the following have recorded their opinions:—Antoine Petit,* Lebas,† Haller,‡ Roussel,§ Zacchias,|| Buffon-Levret,¶ W. Hunter,** Fodéré,†† Gardien,‡‡ Velpeau,§§ Capuron,|||| Desormeaux,¶¶ Richerand,** Dewees,††† Hamilton,††† Burns,§§§ Denman,||||| with a host of others, of less though by no means inconsiderable authority. Many of these have, in confirmation of their opinions, related the cases on which their conviction was grounded, and which of course had fully satisfied their minds; and we cannot believe it possible that all of these writers could have been mistaken in a mere matter of fact or observation, and that none of the cases which they have put on record were really instances of gestation prolonged beyond forty weeks. At the same time we must add that the cases which appear to us to carry with them the fullest demonstration of their truth, are those in which the ordinary term was not exceeded by more than three or four weeks. Some of those which appear the most satisfactory we shall now notice as briefly as possible.

* Recueil des pièces relatives à la Question des Naissances tardives, 1766.

† In a Memoir in answer to Lomis.

‡ Elementa Physiologiae, vol. viii. pp. 421-425.

§ Système de la Femme, p. 174 et seq.

¶ Questions Medico-Legales, lib. i. tit. 2, quæst. 1.

¶¶ Art des Accouchemens.

** Hargrave's Notes on Coke upon Littleton!

†† Médecine Légale, vol. ii. chap. 8, sect. 4.

‡‡ Traité des Accouchemens, tom. i. p. 162.

§§ Traité de l'Art des Accouchemens, tom. i. p. 388.

¶¶ Médecine relative à la Grossesse, pp. 217-224, and also, Cours d'Accouchement, p. 69. Edit. 1833.

¶¶¶ Dictionnaire de Médecine, t. x. pp. 374 & 462.

** Physiology, p. 499. Edit. 1824.

†† Compendium of Midwifery, p. 166.

††† Letter to Dr. Granville, Lond. Med. Gazette, Dec. 12, 1829, p. 344.

§§§ Principles of Midwifery, p. 163. Edit. 7.

||||| We think ourselves justified in adding the name of Denman on the strength of the following passage in his Introduction to Midwifery, p. 254. Edit. 5. "At the expiration of forty weeks the process of labour commenceth, unless it be hastened or retarded by some particular circumstance."

Dr. Blundell, in his evidence before the House of Lords on the Gardner peerage case, declared that he knew positively one case in which conception must have taken place on the 9th of November, and delivery did not occur till the 23d of August following, making an interval of 287 days, or one week beyond the usual time. On the same occasion Dr. Merriman deposed that he had known cases to be extended to 285 days; in two or three instances to 296; in one to 303; and in one to 309 days.*

Wm. Hunter, in answer to a query on this subject,† said, "The usual period is nine calendar months; but there is very commonly a difference of one, two, or three weeks. I have known a woman bear a living child in a perfectly natural way, fourteen days later than nine calendar months, and believe two women to have been delivered of a child alive, in a natural way, above ten calendar months from the hour of conception."

The late celebrated Professor Desormeaux says, "Observations well attested prove that the term may be prolonged beyond the usual period;" and he adduces the following case, occurring within his own observation in a patient whom he attended:—"A lady, the mother of three children, became deranged after a severe fever. Her physician thought that pregnancy might have a beneficial effect on the mental disease, and permitted her husband to visit her, but with this restriction, that there should be an interval of three months between each visit, in order that, if conception took place, the risk of abortion from further intercourse might be avoided. The physician and attendants made an exact note of the time when the husband's visit took place. As soon as symptoms of pregnancy began to appear, the visits were discontinued. The lady was closely watched all the time by her female attendants. She was delivered at the end of nine calendar months and a fortnight, and Desormeaux attended her." Concerning this case, Raige-Delorme, who is rather sceptical about retarded gestation, declares that it is a fact possessing "the elements of a perfect demonstration," in favour of a protraction so far.‡

Dr. Dewees, the professor of midwifery at Philadelphia, relates, "that the husband of a lady, who was obliged to absent himself for many months in consequence of the embarrassment of his affairs, returned, however, one night clandestinely, and his visit was only known to his wife, her mother, and Dr. D. The consequence of this visit was the impregnation of his wife; and she was delivered of a healthy child in nine months and thirteen days after this nocturnal visit."§

Dr. Hamilton, the present distinguished pro-

* See, also, Med. Chir. Trans., vol. xiii.

† Vide Hargrave's Notes on Coke upon Littleton.

‡ Dict. de Médecine, vol. x. p. 462.

§ An interesting fact connected with this case was, that at the time of conception the lady was within a week of her menstrual period, which was not interrupted; but the interruption of the next period gave rise to suspicion in her mind, which was realized by the birth of the child.

fessor of midwifery in Edinburgh, says, " But the result of my experience has been different : in one case many years ago, the lady exceeded the tenth revolution (of the menstrual period) by twelve days ; another lady exceeded it by sixteen days, and another by twenty-four days. This latter patient menstruated on the 1st of August, and was not delivered till the 28th of June. Another lady, the mother of a large family, exceeded her period by above a fortnight on the 4th of March, when her husband went to England, where he resided for some months ; but she was not delivered till the 6th of December."*

Mr. Burns says, " On the other hand it is equally certain that some causes which we cannot explain or discover, *have the power of retarding the process*, the woman carrying the child longer than nine months ; and the child when born being not larger than the average size. How long it is possible for labour to be delayed beyond the usual time cannot be easily ascertained." " The longest term I have met with is ten calendar months and ten days, dated from the last menstruation. In the case of one lady who went this length, her regular menstrual period was five weeks, and in her other pregnancies she was confined exactly two days before the expiration of ten calendar months after menstruation."†

In the case of Anderton against Whitaker, tried at Lancaster a few years since, intercourse between the parties was sworn to have occurred on the 8th of January, and never at any other time, and labour did not take place until the 18th of October, being the 284th day from the time of conception.

A case which occurred in the writer's practice, closely coinciding with those described by Mr. Burns, appears to be also an instance of gestation prolonged to a like degree. The circumstances were these :—A lady who had suffered from puerperal mania after her previous confinement in 1830, from which however she perfectly recovered, conceived again in the month of July, 1831, and miscarried in October, being then in the third month of pregnancy. She menstruated regularly in November and December, and for the last time in the first week of January, 1832. The writer did not see her again till the 24th of March, at which time she considered herself as in the third month of pregnancy ; and as she was suffering pains, was fearful lest abortion was about to happen at the same period as before. It did not, however, occur, and she went on safely. At this date the symptoms of pregnancy were well marked ; the areolæ were very distinct on the breasts, and the increased size of the abdomen was obvious to the eye, and corresponded to the supposed period of pregnancy. Quickening occurred on the 10th of May, and all parties looked forward to the occurrence of labour about the middle of October, which, however, did not happen until the 14th of November.

* See Extracts from his Lectures in a Letter from him in Lond. Med. Gazette, Dec. 12, 1829.

† Principles of Midwifery, p. 168. Edit. 7.

Now in this case, if we suppose conception to have taken place very soon after the last menstrual discharge, as it most frequently does, we have an interval of exactly forty-four weeks, or 308 days, a period of time exceeding the usual one by four weeks, or twenty-eight days, one whole lunar month. And on the other hand, if we suppose conception to have taken place on the very last day of the interval between the two menstrual periods, we should still have an instance of gestation occupying forty-one weeks and two or three days. And lastly, if we assume the middle period of the interval as the time of conception, we should have an interval of forty-two weeks and a half ; and certainly, when we saw her in March, she had all the appearance of a woman in the third month of pregnancy. It is also to be recollected that quickening occurred on the 10th of May, just sixteen weeks after the probable period of conception, or eighteen weeks from the time of the last menstrual period, and nearly twenty-seven weeks before labour. We may add that this was the third instance of the same kind which has come under our own observation.

We cannot close this part of the subject without directing the reader's attention to the cases related by Dulinac,* Fodéré,† and Dr. Granville,‡ which, occurring as they did in their own wives, and under circumstances where there could be no possible motive to deceive, and where every successive period of the gestation was carefully observed by persons so eminently qualified to form a correct opinion, are entitled to great attention.

It appears to us that several of the foregoing cases ought to carry conviction to any unprejudiced mind ; and it is to be recollected, that if any one of them be true, it establishes the fact in defiance of all objections made by those who deny it because they have not met with any case of it themselves, or because they conceive it to be inconsistent with the usual or established order of nature.§ " We ought to admit it," says Fodéré, " not merely because it is possible, but because we have abundant proof that it has happened."

In the next place we find that the laws of different countries have been framed from a persuasion on the part of the legislators that a protraction of the ordinary term of gestation might occur. Thus the law of France, the Code Napoleon, provides that the legitimacy of a child born 300 days after the death or departure of the husband shall not be questioned ; and the child born after more than 300 days is not declared a bastard, but its legitimacy may be contested. The Prussian civil code declares that an infant born 302 days after the death of the husband shall be considered legitimate. The Scotch law is very precise:—" To fix bastardy on a child, the

* In the Causes Célèbres.

† Médecine Légale, vol. ii. ch. 3, p. 195.

‡ In his evidence before the House of Lords.

§ Ignorat naturæ potentiam qui illi non putat licere, aliquando, nisi quod sæpius facit.—*Seneca*, Nat. Quæst. lib. vii. cap. xxvii.

husband's absence must continue till within six months of the birth; and a child born after the tenth month is accounted a bastard.* Our English law fixes no precise limit,[†] but the decisions that have been made from time to time are in favour of the possibility of protracted gestation.

The first satisfactory precedent of which we are aware is that *M. 17 Jac. B. R. Alsop and Stacey*. Andrews dies of the plague; his wife, who was a lewd woman, is delivered of a child *forty weeks and ten days* after the death of the husband; yet the child was adjudged legitimate, and heir to Andrews; for *partus potest protrahi ten days ex accidente*.

In the case of Forster and Cooke,† a legatee filed a bill to have his legacy, and in order to define the person on whom he had claims, it was necessary to establish a will. But as it is requisite in chancery, for establishing a will, to have the heir-at-law before the court, it was a question to whom that title properly belonged, and so the period of gestation came to be considered. An issue was directed to try whether a child born forty-three weeks after the husband's death was legitimate; and it appears that the jury found this posthumous child to be the heir-at-law.

With the exception of the last-mentioned case, the question of protracted gestation seems to have escaped legal inquiry for more than two hundred years before the contest for the Gardner peerage, which recently excited so much interest in England, and gave rise to a very lengthened investigation.

The following were the facts of this remarkable case. In the year 1796, Captain Gardner (who afterwards became Lord Gardner) married Miss Adderley. They lived together as man and wife until the 30th of January, 1802, on which day Mrs. Gardner took leave of her husband on board-ship, and shortly afterwards he sailed to the West Indies; from whence he returned to England on the 11th of July following. For some time before, and also during the whole time of Capt. Gardner's absence, Mrs. Gardner carried on an adulterous intercourse. Upon Captain Gardner's return to England he found his wife with child; and she, hoping to be delivered within the proper time, made no secret of her pregnancy. When, however, she ascertained that the child could not be brought forth in time to be supposed to be Captain Gardner's, she declared that she had a dropsy, and informed his family that such was the case; and not only Captain Gardner, but the whole of his family considered her as labouring under that complaint. On the 8th of December Mrs. Gardner was delivered in secret, in the presence of three persons only. The child was immediately removed to a lodging, and was afterwards christened by the name of the paramour, who brought it up, and in all

respects treated it as his son. The birth of this child was carefully and successfully concealed from Captain Gardner, who did not even discover his wife's adultery till the year 1803. He subsequently obtained a divorce, and married again. He succeeded to the title in 1808, and died in 1815, leaving a son by his second marriage, who in the year 1824 presented his petition to the king praying to be entered on the parliament roll as a minor peer. This was opposed by the young man, Henry Fenton Jadis, alias Gardner, who claimed to be eldest son of Lord Gardner, being born 311 days, or ten calendar months and nine days after Captain Gardner's departure from the country.

The petitions were referred to the committee of privileges, who called before them seventeen of the most eminent practitioners in midwifery in London and elsewhere, and examined them as to the possibility of such a protraction of the term of gestation as was here contended for. Five of these gentlemen maintained that the limits of gestation were fixed, and consequently denied the possibility of such a protraction. The other twelve supported the affirmative side of the question, and some of them adduced cases very strongly in favour of their views, particularly Drs. Granville, Conquest, and Blundell. Without wishing to enter into any criticism of the medical evidence, we cannot help remarking that two or three of the gentlemen who asserted forty weeks to be the ultimatum, admitted that it might be exceeded by a few days; and we would ask, if the principle of extension be admitted, how or by whom can the limits be assigned?

The House of Lords decided in favour of the petitioner and against the counter-claimant, Henry Fenton Jadis, *but not because of the time of his birth*; for Lord Eldon, who was their Chancellor, in giving his judgment, says, "It is not by any means my intention to do more than express my conviction that the petitioner has made out his claim,—that there are a great many more questions which arise in a case of this nature, almost the whole of which were considered in the Banbury peerage, but without entering into a detail of these questions, and *without entering into a discussion as to the ultimum tempus pariendi*, I am perfectly satisfied upon the whole evidence that the case has been made out."^{*}

It was the *adultery of the mother, and the concealment of the birth from the husband*, which justified the house in refusing the petition of the counter-claimant. If the only point in the case had been that he was not the son of Lord Gardner because it was impossible his mother could have gone forty-four weeks with him, the House of Lords could not have declared him illegitimate; and when Lord Eldon said he should give his opinion "*without entering into the question of the ultimum tempus*," it is perfectly clear he did so for the purpose of guarding against the decision being

* "And so it is of all children born so long after the death of the husband that by the usual course of gestation they could not be begotten by him; but this being a matter of some uncertainty, the law is not exact as to a few days."—Blackstone.

† Brown's Chancery Cases, v. iii. 349.

* Le Marchant's Report of the Proceedings, &c. p. 335.

ever taken as a precedent that a gestation protracted four weeks beyond the usual time should be a ground for bastardizing a child.

(W. F. Montgomery.)

SUCCUSSION.—See CHEST, EXPLORATION OF.

SUDORIFICS.—See DIAPHORETICS.

SUPPURATION.—This term is employed to denote the process whereby a certain fluid, called *pus*, is formed or deposited on the surface or in the substance of any tissue. It seems to be strictly analogous to the words *εμπύσησις*, *εκπύσησις*, or *αποπύσησις*, which Hippocrates appears to have applied indiscriminately to the deposition of pus, without any reference to the precise nature of the process by which it is produced. The propriety of regarding this process only as a sequel of inflammation will be considered in the course of this article; but it is obvious, that where there may exist a doubt upon this head, it is much more consonant with the most approved method of scientific definitions to omit all mention of a questionable connexion. We prefer to denote by *suppuration* that which is so clearly expressed by a term used by some French writers, *pyogénie*, which we believe originated with Brugmans.*

Having first treated of the properties of the fluid which characterizes the suppurative process, we shall, in the second place, proceed to the consideration of the precise nature of that process, and, lastly, to the various phenomena which accompany it.

Pus is obtained in its greatest purity from the surfaces of external ulcers which are in a perfectly healthy state, and shew a disposition to heal, or from acute and healthy abscesses. As the qualities of this fluid are apt to vary considerably under the influence of even trivial causes, it is desirable to be particular in procuring that, which is destined for examination, from a healthy source. Pus thus obtained, and absurdly denominated "*laudable*," is a homogeneous fluid, of the consistence of cream, of a white colour tinged with yellow, slightly tenacious, of a mild taste, and sometimes a mawkish smell, but at times also inodorous.

It is important, in a practical point of view, to ascertain what are the fixed and constant characters of pus. Most observers have stated that it consists of globules, which they consider its essential part; these globules float in a fluid possessing some resemblance to the serum of the blood, but from which it especially differs in being coagulable by muriate of ammonia. Hunter,† Home,‡ and Pearson,§ have considered these globules as very similar to those of the blood; and Gendrin, who regards pus as blood in a transformed condition, and whose

microscopic observations fully confirm those of MM. Prevost and Dumas, thinks that the only difference between them is, that the globules of pus are somewhat larger and of an opaque yellow colour.* Mr. Lister and Dr. Hodgkin, however, have expressed a different opinion; and they state, as the result of their observations, that the globules of pus are extremely irregular in size and figure, and "bear no resemblance to those of the blood."† The following concise statement is from Kaltenbrunner, an exact and cautious observer. "In hominis pure meraco, quod ab aëris injuriâ bene erat munitum, granula æqualia, spherica, pellucida, nucleo penitus carentia, conspiciuntur nec aliud quidpiam. Aëri vero exposita, granula mox inter se conglutinantia et decomposita, floccos inæquales exhibent, qui sero quodam cincti sunt."‡ In fine, Raspail, the latest systematic writer on organic chemistry, considers the existence of globules in pus entirely dependent on the presence of albumen in it, and observes that they so easily alter their shape that it is but lost time to devote any attention to microscopic observations upon it, with the hope of ascertaining any determinate form in them.§

The great importance which was formerly attached to the discovery of some criterion for distinguishing between pus and mucus, led physicians to subject the former fluid very extensively to the action of chemical re-agents; nor does it appear that any very useful results have been obtained from their numerous trials. The well-known essay of Darwin, entitled "Experiments establishing a criterion between mucaginous and purulent matter," was composed in consequence of this question having been appointed the subject for the medal offered by the Æsculapian Society of Edinburgh, in 1778. From this essay we learn that he treated pus with pure water, with sulphuric and nitrous acids, and with caustic alkali and corrosive sublimate; he found that it was diffused through water, forming a white, milky, opaque fluid; in dilute sulphuric acid it formed a uniform turbid white mixture, from which, when allowed to stand, a white sediment was deposited; nitrous acid dissolved a considerable quantity with great effervescence, "the mixture became green and retained its froth," but the addition of water rendered it very turbid and milky; with caustic alkali it mixed intimately, "the pus seemed dissolved, but when water was added a separation took place:" however, in six subsequent experiments, in which pus from an abscess of the mamma was used, the alkali would not dissolve it, for it remained viscid at the bottom of a glass of luvivium, and nearly separable for the space of twenty-four hours; on adding water to this, a semi-pellucid matter fell to the bottom, which was more tough and viscid, and readily drawing into strings than the pus before the addition, and could not be

* Brugmans de Puogenia, sive Mediis quibus Natura utitur in creando Pure.—Groningæ, 1785. Dict. des Sc. Médicales, Art. *Pyogénie*.

† On the Blood, Inflammation, &c.

‡ On Ulcers.

§ Phil. Transact. an. 1810.

* Histoire Anat. des Infl. tom. ii.

† Appendix to Hodgkin's Translation of Edwards on the Influence of physical Agents on Life, p. 441.

‡ Experimenta circa Statum sanguinis et vasorum in Inflammatione, § 86.

§ Nouveau Système de Chimie Organique, p. 508.

separated into parts nor in the least diffused through the water.

It appears that, prior to the period at which Darwin instituted the experiments which we have just alluded to, Mr. Hunter had been examining into the true nature of pus. His most important conclusions respecting it are thus summed up in one paragraph of his chapter on this fluid. "True pus," he says, "has certain properties which, when taken singly, may belong to other secretions, but when all joined form the peculiar character of pus, viz. globules swimming in a fluid, which is coagulable by a solution of muriate of ammonia, which no other animal secretion that I know of is," and, at the same time, a consequence of inflammation; these circumstances taken together may be said to "constitute pus."* His experiments with chemical agents were of a more general kind, and were tried upon organic and inorganic substances; the former being muscle, tendon, cartilage, liver, and brain; the latter pus and the white of egg. He dissolved each in sulphuric acid, and then precipitated the solution with vegetable alkali; the precipitates, when examined with the microscope, all appeared to be of the same nature, viz. "fleaky substances." Similar results were obtained with the volatile alkali, and when he dissolved the same substances in the vegetable caustic alkali and precipitated the solution with the muriatic acid.

The experiments of Dr. Pearson, published in 1810 in the Philosophical Transactions for that year, were attended with similar results to those we have detailed. This physician appears to have examined pus on a more extended scale than his predecessors. He applied his tests to that fluid under all its principal modifications. He differs from Hunter in ascribing the effects of muriate of ammonia on pus to inspissation, not to coagulation. He conceives that pus consists essentially of three parts: 1. a fibrinous matter, to which he gives the name animal oxide; 2. a limpid fluid resembling the serum of the blood; and 3. innumerable spherical particles visible only by the microscope; and that the varieties of this fluid, which are so constantly met with, relate to the differences of proportions of the essential substances and of adventitious parts; these latter are curdy masses, which he considers to consist chiefly of lymph, colouring particles of the blood, small sloughs from neighbouring parts, some of the fluid in a putrefied state, specific infectious particles, such as characterize the purulent matter of small-pox, syphilis, &c.

Beaumes and Andral, in repeating Darwin's experiments, have not met with results similar to his. Andral's experiments were upon various kinds of purulent matter, softened tubercular matter, creamy pus collected from cavities in the lungs of patients dead of phthisis, pus furnished by a pleuritic effusion, the sputa of persons in the last stage of consumption, the sputa of patients labouring under chronic pulmonary catarrh, mucus from the pharynx

and nasal fossæ: "All these different fluids were alike dissolved by the sulphuric acid, which in every instance turned at first red and afterwards black, this latter change being accompanied with a considerable elevation of temperature. When a small quantity of water was poured into these solutions, they assumed a greyish white colour, and, if a little more were added, a grumous curdy deposit was observed gradually forming in large quantities, and when after some hours it had completely subsided, the rest of the fluid became transparent and colourless."* Andral did not find that nitric acid dissolved pus, as stated by Darwin, but on the contrary it acquired a greater degree of consistence, and remained suspended in the form of yellow grumous masses without depriving the medium of its transparency.

Pus does not appear to be either alkaline or acid: that from scrofulous individuals has been said to be in general alkaline, and, as Gendrin remarks, contains a large proportion of soda and muriate of soda. It is said by several writers, Pearson in particular, that pus resists the putrefactive process for a considerable time, except when it happens to be mixed with adventitious particles which are prone to it. Shwilké has given us the following chemical analysis of pus: albumen in a state of concretion; extractive matter; a substance bearing a considerable resemblance to adipocire; soda; muriate of soda; phosphate of lime, and other salts.† According to this analysis, Andral remarks, the only difference between the serum of the blood and pus consists in the presence, in the latter fluid, of extractive matter, and in the particular state of the albumen. The nature of the extractive matter has been successively regarded as a peculiar animal substance, *sui generis*; as a combination of albumen and fibrine; as a peculiar modification of fibrine, incapable of coagulating spontaneously or of being organized; an animal oxide, (Pearson;) in fine, it has been supposed to present a considerable analogy to the caseum of milk.‡

Pus was supposed to possess certain acrid qualities by which it exerted a solvent or corroding power on parts in its vicinity; this supposition, though abundantly contradicted by facts of every day's occurrence, was more decisively overthrown by a series of comparative trials instituted by Sir E. Home, in which he exposed a piece of muscle to the action of pus in an abscess, of pus from the same abscess removed from the body, and of animal jelly. By these experiments he ascertained that the pieces of muscle placed in the last two lost weight much more rapidly than that immersed in the pus of the abscess. That pus varies considerably in its qualities, and that it changes under the operation of even the most trivial causes, and in an incredibly short time, are

* Anat. Pathol. by Townsend, vol. i. p. 487, 8. — *Beaumes*, *Traité de la Phthisie Pulmonaire*, tom. i.

† *Vid. Pinel*, *Nosographie Philos.* vol. ii. p. 10.

‡ *Andral*, vol. i. p. 485.

* On Inflammation, &c. p. 421.

facts well known to those who have had any experience in the treatment of external ulcers. An increase or diminution of the local irritation, a sudden mental emotion, the occurrence of a fresh disease, change of temperature, indigestion, the action of some medicines, have been severally known to produce these alterations; and there are some persons whose constitutions or idiosyncrasies are such that the purulent fluid secreted from them is always of a peculiar character, as a sero-purulent fluid, a grumous fluid with fragments of cheesy matter floating in it.* Pearson and Hunter account for this alteration by the addition of adventitious substances in variable proportions, and the former author has founded upon it the following varieties of pus:—1. creamy homogeneous pus; 2. curdy pus; 3. serous pus, or sero-purulent fluid; 4. glairy muciform pus, or puriform mucus; 5. concrete or lardaceous pus; which last has been added by Andral.

Of the distinctive characters of pus and mucus we have little to add to that already mentioned in the article EXPECTORATION. The test proposed by Dr. Young does not seem to have obtained very general attention; it is founded upon the opinion that globules constitute an essential part of pus, and their presence is necessary in order to the production of the phenomena which characterize the test. If we put a small quantity of the substance to be examined between two pieces of plate-glass, and holding it near the eye, look through it at a distant candle, we shall observe the appearance, even in the day-time, of a bright circular corona of colours, of which the candle is the centre; a red area, surrounded by a circle of green, and this again by another of red, the colours being so much the brighter as the globules are more numerous and more equable. If the substance be simply mucus, there will be no rings of colours, although sometimes there is a sufficient mixture of heterogeneous particles, even in mucus, to cause the appearance of a reddish area only about the candle.†

Suppuration is commonly considered as a sequel of inflammation, and is by far most frequently met with in practice as such. Whether it be connected with inflammation as an effect to its cause has been doubted; but it is certain that the greatest number of suppurations met with in the body externally or internally would not have existed had not inflammatory action been previously excited. It was Mr. Hunter's opinion that pus could not be formed without inflammation; and this is the opinion of many moderns; among whom we may mention the distinguished Dupuytren, who observes, "*les tumeurs purulentes ont toutes la même origine—l'inflammation.*"‡

It may be truly said, with Thomson, that there are perhaps few subjects in pathology concerning which more numerous or contradictory opinions have been entertained than

concerning the formation of pus. Boerhaave and many of his followers attribute it to the breaking-down of the solids, and to the changes induced in the extravasated blood. Sir J. Pringle and Gaber conceived that the serum, when stagnant, underwent a particular alteration, by which the gluten present in it was changed into a white opaque fluid called pus. Gorter and Quesnai ascribed it to changes induced upon the coagulable lymph; Hoffmann and Grasias to the melting down of the fat; and Dr. Stewart to the putrefaction of chyle. But these hypotheses, adds Dr. Thomson, have deservedly become obsolete, and may be allowed to remain so, for they throw no light whatever on the process by which pus is produced. That pus is a new secretion, or formed in an analogous way, is a doctrine sanctioned by high names; it was first suggested by Simpson of St. Andrews, from observing the effect produced by keeping up irritation of a wound, and the changes in the characters of the effused fluid corresponding to the variation in the degree of irritation. De Haen formed a similar opinion some years afterwards. He considered that pus was secreted immediately from the blood; "that although the blood appears to be homogeneous, nevertheless it is obvious that there is something in it which when collected appears to be tenacious, whitish, or yellowish, and which ought to be called the matter of pus." And again, he expresses himself as authorised to conclude that a certain disposition is set up in the blood, ("*in sanguine nostro dispositionem dari,*") by which the matter, called purulent or phlogistic, is separated from the remaining principles of the blood and expelled from the body in various ways.*

Mr. Hunter was an advocate for the opinion that pus is a secreted fluid. "The cellular membrane," says he, "or circumscribed cavities have their vessels but little changed from the adhesive state at the commencement of the suppurative disposition, so that they still retain much of the form they had acquired by the first state, the discharge being at the beginning little more than coagulating lymph mixed with serum. This is scarcely different from the adhesive stage of the inflammation; but as the inflammatory disposition subsides, the new disposition is every instant of time altering these vessels to their suppurative state; the discharge is also varying and changing from a species of extravasation to a new-formed matter peculiar to suppuration. *This matter is a remove further from the nature of the blood, and becomes more and more of the nature of the pus*; it becomes whiter and whiter, losing more and more of the yellow and green which it is apt to give the linen that is stained with it in its first stages, and in consistence more and more viscid or creamy."—"By the formation of this new substance, the coagulating lymph which was extravasated in the adhesive state of the inflammation and adhered to the sides of the cells either in cut surfaces, as in wounds, in ab-

* Andral, loc. cit.

† Young on Consumption, and Cooper's First Lines; also Young's Med. Literature, p. 574.

‡ Dict. de Méd. et Chir. art. *Abcès*.

* Rat. Medendi, cap. xi. tom. i. Edit. Lugd. Bat.

scesses, or circumscribed cavities, is pushed off from these surfaces, and if it is the inner surface of a cavity it is pushed into it, so that the cavity contains both coagulating lymph and pus; or, if it is a cut surface, the coagulating lymph is separated from it by the suppuration taking place, and is thrown off; but as such surfaces are dressed immediately after the operation while the wound is bleeding, this blood unites the dressings to the sore, which is assisted afterwards by the coagulating lymph thrown out in the adhesive stage: the whole, viz. dressings, blood, and coagulating lymph, are generally thrown off together when suppuration commences on these surfaces. This is the process that takes place on the first formation of an abscess, and the first process towards suppuration in a fresh wound."

"Pus is not to be found in the blood similar to that which was produced in the first stage, but is formed from some change, decomposition or separation of the blood, which it undergoes in its passage out of the vessels, and for effecting which the vessels of the parts have been formed, which produces a subsiding of the inflammation from which it took its disposition; hence it must appear that the formation of pus consists of something more than a straining of juices from the blood. Many substances, indeed, which are to be considered as extraneous bodies in the blood, being only mixed with and not making an essential part of that fluid, and perhaps even necessary to it, may pass off with the pus as with every other secretion; yet the pus is not to be considered on that account as simply parts of the blood unchanged, but we must look upon it as a new combination of the blood itself, and must be convinced that in order to carry on the decompositions and combinations necessary for producing this effect, either a new or peculiar structure of vessels must be formed, or a new disposition, and of course a new mode of action of the old must take place. This new structure or disposition of vessels I shall call glandular, and the effect or pus, a secretion."^{*}

Gendrin, to whose writings we have had occasion to refer so extensively when treating of the properties of pus, has with great care examined the mode of formation of this fluid, and with no less clearness and precision detailed the results.

One of the earliest effects of inflammation upon a tissue is the effusion or infiltration of a fluid into its substance; after the inflammation has reached a certain height, this fluid alters in its characters, becomes gelatiniform and coagulated, and is deposited between the fibres of the part to the extent of the inflammation; and if the inflammation be extremely violent, this coagulated matter becomes red, sanguinolent, with all the characters of blood itself; a transverse section of the inflamed organ exhibits this infiltration in all its degrees. The gelatinous infiltration is formed of a reddish matter, half serous, half gelatinous, in which the blood appears in scattered striæ. At a dis-

tance from the centre of the inflammation the proportion of serum is greatest, and the colour of the infiltrated matter is yellowish, and at the extreme limits the infiltrated fluid is serous and colourless. There is a direct relation between these degradations of the infiltrated matter and the degrees of vascular injection and of inflammatory alteration of the substance of the inflamed organ.*

On inspecting a tissue some time in the state of inflammation, and which has passed into suppuration, this coagulated gelatiniform matter is still seen at the limits of the inflammation, and even in the centre amid many other alterations. It becomes of a yellowish grey colour in other points, more numerous as we approach the true purulent infiltration, which becomes evident from the deposition between the fibres of a yellowish white fluid, which seems less adherent and less identified with the tissue than that which is found in the earlier stages. When this fluid is examined with the microscope, pus is recognized by its characteristic globules, and in some points where the infiltrated matter is about to become purulent, we find the true purulent globules mixed with small globules which retain a little of the rosy-greyish colour of the globules of the blood, deprived of the colouring matter by rest after their escape from the vessels; so that it would appear that the infiltrated pus is only a modification of the spontaneously coagulated matter, the infiltration of which preceded its presence. This fluid may be collected, and on examination will be found to differ in nothing from the pus of abscesses, excepting that, not being as yet completely elaborated, it is still more or less gelatiniform in consistence.

When an artery is obliterated by means of a coagulum, if a ligature be placed round it above the obliteration, and a seton passed through the coagulum in the direction of the tube of the artery, suppuration takes place; the coagulum is then seen to soften, and to be progressively converted into pus, in the same manner as in the inflated tissues. A similar effect is produced by the introduction of any foreign body into the interior of an artery, after stopping the course of the blood in that portion of it and removing the blood which it contained. The artery becomes closed by the formation of coagulable matter by adhesive inflammation; this effused matter becomes softened, and converted into pus immediately around the foreign body. From these facts Gendrin justly concludes, "*Il n'y a donc entre le fluide purulent des tissus enflammés et le fluide coagulable organisable qu'un degré de plus;*" and the reader will not fail to recognize the correspondence of these facts with the opinion already quoted from Mr. Hunter, in which he states that the *new-formed matter peculiar to suppuration is a remove further from the nature of the blood than the matter formed by adhesive inflammation.*

From the preceding observations it would appear that pus is formed from the blood in the same manner as the fibrino-albuminous depo-

* Hunter on the Blood, &c. 4to. ed. pp. 415-17.

* Gendrin, p. 466 et seq.

sits which are consequent on inflammation. Whatever be the mechanism by which some of the healthy secretions are formed, it must be admitted that pus is produced from an inflamed surface in a similar or analogous manner. When so produced, it sometimes is collected into a separate cavity lined by a distinct membrane, which is formed doubtless by the condensation of the surrounding cellular tissue from pressure, combined with more or less of the adhesive inflammation. This membrane appears to have the power of secreting pus, as is indicated by the rapidity with which that fluid is reproduced in cavities which have been opened and evacuated. Pus is produced in an analogous manner from the surfaces of inflamed membranes which have not suffered any solution of continuity. Delpech is of opinion that wherever pus is formed, whether with or without solution of continuity, a pseudo-membrane precedes its formation, and is the immediate secreting tissue, (*membrane pyogénique*.)

The process of suppuration is essentially the same in all tissues; some, however, appear more prone to it than others. Referring to that section of the article INFLAMMATION, headed, *Varieties of inflammation according to texture*, for details respecting suppuration in them, we shall merely observe that as to relative proneness to suppurations the several tissues rank as follow:—1. Cellular tissue; 2. skin and mucous membrane; 3. serous membranes; 4. vascular tissue. In bone, cartilage, or fibrous tissue, purulent deposits are of rare occurrence. In muscle they, in all probability, originate from the large quantity of cellular membrane found in that tissue. In the brain and nervous tissue they are occasionally met with. In glands and parenchymatous organs suppuration is proportionally more frequent, as those parts contain a larger quantity of cellular membrane.

Suppuration, as the sequel of inflammation, is generally attended with similar symptoms, and a fever of the same characters. The occurrence of rigors in the progress of the inflammatory fever, followed by a hot fit, is very frequently indicative of the formation of pus. In inflammation succeeding to injuries of the head, Dr. Thomson observes, these rigors are often the first constitutional symptoms which give alarm to the well-informed practitioner, for they are generally, though perhaps not always, an indication that inflammation has already made a dangerous, if not fatal progress. These rigors, also, accompany the formation of pus in the viscera contained within the cavities of the chest and belly, and are often the first symptoms which inform the practitioner that his endeavours to procure resolution have not been successful.

The practitioner must be on his guard to distinguish these rigors from those of intermittent fever, those which precede continued fever, or such as may depend on some local irritation, as that which arises so frequently from irritation in the urinary passages, and which forms one of the most remarkable features of urinary fever.

When the suppuration has become chronic,

that train of constitutional symptoms which constitute hectic fever is present; nor does it subside till the suppuration has ceased, or is greatly diminished. (See FEVER, HECTIC.)

Treatment.—The treatment of the suppuration of internal parts will depend very much on the nature or character of the constitutional symptoms, and must be directed to the alleviation of the violence of fever, or the support of drooping vital powers, for such opposite conditions are met with in company, in cases of internal suppurations. No plan of treatment that we know of can expedite the process of suppuration, bring it more speedily to issue, or completely arrest it when once it has set in. As the natural tendency of pus is to make its way towards the surface, it is an obvious indication to give exit to it by artificial means where and when that can be done with due regard to the patient's safety. For further details respecting the treatment of suppuration, we refer to the practical remarks at the close of the article INFLAMMATION, especially at page 809 of the second volume.

It sometimes happens that purulent formations occur with great suddenness in the body under different circumstances. When a part is undergoing a profuse suppuration, pus may be formed in an organ remote from it: after injuries of the head, or severe or trifling injuries to other parts, whether from accident or operation; in the course of tedious fevers, and after parturition. From the fact that these abscesses appear when parts are in the state of suppuration, they have been supposed to be metastatic in their nature; or in other words, that the pus was absorbed from the suppurating surface and carried into the substance of the organs. They do not appear unattended with constitutional disturbances, although they sometimes come on insidiously, frequently at a period when there is every reason to hope for a favorable issue to the case. The constitutional symptoms that precede these purulent depositions with variable severity are, shiverings, sometimes resembling in the periodicity of their return the cold fits of intermittent fever; delirium; prostration of strength; sometimes insensibility. They have the constant property of being developed with extraordinary rapidity, especially when we compare the time they take for their completion with that commonly necessary for the formation of pus after inflammation. At times, moreover, they come on without heat, pain, or redness of the part affected; and the first indication of their presence is afforded by the prominence made externally.* The abscesses are generally found in internal organs, parenchymatous viscera, sometimes in joints, and sometimes even in the external cellular tissue.

Recent researches in morbid anatomy have traced a connexion between these abscesses and inflammation of veins in their vicinity in a large proportion of cases. "There exists," says M. Dance, "in a great majority of cases, where we observe these metastatic abscesses, a venous inflammation which takes its origin round the

* Dict. de Médecine, art. *Abcès Metastat.*

wound or original injury; and this inflammation is the true means by which the pus is produced, and introduced into the circulation, and mixed with the blood, the composition of which it injures. This blood, thus contaminated, finds its way into the parenchymata, and then excites new inflammations, which attack in preference those structures in which bloodvessels are most abundant." On this subject the reader will find much interesting information in M. Dance's *Memoirs on Phlebitis*, in the *Archives Générales de Médecine*, tomes xviii. xix.; and in the papers of Rose, Arnott, and Lee, in the *Transactions of the Medico-Chirurgical Society of London*.

(R. B. Todd.)

SURVIVORSHIP.—To determine which of a number of persons overwhelmed by the same accident, as shipwreck, fire, falling of buildings, &c. has perished first, or survived the last, is a question of as great difficulty as its solution is often important. Thus, in the case of a father and son, brother and sister, husband and wife, who have died together, without any positive evidence of the event, it is frequently necessary to decide which of them outlived the other, for the survivor having succeeded, although but for an instant, to the property of the other, gives to his or her heirs a claim to the inheritance. If a man be seized in fee of land and tenements, though but for a moment, his wife is entitled to dower; therefore, if both father and son perish by a common accident, and the son survive, however short the period, his wife shall have dower, for the lands descended the instant the father died. This doctrine was extended very far by a jury in Wales, where the father and son were both hanged in one cart, but the son was supposed to have survived the father by appearing to struggle longest; whereby he became seized of an estate in fee by survivorship, he and his father being joint-tenants, in consequence of which seizing his widow had a verdict for her dower. So also of joint-tenants, (as partners,) where the interest of the first deceased passes to the survivor, and not to the heir-at-law or next of kin of the deceased; but the heir-at-law or next of kin of the last survivor is entitled. Also between testator and legatee, if the legatee die first, it is a lapsed legacy and falls into the residue; but if the legatee survive, his executor or administrator shall take it.*

Always occupied by war, and dying more frequently in battle than in bed, the Romans had need of laws to regulate the order of succession when the father and son, the brother, uncle, and nephew, &c. had perished in the same action. It was accordingly decreed, that when two persons of different ages perished at the same time in an engagement, it should be considered that he who had not yet arrived at puberty had died first; that on the contrary, when the father and son already of adult age, had lost their lives together, the son should be

esteemed the survivor. This law, which at first had reference only to the events of war, was subsequently extended to all other cases, and to it was added that which enacted, that if a man and a woman died together, the woman should be considered as having died the first. These statutes were founded on the consideration of the relative state of strength and weakness of the respective ages and sexes. On these grounds judgment was given in a case mentioned by Zacchias,* in which many persons were destroyed by the fall of a building. Among them was a father with his daughter aged thirteen years; and it was ruled that the girl, in consequence of her age and temperament, had perished first, while the father being in the vigour of health had survived her. This principle continued to form the foundation of decisions in the French tribunals up to a late period, of which a remarkable instance is related by Ricard,† a celebrated advocate of the seventeenth century. In 1658 two persons perished in the famous battle of Dunes, one, the father, serving in the Spanish army, the other, the son, serving in the French. On the same day at noon the daughter of this gentleman, and consequently the sister of his son, took the veil as a nun, at the very hour in which the battle commenced. The nun being dead in law, it was inquired which of the three should be presumed to have outlived the two others. It was decided that the girl had died first, for her death being voluntary was instantaneous; while the death of the father and son having been violent, might have been protracted for some time after the receipt of their wounds. It remained, then, to determine which—the father or son—had died first, and this gave rise to a lengthened discussion, which terminated in the adoption of the ancient law; and it was ruled that the two having died in the same engagement, without any evidence to fix the precise moment of their death, the son should be presumed to have outlived the father, because he had passed the age of puberty. Many other cases are given by Fodéré‡ as illustrations of the application of the old Roman law. A modification of this has been adopted in the construction of the present French law,§ by which it is enacted, that if several persons, naturally heirs of each other, perish by the same event, without the possibility of knowing which died first, the presumption as to survivorship shall be determined by the circumstances of the case, and in default thereof, by strength of age and sex. If those who perished together were under fifteen years, the oldest shall be presumed the survivor. If they were all above sixty years, the youngest shall be presumed the survivor. If some were under fifteen and others above sixty, the former shall be presumed the survivors. If those who had perished together had completed the age of fifteen, and were under sixty, the male shall be presumed the survivor,

* Quæst. Med. Leg. lib. v. quæst. 13.

† *Traité des Dispositions Conditionnelles*, chap. 5, sect. 5.

‡ *Méd. Légale*, t. ii. p. 220 et seq.

§ *Code Napoléon*, art. 720-1-2.

* See Park on Dower. Cro. Eliz. 502. Paris and Fonblanque, 390.

when ages are equal, or the difference does not exceed one year. If they were of the same sex, that presumption shall be admitted which opens the succession in the order of nature; of course the younger shall be considered to have survived the elder.

According to the civil law of England, which generally regulates the administration of personality, it is held that when parent, whether father or mother, and child perish together, as in shipwreck, if the child be of the age of puberty, he shall be presumed to have survived; but on the contrary, that he died first if he were under that age; regard being also had to the relation of the party who is to benefit by the decision. Indeed, the order of nature appears to afford the best general rule, and, therefore, in the absence of all evidence to the contrary, it is to be wished that it were established that the natural succession had taken place as if no accident had occurred; that the child survived the parent; the nephew, the uncle; descendants, ascendants; legatees, testators; and generally, that the younger had outlived the elder.* But since there is no such enactment in force, it is well to inquire if medical science affords any assistance in the solution of this question.

For this purpose we may arrange our researches under two heads:—1. the consideration of the state and condition of the persons who have perished by the same accident: 2. the examination of their dead bodies, and the observation of the lesions presented by them. Under the former we shall consider the age, sex, temperament, habit of body, diseases, bodily power, and mental affections to which the individuals had been subject during their lives.

Age.—It is true that in early youth we are endowed with much vivacity; that the vital powers, still new, often surmount serious diseases under which a more advanced age would probably have sunk; but the instruments are feeble, and have not yet attained that development and tone requisite for great trials: moreover, still unprovided with that experience which strengthens men in danger, and suggests numerous resources, young persons are easily frightened, lose self-possession, and often accelerate their destruction, and this the more in proportion to their youth. In old age, on the contrary, the solids have too much consistence in proportion to the enfeebled vital power. Such persons are aware of the manner in which to avoid danger; but their instruments no longer obey the will, and they die with a full consciousness of their state. It would appear, then, that in general very young persons, and those far advanced in age, sink more readily in a common danger than adults and those in the middle stage of life. Some exceptions, however, to this rule are occasionally observed. Thus Fodéré† remarks that in the revolutionary war he observed very young drummers, and even infants, conduct themselves with the greatest courage and presence of mind in dangerous

situations, such as crossing rivers, and during sudden surprises of the enemy.

Sex.—With respect to sex it appears reasonable to assume that, all things being equal, the female yields first in an accident common to both sexes. It is certain that man, in virtue of the superiority of his strength, courage, and energy, is in a condition to struggle against danger, and resist causes of destruction more effectually than woman. Feeble, timid, and without experience, she is naturally placed, with respect to man, in the order of mortality from a common accident, as infants are in relation to adults, the weak to the strong. There are, however, some circumstances capable of modifying this statement, which it is necessary to consider. Female life may be said to be divided into two stages; the first of which continues until the cessation of her characteristic function—menstruation; a stage devoted to the propagation of the race, and accompanied with all the attributes necessary to its fulfilment. The second is marked by an interruption of this important periodical discharge, a loss of many of the peculiarities of the female sex, and an approach towards the conformation of the male. In this latter condition, the timidity, sensibility, and excitability so remarkable in the former, are gradually enfeebled; and thus the grounds of distinction in the order of mortality in the two sexes is removed. It has been remarked that women suffer less from obstruction to respiration than men, and that it is more common to observe them continue a long time without pulse or manifest breathing; from which cause they have sometimes been restored to life, when men overwhelmed by the same accident have been found irrecoverably dead. Females are, moreover, liable to sudden loss of sensation or fainting from the least fright, and thus becoming unconscious of surrounding objects, they avoid a great part of the horrors of their danger, and hence are not unfrequently rescued alive from calamities, which those to whom they have been fully apparent have not been able to withstand. From which it would appear that, however specious the doctrine that the weak should be considered to have died before the strong, it is very possible that this very weakness may be oftentimes a means of the preservation of life.

Temperament.—Galen said that persons of a cold temperament were more readily oppressed by any violent cause than those of an opposite; and the assertion of this great master is generally true, except in the case of death by simple suffocation. By temperament we mean the greater or less degree of energy and irritability of the instruments of the vital power, the chief of which is the heart, along with which may be considered the arteries and veins, for they are but ramifications of a great trunk the root of which is the heart. Upon the force of this latter organ depends, in a great measure, the temperament. When it is great, it accelerates the circulation and respiration, increases the secretions, and produces heat. When it is feeble, it constitutes the cold, humid, and phlegmatic temperament, opposed to the former. Between these two

* *Paris and Fonblanque*, Med. Jur. v. i. p. 391.

† *Méd. Lég.* t. ii. p. 236.

extremes there are a number of varieties, which it is not necessary to allude to more particularly in this place. The bodily force depends materially on the nature of the temperament. We do not speak of the power of carrying great weights, for we often see persons possessed of the greatest strength in this respect endowed with very little vitality. A phlegmatic temperament is often observed combined with great muscular development, as in the Alps and some parts of Hungary; and the *athletæ* of Greece were neither the most courageous nor vivacious. It is a circumstance frequently observed that persons of such a description sink more quickly under diseases than those of an opposite character, and when called on to make great and continued exertion, they always fail the first. The temperament termed bilious, or those temperaments that approach it, in which the flesh is not exuberant, and which unite a facility of conception to a promptitude of action, are those which appear endowed with the greatest sum of vital power, equally disseminated, and capable of concentration to struggle against a common danger. We may say then that, relatively to temperaments, in the order of presumption of survivorship, the phlegmatic died first, then the melancholic, then the sanguineous, and last of all the bilious.

Habit and variety of constitution.—Under this head we comprehend the relative proportions of the principal organs of the body, and its conditions of obesity or leanness. There can be no doubt that a just proportion of the dimensions of the head and chest, with that of the other parts of the body, is a necessary condition for the exercise of health. It is well known that a large head and short neck are circumstances which dispose to apoplexy and other cephalic maladies; and that a narrow chest, whether it be by original formation, or the result of spinal disease, produces difficulty of breathing and other pulmonary affections. Thus, according to the kind of accident that may have caused death, and the organ, whether it be the brain or lungs, that is first affected by it, we can judge, with some appearance of certainty, that he whose head or chest was disproportioned died before those who were furnished with these organs in just proportion. With respect to obesity, it has been always considered as accompanied with less vigour than the opposite state. Hippocrates laid it down that fat persons die sooner than lean, and when we consider that they are more disposed to apoplexy, and more quickly oppressed in their breathing by any great exertion or by very warm temperature, there appears to be some foundation for the assertion. A great deposit of fat is an effect of venous plethora, and usually accompanies a deficiency of vital force and energy, commencing when the venous system excels the arterial. There is a difference, however, between persons fat by nature and from consuming large quantities of nutritious food; in the former, the obesity depends on a cold humid temperament, endowed with feeble activity, the courage is weak, and the passions are torpid. With the second there may be combined much

strength and vital energy, together with great courage and tumultuous passions. It should be observed that, in death by drowning, as in shipwreck, the fat may have an advantage over the lean from their lower specific gravity, such persons being sometimes found of a less specific gravity than water. This was the case with the celebrated Neapolitan priest Paolo Moccia,* who weighed thirty pounds less than an equal volume of water. He was, in consequence, able to float in that element, and perform all movements as freely as in air.

Disease.—A knowledge of the state of health of persons overwhelmed by a common accident is of value in questions of survivorship, since it is natural to suppose that invalids would have less means to resist the event than those in good health. The diseases which concur to facilitate death in an accident of this kind, may be divided into acute and chronic. The first are fevers, either inflammatory or typhoid, of which the latter seem the most powerful, in consequence of the great prostration of strength with which they are accompanied, so that the least cause superadded, fright particularly, is capable of extinguishing the feeble remains of life. Fodéré† mentions a circumstance corroborative of this position. The chimney of a military hospital to which he was attached took fire. All the patients, in a state of alarm, rose from their beds, but one of them, the subject of a typhoid fever, was so overcome by fright, that he died on the spot. Fodéré says he has seen many other similar instances in persons affected with malignant fever. Among the chronic diseases, scurvy is placed by the above author in the first rank, from its resemblance to malignant fever. After it come those that affect the functions of respiration, circulation, and those of the brain and spinal marrow. Persons affected with these diseases are supposed to perish soonest in a common accident, whether it be that the causes of death are of such a nature as to affect the organs already diseased, or simply by the fright they have occasioned.

Moral condition.—A knowledge of the relative strength of mind of persons dying together may afford some assistance in judging of the order of survivorship. It seems reasonable to ascribe to fear some influence in expediting the death of weak-minded timid persons, for such have been supposed, in great catastrophes which were sudden and unforeseen in their invasion, to have died of fright, without the receipt of any direct violence. Fear is one of the most powerfully depressing affections of the mind, debilitating the brain and nervous system, producing languid action of the heart, and arresting the power of the muscles. Hence arises the impossibility of motion or of flying from approaching danger. In reference to this subject, Haller makes the following remarks:—
“*Mortuus est, eodem die, quo mors ei fuerat præagita; ut metus esset pro morbo; mortuus est cui judicium fatale erat pronuntiatus; et*

* Fodéré, Méd. Lég. t. ii. p. 244.

† Loc. cit.

cui in sepulchro pes esset retentus; et qui intuebatur tendines, sibi dissectus; et qui notas variolarum in se ipso conspexerat; et alii, ex aliis causis.* Sennertus reports many instances where the fear of death had effectually produced it in individuals who had received but slight injury, which would have been of no moment had the mental affection been less. It should be remembered, however, that such a consequence is not always to be ascribed to fear; for it has been observed that fatal results sometimes follow slight wounds received in action from fire-arms, arising out of a peculiar nervous agitation from which even the bravest are not exempt. This remarkable condition formed the subject of an interesting thesis† by Dr. Burton, at Edinburgh, in 1820, who had ample opportunity for observing it during the peninsular war, at Waterloo, and New Orleans. He describes it as supervening sometimes on very trifling injury. In one case, that of an officer who was wounded just above the left patella, so slightly that the injury did not extend to the tendons, a collapse took place, from which it was impossible to rouse him, and he died that night. In another officer, who was wounded at the battle of Salamanca, the ball entered below the right breast, and ran round the thorax, under the skin, without penetrating the cavity; he was seized with a similar nervous depression, and rapidly sank under it. Other cases are given by Dr. Burton, in which injuries, more or less severe, were followed by similar results. As we have alluded to this subject, we shall beg leave to transcribe the description of it given by the author:—"Indicia quæ frequentissimè consternationem universi corporis vulnere tormento inflicto demonstrant hæc sunt:—Æger frigoris sensu ad horrores plus minusve graves accedente, corripitur, vultu pallido collapsio, labiis colore defectis, oculis cavis, retractis; pulsus exiguus, quandoque adeo imbecillus ut ægrè tactu percipi potest; spiritus lentus oppressus, sudores, non tamen generales, erumpunt, vomitus; membrorum jactatio ita ut membrum læsum sæpe (quantum fieri potest) huc illuc jactetur, nec dolorem quemquam excitare appareat; quod quidem ex pessimis signis est. Nonnunquam æger difficillime ad respondendum excitatur; atque si tandem respondeat, monosyllabis vocabulis responsum reddit. Discriminis raro conscius apparet, atque monitis curantium quibuscunque plerumque concedit." Dr. Burton does not attempt to account for the occurrence of this nervous agitation, but he states what we consider of importance with reference to our subject,—namely, that it is quite independent of the courage or pusillanimity of the individual. He concludes by saying, "Hoc igitur prolusionem finiam, me sanctè credere istam virium conditionem a spiritûs virilis, veraque fortitudinis defectu, nequaquam provenire." From this it appears that death speedily following a trifling injury is not in all cases to be ascribed

to fear, but depends on some peculiar idiosyncrasy with the nature of which we are still unacquainted, and therefore a previous knowledge of the fortitude or timidity is not of as much value in judging of the priority of death among several individuals, as Fodéré seems inclined to ascribe to it.

A consideration of the manner of life and education of individuals, with reference to the cause of death, seems to promise more aid in determining their respective survivorships; for we often find the minds of different persons affected in different ways when exposed to the same danger; some surveying with great dread what makes little impression on others. This difference in the susceptibility of alarm depends in a great degree on the habits and pursuits of each. Thus men who have borne their part with firmness in battle will tremble at the name of a disease or a trifling operation; while many who freely expose themselves to contagious disorders would no doubt feel very uncomfortable on being for the first time opposed to the enemy's fire. If, therefore, we find a person of good constitution joined to a confidence in his own powers, the result of early training in athletic exercises, as running, leaping, swimming, &c., if he has been accustomed to a hard life, and exposed to difficult and trying circumstances, we may reasonably conclude that he will be the least alarmed at any sudden calamity, and will be the last to struggle against the horrors of inevitable death.

Degree of exposure to danger.—Some presumption as to survivorship may be drawn from a consideration of the manner in which an event that has destroyed a number of persons together has acted in causing immediate or more tardy death. The respective situations of the individuals in the place where the catastrophe occurred, and the blows, wounds, or bruises observed on the corpses, should be also taken into account. Severe wounds of the head and of the heart must be considered as giving a precedence in the order of death. Such injuries being in themselves mortal, evidently point out that, independently of the general cause, the death of those who have received them has been accelerated. After these may be ranked wounds of the lungs, great arteries, and abdominal viscera.

Besides these indications there are others, consisting of certain changes which take place in bodies after dissolution, that may assist in determining priority of death, or survivorship. These are loss of temperature, the occurrence of cadaverous stiffness, fading of the eyes, cadaverous lividities on the surface, and commencing putrefaction. It might be imagined that a body being found cold and stiff, at the same time that another is warm and flexible, is a certain indication that the latter survived the former. But the reverse may have been the case, for we have already shewn in a former article (see *PERSONS FOUND DEAD*) that these changes are influenced by different circumstances relating to individuals, such as age, temperament, habit of body, disease, accident, &c. On these points it is unnecessary to en-

* Elem. Physiol. v. p. 585.

† De agitatione nervosa vulneribus scopetariis quandoque infecta.

large in this place, and we beg to refer our readers to the article just mentioned. It will be sufficient to observe that the bodies of young persons preserve their heat and flexibility longer than those of old, when the cause of death has been the same in both; but there are certain forms of death that accelerate or retard these changes. For example, apoplexy and asphyxia cause the rate of cooling to be slow, and protract the occurrence of muscular rigidity, while hemorrhage expedites both. Therefore, although, *ceteris paribus*, we should expect to find the body of an old person cold and stiff before that of a young person who died at the same time, yet if the former has died of apoplexy or suffocation, and the latter from sudden loss of blood, this order will be inverted. Hence the necessity of ascertaining and weighing well the cause of death before these indications are adopted as grounds for determining questions of survivorship.

We will now proceed to consider some of the more common accidents by which a number of persons may be simultaneously destroyed.

Drowning.—Death from this cause may overtake a number of individuals together in inundations, shipwreck, upsetting of boats, &c. In this case a knowledge of swimming certainly gives an advantage to those who possess it over those who do not; and when it is ascertained that some of the company were skilled in this art, of which others were ignorant, it affords reasonable grounds to suppose the survivorship of the former. In engagements at sea and in shipwrecks, where a number of persons are precipitated together into the water, it has been remarked that the most courageous, those who have preserved their presence of mind so as to enable them to lay hold of any floating body, and those who know how to swim, are the last to yield to their fate. Thus, at the blowing-up of the French ship *L'Orient*, at the battle of the Nile, some of the men escaped by seizing spars and fragments of the wreck. The locality should be attended to in all these cases, and if there is an opportunity of examining the bodies it should be done, to ascertain whether any mortal injury have been inflicted from striking against rocks or other resisting objects. A severe wound of the head, for example, would incapacitate a good swimmer from exerting his powers, and thus invalidate his claim to survivorship. It has been supposed that some opinion as to priority of death may be formed from the floating and sinking of the corpses; for it is known that at first they go to the bottom, there to remain until the putrefactive process has generated gas sufficient to buoy them up, at which time they rise to the surface; then the body, having discharged this gas by bursting, descends again, until a further quantity is formed in its tissues, on the occurrence of which they again float; and this process may be often repeated. If there was an interval of a day or two between the deaths of two individuals, these facts might assist in determining which had precedence;

but when all are supposed to have died so nearly at the same time, they cannot be considered of much value. Besides, the occurrence of putrefaction is influenced by so many circumstances, (see *PERSONS FOUND DEAD*), that no dependence can be placed on its manifestation when the interval between the deaths has been so small.

Suffocation.—This may take place from the exposure of a number of persons to the effects of noxious or irrespirable gases, or by the falling in of caves or buildings in which they may have happened to be assembled. If the gas be possessed of positive deleterious qualities, such as sulphuretted hydrogen and carbonic acid gases, it may be presumed that death was rapid in all, and occurred nearly at the same time. If it be only irrespirable from deficiency of oxygen, then those in whom the function of respiration is in the highest vigour, who stand most in need of a due supply of vital air, are those who most quickly suffer by its deprivation. In this case adults may be supposed to perish before infants or very young persons. Dr. Edwards* has shewn that young animals will live for a much longer time in the same quantity of air than adults. He found by enclosing young and old sparrows in separate but equal portions of atmospheric air, that the former lived for fourteen hours and a half, while the latter perished in one hour and a half; and he obtained nearly similar results in experimenting on some of the mammalia. Attention should be paid to the manner in which the cause may have acted on the subjects exposed to its effects, and to the opportunity of escape that each may have had. In the ruins of Pompeii the bodies of the inhabitants that were discovered were found in different situations; some in houses, others in the streets, and others at the gate evidently in the act of flying from the impending danger. These last may be presumed to have outlived the former. Fodéré, to whose writings we are indebted for much valuable matter on this subject, mentions an accident that occurred at Marseilles, in which several persons were suffocated in the same house at night, by the carbonic acid gas from a neighbouring lime-kiln. The bodies were found in the morning in different situations—some in bed, and others on the stairs, giving evidence of an attempt at escape; and thus affording grounds for the presumption that the former perished before the latter.† In all cases where the fatality has been owing to the falling of buildings, &c. an accurate examination of the bodies should be made, to discover any lesions that may have been inflicted; for a hard heavy body having fallen on the head, chest, or belly, would naturally point out the speedy death of the individual thus wounded.

Hunger or thirst.—It is well known that individuals who have not reached their full growth suffer most from deprivation of aliment; and hence those advanced in age support

* On the Influence of Physical Agents on Life.

† Dict. des Sciences Méd. art. *Survie*.

hunger better than children. This fact has been observed in famines at sea and in besieged towns; and is no less correctly than beautifully illustrated by Danté, in his account of the death of Count Ugolino and his family, who, shut up in a dungeon and condemned to destruction by starvation, are represented as perishing in the order of their age, beginning at the youngest; the father having survived to witness the death of all. Women consume less food than men, and are capable of supporting themselves better under its privation: hence they may be supposed to be the last to sink when exposed in common with men to the effects of hunger. Persons of a full and fat habit of body are likewise better able to support a long fast than those of a lean and active disposition. In judging of survivorship in cases from this cause, regard should be had to the means of procuring any cordial, such as wine, or spirits, or even water. In the case of the celebrated Viterbi, who starved himself to death in the island of Corsica, he prolonged his life for some days by having yielded to the call of thirst, and taken a draught of cold water on the thirteenth day. If, therefore, it be discovered that some of the party had access to any of these fluids, from which the rest were debarred, it would afford strong grounds for the presumption of their survivorship. In death from hunger, as in most of the accidents of which we have taken notice, vigour of intellect, by which the presence of mind is retained, gives an advantage to those who possess it. This was exemplified in the crew which embarked on the raft, after the wreck of the *Medusa* in the year 1816. Of one hundred and fifty individuals thus exposed to hunger during thirteen days, but fifteen survived, and these were not the strongest and most vigorous in appearance, but those possessed of the greatest courage, and who maintained their presence of mind the longest.

Excess of heat.—Although it is well known that animals cannot continue to live when exposed to very high temperatures, yet the true cause of death from this agent does not appear to be satisfactorily explained. From an experiment of Mr. Brodie, it seems probable that it acts by destroying the muscular energy of the heart and diaphragm. He placed a rabbit in a basket in an oven, the temperature of which was not more than 150°, and it died in a few minutes without any apparent suffering; the heart was afterwards found distended with blood, on both sides, as in syncope.*

It appears from many recorded facts that a heat of the magnitude just mentioned, although sufficient to kill a small animal in a short time, can be borne by man for a considerable space with tolerable impunity. Thus, individuals have gone into ovens hot enough to bake bread, meat, &c. and have remained inside during the process without suffering much inconvenience. Tillet and Duhamel† state that at Rochefaucault in Angoumois, in 1760, a

baker's daughter, in their presence, entered into an oven, the temperature of which they estimated at 264° Fahr., and remained about twelve minutes in this excessive heat without being much incommoded by it. A young man, in Dobson's* experiments at Liverpool, remained for twenty minutes without great inconvenience in a stove, the air of which was at 210°. M. Berger† supported, for seven minutes, an atmosphere of the temperature of 229° Fahr., and Blagden that of 260° for eight minutes.

In the volcanic district in the neighbourhood of Naples, there is a deep cave running a considerable distance under ground, at the bottom of which rises a boiling spring; and it is a common feat for the ciceroni to carry in a number of eggs, plunge them into the hot water, and remain until they are completely cooked. The writer has witnessed this performance, and has seen the man come out bathed in perspiration, and certainly exhausted, but not otherwise perniciously affected. In the course of Dr. Apjohn's interesting and important experiments on respiration, he entered the heated room of a calico manufactory, the temperature of which was 152°. He remained in it for thirty-seven minutes, at the end of which time his pulse beat 116 strokes in a minute, and the number of respirations was raised to thirty in the same period. These changes, however, did not take place suddenly, for it was not until he was twenty-five minutes in the room that the heart's action attained that rate. This experiment is important, not only on account of the conclusions arrived at respecting the changes effected on the air by respiration, but also in reference to the length of time that such a degree of heat can be supported by man. The effects of watery vapour are more intolerable than those of a dry atmosphere. M. De-laroché could not support, above ten minutes and a half, a vapour-bath which, at first at 99°, rose in eight minutes to 124° Fahr.; and M. Berger was obliged, in twelve minutes and a half, to come out of a vapour bath, of which the temperature had risen from 106° to 128° Fahr. These gentlemen, however, supported for a considerably longer time, without much inconvenience, higher temperatures in dry air.‡

The effects of a high degree of atmospheric heat are witnessed on a large scale in the deserts of Africa and Arabia, where caravans so frequently suffer from exposure to a burning sun. Fodéré alludes to the loss sustained by the French army from this cause in traversing the sands of Egypt and Syria. He describes the effects to be vertigo, syncope, rarefaction of the blood, passive hemorrhages, and death. It would appear that men exposed to this cause of destruction survive in an inverse order to what takes place in exposure to cold, that is, that adults and strong persons sink under it before the young and weak, an instance of which is given by the author last named. An

* Philosoph. Trans. 1775.

† Exp. sur les Effets qu'une forte chaleur produit sur l'Economie.

‡ Dr. Edwards, op. cit.

* Paris and Fonblanque's Med. Jur. vol. ii. p. 63.

† Mém. de l'Acad. des Sciences, 1764.

Englishman and his daughter, aged seven years, joined a caravan which left Aleppo in the year 1814, to cross the desert of Syria to the Persian Gulf. Both father and child rode on camels, and were placed under exactly similar circumstances, but the former could not resist the effects of the heat, and died; while the girl was able to continue the journey, and arrived safe. Other members of the caravan suffered similarly, but they were the strong and robust; the young suffered least.

Cold.—It appears from the observations of Dr. Edwards, that the power of evolving heat in infants is less than that possessed by adults. Thus, in ten healthy infants the limits of variation of temperature taken by M. Breschet were from 93° to 95° Fahr., the mean of the whole number being 94° 55', while the temperature of twenty adults was found to vary from 96° to 98°, the mean being 97°, which agrees with the best observations. The temperature of the former is, therefore, inferior to that of the latter; a relative difference which analogy would lead us to expect. It follows, as a consequence of this, that when the faculty of evolving heat is not the same, the vitality will be different; for the need of warmth, and the power of supporting cold, cannot be the same, where the internal source of heat has not the same activity. In one experiment Dr. Edwards exposed a kitten, newly littered, removed from its mother, to the air at the temperature of 51° Fahr.; it was cooled down in nine hours to 64°, and had become stiff and almost incapable of executing the slightest movements. In another experiment he exposed two kittens of one day old, and having a temperature of 98°, to the air of a room at 50°; in two hours and twenty-five minutes the temperature of one was reduced to 62°, and that of the other to 64°, and they had become stiff and almost insensible. It is superfluous to observe that the adult animal would not have suffered the same effects. Similar experiments cannot of course be made on infants, but it is fair to infer that they would exhibit similar results. This variation between ages, in the power of resisting cold, seems to be extended to sex and temperament, for males have been remarked to endure low temperatures better than females; and those of bilious and sanguine temperament better than phlegmatic and nervous. In questions of survivorship arising out of a number of individuals destroyed by cold, besides the circumstances just mentioned, it is necessary to take into account the state of health or disease of each; and also their relative moral powers, by which a resistance to sleep, and a capability of continuing in motion, are maintained; two circumstances of the greatest importance in combating the effects of cold. The relative amount of clothing of each, and the opportunities of procuring nourishment or cordials, should also be considered. If spirituous liquors have been at hand, a great deal will depend upon the manner in which they have been used. In the disastrous retreat of the French army from Russia, it was observed that those soldiers who rushed greedily on the casks of brandy

and drank to intoxication were the first to perish from the cold; while those who used it in moderation were revived by it. Fodéré* mentions that he witnessed similar effects in crossing Mont Cenis with the French army in 1789, but that the practice of taking small quantities of brandy every two hours assisted most wonderfully in enabling him to resist the cold.

(T. E. Beatty.)

SUSPENDED ANIMATION.—See ASPHYXIA.

SYCOSIS.—(*Syn.* mentagra, herpes pustulosus mentagra, mentagre, dartre pustuleuse mentagre), from *συκων*, a fig, denotes a cutaneous disease of the bearded parts of the face and throat and also of the hairy scalp: it is characterized by pustules, viscid discharge matting together the hairs, and forming crusts by inflamed tubercles, and sometimes by prominent granulated ulcerations. The mixture of colours and unevenness of the surface give to the affected parts something of the appearance of the pulp of a fig; and hence this disease has received the name of sycosis. Dr. Bateman,† and it appears from his statement, Dr. Willan also, regarded the initial form of this affection as truly tubercular, but of that form of cutaneous tubercle which usually ends in suppuration: while Alibert,‡ Rayer,§ and Biett,|| maintain that the disease is originally pustular, and that the tubercles, which however they allow are diagnostic,¶ arise during the progress of sycosis. Thus it appears that the French and English pathologists differ chiefly in the precedence as to time, and the degree of importance which the former attach to the suppurated points, and the latter to the tubercular elevations of the skin.

Dr. Bateman has divided the disease into two species, that which is seated on the bearded portion of the face, and that which appears on the hairy scalp: but we have also seen an affection of the same character situated on the pubes of both sexes, more especially the female. This last is usually of syphilitic origin.

1. *Sycosis menti*, sycosis of the chin. This disease is often preceded for months, sometimes for years, by a morbid irritability of the skin of the face, and partial eruptions of inflamed pimples, which, after suppurating, fade and disappear, and after a time are succeeded by others. These attacks become more frequent and severe, till at length the disease establishes itself on the chin or upper lip. Most commonly the development of sycosis is immedi-

* Dict. des Sciences Méd. art. *Survie*.

† Synopsis, &c. p. 291.

‡ Maladies de la Peau. fol.; also, Précis Hist. et pratique des Malad. de la Peau, 2 tom. 8vo.

§ Traité des Maladies de la Peau.

|| Dict. de Médecine, art. *Mentagre*; also Schedel et Cazenave, Abrégé pratique des Maladies de la Peau.

¶ “Enfin dans l’impetigo figurata, on ne rencontre jamais les tubercules, comme dans le Mentagre.” Schedel et Cazenave, Abrégé pratique, p. 226.

ately preceded by heat, redness and tension of the skin covered by the beard, with tingling and pricking pains; numerous inflamed pimples now make their appearance, which ripen into pustules in three or four days, and in seven or eight burst and become covered with thin brownish crusts; but the oozing of fluid is generally inconsiderable. The crusts by degrees separate, and according to Biett,* the disease ceases entirely from the tenth to the fifteenth day, provided no new eruption takes place. The pustules are conical and most frequently single; at other times they are clustered together in circular groups, and very numerous, covering the upper lip and chin with small prominent tumours of various sizes, filled with a yellowish white pus, and each penetrated by a hair. Most commonly successive partial eruptions take place, the skin becomes inflamed and thickened, tubercular eminences form, and at length even the subcutaneous cellular tissue suffers, and small phlegmons from time to time make their appearance. In some protracted cases even the bulbs of the hair become affected, and parts of the chin are rendered bald: but in most instances when the disease subsides, the hairs are reproduced, at first pale and slender, but they afterwards acquire their natural strength and colour.

The extent of the disease is very various: sometimes it forms only one spot on the middle of the upper lip, covered by a dark prominent crust; (darte pustuleuse labiale—Alibert;) at other times the whole of the bearded portion of the face and throat is covered by pustules, crusts, superficial ulcerations, and tubercles; and in some cases even the eyebrows are not exempt from the disease. Sycosis of the chin occasionally appears in a much less acute form, the eruption presenting more of a tubercular than a pustular aspect. Many of the tubercles continue as red, smooth, conoidal tumours, about the size of a pea, for three or four weeks or longer; while others suppurate very slowly and imperfectly, discharging a little thick viscid matter, which glues together the hairs.† When to these appearances are added partial ulcerations, the lower part of the face exhibits a very repulsive appearance, from the mixture of tubercles, crusts, ulcerations, and the strong hairs of the beard matted together; while the patient, in the mean time, suffers considerably from the hot itching and tenderness of the parts.

It has been supposed that the anatomical seat of sycosis is the sebaceous follicles; and it is probable that they often participate in the disease of the adjoining tissues, but this does not appear to take place in all instances. M. Gendrin made a dissection of a case of sycosis which had existed for a considerable period, and found that the diseased skin was thicker than natural; the rete mucosum under the pustules presented in different places small infiltrations of a yellowish substance like jelly, and

each of these was observed, by means of a lens, to be surrounded by a very delicate net-work of vessels. The bulbs of the hairs appear, in this instance, to have been unaffected, and the sebaceous follicles are not stated to have been in any way diseased.*

2. *Sycosis capillitii*, sycosis of the scalp. This has been described by Dr. Bateman; but it does not appear to have been distinguished by French writers on cutaneous diseases from the porriginous affections of that part. It consists of the eruption of clusters of soft acuminated tubercles on the hairy scalp near to its margin and on the temples; sometimes spreading so as to involve the external ear. Perhaps they ought to be termed pustules rather than tubercles, for they all pass into suppuration in eight or ten days, run together, and form for each group an irregular elevated spongy ulceration, often presenting a granulated appearance, and discharging a quantity of thin fluid of a rank offensive odour. This uniform tendency to ulceration forms one of the diagnostic marks which distinguish sycosis from porrigo: they differ also in the more inflamed and elevated base of sycosis, and in the absence of contagion. The last is a diagnostic of no practical value, and one which can seldom be proved to our satisfaction.

Causes.—Sycosis of the chin has been met with, though very rarely, among women: it occurs chiefly in young men, soon after puberty; and in adults, having a coarse skin with a dark-coloured strong beard. Indulgence in the luxuries of the table and in strong liquors, gross dissipation, filth, and misery may all be regarded as powerful exciting causes of this affection: but even individuals of the most correct habits, and uniformly attentive to cleanliness, are not altogether exempt from its attacks. Those who are much exposed to the scorching glare of fires and furnaces, as cooks, glass-blowers, foundries, steam-engine men, are most frequently affected with this disease. It has also been ascribed to the use of a foul or rough-edged razor, but probably on no sufficient grounds, although such an irritation must obviously hasten its development in those already disposed to it. Thus the causes of sycosis of the chin are to be sought for partly in a disordered state of the digestion and of the general health, and partly in local irritation: few cases, we believe, are met with, in which constitutional as well as topical influences do not concur to produce the disease.

Sycosis of the scalp is of more obscure origin: the few cases of this nature which we have seen were in children of a delicate appearance; and the beautiful delineation of the disease given by Dr. Bateman is obviously taken from a child; yet it is remarkable that in his diagnosis of the disease he speaks of it as occurring *exclusively* in adults.†

Treatment.—The first step towards a cure is to remove, as far as lies in our power, all those circumstances which appear to have occasioned

* Dict. de Médecine, art. *Mentagre*; also *Schedel et Cazenave*, Abrégé pratique, &c.

† *Bateman*, Synopsis, &c. p. 293.

* Histoire Anatomique des Inflammations, t. i. p. 457.

† Synopsis, p. 294.

or aggravated this affection, as intemperance, neglect of cleanliness, exposure to scorching heat, and the irritation of the razor. It is of great consequence to get rid of the hair, in order to clear away the crusts and discharge, and to apply topical remedies with effect; shaving, however, is exceedingly painful, and in most cases quite impracticable; but the object may be gained by clipping the beard with scissors, which ought in no case to be omitted. The parts should then be cleansed with tepid milk and water, emollient poultices, and the topical vapour-bath. This last, both simple and combined with sulphur, will be found of great utility in soothing the affected skin and promoting the softening and absorption of the tubercles, which it often effects with remarkable rapidity. The raw and ulcerated parts ought to be bathed with the black mercurial wash, or with Bates's red lotion,* and dressed with ointment of white precipitate of mercury, or, if there be much irritation, with ointment of oxide of zinc, or subnitrate of bismuth. When the discharge is considerable, we have found great benefit from applying a strong solution of sulphate of copper. The removal of the tubercles is also much hastened by the application of sulphate of copper and nitrate of silver in substance; but the concentrated acids, which have been proposed, cause sloughing of the tumours, increase the inflammation, and retard the cure.† Such of the tumours as appear particularly prominent and fiery ought to be punctured with a lancet; and the bloodvessels will be unloaded, and in many cases small collections of pus or gelatinous fluid discharged. When sycosis possesses an inflammatory type, as it usually does in its early stage, and the strength of the patient permits, it will be of service to apply leeches around or even upon the affected skin; and when the individual is robust, venesection or cupping will be proper; and the tartrate of antimony ought to be given in frequent small doses. In all cases of this disease it is of consequence to commence the treatment by a smart mercurial purgative; and after the bowels have been cleared out, and the inflammatory symptoms have abated, our efforts ought to be directed to restore the digestive organs to a healthy state by bitters, alkalies, and, in more obstinate cases, by the continued employment of minute doses of mercury. When sycosis occurs in persons whose strength is much reduced, a nourishing diet with tonics, such as the preparations of cinchona and steel, has been productive of speedy amendment. If the disease be obstinately protracted, the arsenical liquor ought to be had recourse to, and a blister applied over the diseased surface; or this

last may be tried in conjunction with a course of corrosive sublimate.

Sycosis of the scalp being more ulcerated, and accompanied with a thinner and more abundant discharge than that of the chin, it requires a more liberal application of astringents and caustics; and the same remark applies with nearly equal force to the corresponding affection of the genitals. In this last, cooling washes and the free use of sulphate of copper, conjoined with the internal employment of mercury, will very rarely fail to accomplish a speedy cure.

(*W. Cumin.*)

SYMPTOMATOLOGY.—The diagnosis of diseases constitutes the first part of the office of the physician in his actual visits to the sick. The sources of diagnosis are, the history, the symptoms, or changes in function, the effects of remedies, and the morbid anatomy, or changes in structure.

The history teaches much of the probable progress of the disease, and of its effect in inducing changes in structure and devastations of the powers of the general system. The symptoms designate the organ principally affected. The effects of remedies, carefully considered, throw an important light upon the nature and force of the disease, and upon the condition and energies of the system. The examination of the changes of structure affords an invaluable confirmation or correction of our previous opinions.

The study of the history of the disease greatly aids the diagnosis. The constitutional causes, which involve the hereditary predisposition, previous attacks, &c.; the external causes, which embrace those circumstances which induce and modify the disease; the duration, the past course of the morbid affection, &c. are all events which greatly assist us in forming the diagnosis, and in determining the particular condition of the organ principally affected, and of the general system, in the individual case.

But the symptoms doubtless constitute the chief source of the diagnosis. The form and violence of the symptoms, the particular order in which they appear, the particular manner in which they are conjoined, offer additional means of diagnosis.

One of the sources of diagnosis enumerated constitutes a department of knowledge which may be termed *new*: it is that of the effect of remedies, and especially of bloodletting, as a diagnostic of diseases, and as a criterion of the general powers of the system. In cases in which it is doubtful whether the pain or other local affection be the effect of inflammation or of irritation, the question is immediately determined by placing the patient upright and bleeding to incipient syncope: in inflammation much blood flows; in irritation, very little. The violence of the disease, the powers of the system, and the due measure of the remedy, are determined at the same time. There is, in our opinion, no single fact in physic of equal importance and value, in the diagnosis of

* \mathcal{R} Sulphatis cupri.

Boli armen. aa \mathfrak{ss} .

P. camphoræ, \mathfrak{ss} .

Aquæ ferventis, lb. ii. M. s. a. et cola per lin-teum.

† An ointment composed of iodine \mathfrak{ss} , and hydriodate of potass \mathfrak{ss} , with \mathfrak{ss} of lard, has proved successful in a case of some years' duration. See Lond. Med. Gazette, Dec. 7, 1833.

acute diseases and the use of an important remedy.

But it must be acknowledged that it is to the study of morbid anatomy that we are principally indebted for the recent progress, and, indeed, for almost all that is solid, in medical science. It is by the investigation of morbid anatomy that we are principally enabled to establish correct species of disease; but it is equally true, that all the advantages which spring from our knowledge of changes of structure, must flow through that of the history and symptoms, as the channel to our individual patients. The progress of medicine as a science—might we not say, as an abstract science?—may be considered as greatly dependent on that of our knowledge of morbid anatomy; but the advancement of physic, as a practical art, is intimately linked with our knowledge of the history, symptoms, and the effects of remedies—with the diagnosis of the disease in the living patient.

The sources of diagnosis may be arranged in the following manner:—

- I. *The history.*
- II. *The symptoms, or changes of function.*
- III. *The effects of remedies.*
- IV. *The morbid anatomy, or changes of structure.*
 - I. *The history of diseases* comprises
 - i. The causes, which are
 1. Constitutional.
 2. External.
 - ii. The course, which is
 1. Acute.
 2. Chronic.
 3. Insidious.
 4. Sudden, &c.
 - II. *The symptoms, or changes of function,* are observed in
 1. The countenance.
 2. The attitude.
 3. The tongue.
 4. The general surface.
 5. The general system.
 6. The functions of the brain, the spinal marrow, and the nerves.
 7. The respiration.
 8. The circulation.
 9. The functions of the alimentary canal.
 10. The physical condition of the abdomen.
 11. The functions of the urinary organs.
 12. The functions of the urinary system.
 13. Examinations,
 1. Of the abdomen,
 2. Of the rectum,
 3. Of the vagina, &c.
 - III. *The effects of remedies* are
 - i. Immediate.
 - ii. Remote.
 - iii. Curative.
 - iv. Morbid.

They are principally seen in the administration of

1. Bloodletting.

2. Purgatives.
3. Opiales.
4. Mercury.
5. Digitalis.
6. Alcohol.
7. Quinine, &c.

It is the *immediate* effects of bloodletting which are chiefly valuable in a diagnostic point of view.

IV. *The changes of structure* are

1. Febrile.
2. Eruptive.
3. Inflammatory.
4. Congestive.
5. Arthritic.
6. Rheumatic.
7. Scrofulous—Tuberculous.
8. Scirrhus.
9. Encephaloid.
10. Melanotic.
11. Dropsical.
12. Hemorrhagic, &c.

The observation of the history, symptoms, and effects of remedies, is strictly clinical, and can alone be beneficial to our immediate patient. The examination of the morbid anatomy may be viewed as the proper corrective of our clinical opinions, whilst it contributes, more than any other species of investigation, to the advancement and exactness of the science of medicine.

The true value and importance of the history and symptoms of diseases, and of morbid anatomy, depend alike on a due and correct association. The most perfect knowledge of symptoms would be utterly useless unless considered as signs and indices of the internal disease; and the most perfect knowledge of morbid anatomy would be inefficient, unless we were enabled by the symptoms to ascertain its existence in the living body. Our object, in both these studies, ought, therefore, to be to make them useful by the establishment of distinct associations of the symptom or the sign, and of the morbid state as the thing signified. It is in this manner only that the diagnosis and identification of diseases in the actual practice of physic will become more and more correct and complete.

The objects embraced in the history and symptoms of diseases are certainly more transitory and less palpable, and require more caution and reserve in the association as effects of diseases, than those of morbid anatomy. But, from the observation just made, that it is only by association of the morbid anatomy with symptoms indicative of the morbid change that even this becomes cognizable in the living body and useful in the practice of medicine, it is plain that the same difficulties apply in fact to both.

The study of the history and symptoms of diseases embraces an object unconnected with morbid anatomy, viz. such instances of morbid affection as consist in derangement of function and leave no trace under the scalpel of the anatomist.* And it is one of the objects of the

* See Baillie's Morbid Anatomy, Pref. p. 1.

history of diseases especially, to trace the transitions, in mixed cases, of deranged function into deranged structure, the extensions of diseases of structure from one organ or part to another, and the superinductions, from accident or natural consequence, of one disease upon another. It is a point of great importance, but of great difficulty, in the study of the history and symptoms of diseases, to determine the times of these transitions and extensions of disease.

It is an object of the history and symptoms of diseases to ascertain, in the coincidence of different morbid affections, whether their co-existence be accidental, or the result of their mutual relation as cause and effect.

Such is an imperfect sketch of the objects and relations of this department of medical science. It would be wrong to argue against the importance of the study of the history and symptoms of diseases from the imperfect manner in which they have hitherto been treated; whilst to consider perfection in this study to be unattainable would be to suppose that medicine cannot exist as a safe and useful art. It would be wiser and more true to say, that, hitherto, we have been too apt to form and to state our opinions, and to regulate our practice, on insufficient evidence; and then to turn our attention to the real nature of the evidence for facts in medical science, and especially in clinical medicine, and to inquire whether its sources may not be multiplied, and its results rendered more sure and conclusive.

It is in this way alone that we can hope to remove from the practice of medicine the reproach of vacillation and uncertainty, and contradiction. The first step is clearly to distinguish and to identify the disease; the second, to appropriate the remedy, in its purity and simplicity, and with a due attention to the strength and constitution of the patient. When experiments have thus been carefully instituted, and the results collected by an assiduous observation, we may expect to become acquainted with the real effects of those agents which we consider as remedies,—both good and bad. An investigation conducted in this spirit would, we feel convinced, lead to some important results. We still want an essay on the morbid effects of remedies,—1, when misapplied, 2, when even appropriately, but perhaps injudiciously, administered, and 3, from idiosyncrasy. We may instance bloodletting, and purging, and opium, as productive of morbid effects of the most serious character, to which our attention has been particularly directed: it is needless to add to the list, mercury, digitalis, cantharides, &c. with which every practitioner has learnt to associate certain morbid conditions of the system. But this subject will be more particularly noticed in a subsequent part of this paper. We shall now proceed briefly to notice the advantages which result from each of the departments of the present article more distinctly.

The principal circumstances more particularly embraced by the history of diseases, are, the cause,—the progress, the stage,—the effect

of remedies,—the season of the year, the prevalence of epidemics,—the constitution, and habits, and previous diseases of the patient, &c.

The principal subject in the history of diseases, in a diagnostic point of view, is its congruity or incongruity with the supposed disease. We frequently arrive at a negative result, especially, by observing such incongruity in the history, and in this manner, by excluding certain diseases, we narrow the sphere of our inquiries and have our attention directed upon a less numerous class of objects.

In the study of the symptoms, every circumstance which can become the subject of observation, and which is at all characteristic, must be considered as important. It is with this view that we carefully examine the countenance and the attitude of patients, as well as those other points which are more usually considered amongst the class of symptoms. The attempt to analyze, distinguish, and describe all the external appearances of disease cannot fail to assist the clinical student and the young practitioner, whilst it serves only to recal to the mind of the experienced those sources of evidence on which his judgments have been ever, though perhaps unconsciously, founded. For without having undertaken any distinct analysis of the general appearances in disease, the experienced physician has, notwithstanding, been struck with them in the coup-d'œil he has taken of these appearances and of the general manner of the patient. By these means he has recognized and identified the affection, when he may have been almost unconscious of the sources from which his discrimination flowed.

The countenance of the patient, although a source of information too much neglected by writers on medicine, is very peculiar and highly characteristic in many diseases, and affords to the physician of experience and observation an important means of diagnosis. The kind, the stage, the changes, the mitigation, and the progress of many morbid affections are accompanied and denoted by corresponding states of the countenance. Let us recall to mind the varied and distinctive appearances in the different kinds and stages of fever, in affections of the head, of the thorax, and of the heart, in inflammation in the abdomen, and in colic and other affections accompanied by spasmodic pain, in icterus and in chlorosis, and that class of morbid affections which, originating in derangements of the digestion, are accompanied by changes of complexion so characteristic of the original disorder. It is impossible not to be impressed with the importance of changes in the countenance so observable, so diversified, and so diagnostic, with a view to every practical purpose in the art of medicine.

Hippocrates,* and Celsus,† and other ancient writers, have, in their great attention to the study of symptoms, paid particular regard to the appearances of the countenance. Celsus observes, “*medicus neque in tenebris, neque a capite ægri debet residere; sed illustri loco*

* Vide Προγνωστικόν.

† Lib. ii. cap. 2, 6.

adversus eum, ut omnes notas, ex vultu quoque cubantis, perspiciat.”*

These observations are equally applicable to the subject of the attitude and motions of the body in general, in different diseases; for, although the attitude, in certain diseases, is so remarkable as absolutely to have challenged observation, yet, in general, this point has been too little noticed, and its indications too little explored. Hippocrates† and Celsus‡ have particularly noticed the attitude of patients.

It is useful to examine the state of the hands and feet of the patient, in connection with that of the general surface. But it is not our intention to enumerate all the subjects of the following pages in this place. We proceed, therefore, to notice in a cursory manner some points rather connected with the investigation of the symptoms of diseases than forming a part of them.

It is proposed, in the first place, to make each particular symptom the object of distinct and separate inquiry, and, considering it as a general phenomenon occurring under numerous and different circumstances of disease, to investigate, distinguish, and arrange its varieties, modifications, and peculiarities, in each.

It is insufficient to give to a particular symptom a particular name, and notice its occurrence in particular diseases; it is necessary to describe each symptom in general, and to distinguish each modification and peculiarity of it in particular. Dyspnœa is noticed as a symptom of inflammation within the chest, of hydrothorax, of asthma; but how widely different is the dyspnœa of pneumonia from that of asthma—how distinct the difficulty of breathing in asthma from the dyspnœa of hydrothorax, and from that of the numerous other affections in which this symptom is observed! How desirable, then, must it be to seize and describe these distinctions, and make the application of them to the discrimination of diseases!

It can seldom be said that any particular symptoms of disease are truly pathognomonic; but the kind and character of the symptom are frequently so. To ascertain, therefore, the form of each symptom as peculiar to different diseases, would be to establish that system of pathognomonics so much desired by the more ancient physicians.§

The varieties and modifications in the form of symptoms must be traced, too, in immediate reference to particular instances of disease. Much has been written on the different states of the pulse; and numerous artificial divisions of this symptom have been formed; but in general this has been done in too abstract a manner. To study the pulse to any practical purpose, it should be constantly considered in relation to some individual disease, its character noticed, its changes traced, and its indications ascertained. Every thing must be as little general and as little abstract as possible.

A proper and full arrangement of the sym-

ptoms and their varieties must be of great importance in the investigation and identification of diseases. Some symptoms have been considered as real diseases, and it must be absolutely necessary to draw just distinctions between them with a view to their cure. A similar arrangement and discrimination of the varieties of each symptom are of essential importance to the diagnosis, and of the greater moment in this place, because the investigation has been hitherto pursued in a very partial and inadequate degree. Dyspnœa, icterus, hydrops, &c. must be distinguished, as symptoms merely, from real diseases, and each form and variety of these affections must be carefully distinguished from the rest, and accurately associated with its particular cause.

There are also some other circumstances which claim our attention. The particular combination of symptoms, and the influence of one symptom in inducing and modifying the others, are observed to be characteristic of certain affections and stages of disease.

In our clinical visits, we naturally resort to the principles of analysis and synthesis, in order, first, to seize some particular points, such as several prominent and important symptoms, from which we proceed, in the second place, to collect such other symptoms as usually concur, and complete the character of the disease we have in view. We are thus confirmed or corrected in our opinions by the congruity or incongruity of the several parts; we perceive that the disease is simple or that it is complicated; and we trace its progress in itself, or its extension, and involution of other diseases, or of parts of the system not originally affected. It is, indeed, comparatively easy to observe and describe symptoms, or appearances in morbid anatomy, abstractedly; the task of difficulty, as well as of utility, is the proper and just association of them as signs of diseases.

Some symptoms are not only incongruous but incompatible, and by a careful and patient observation we often satisfy ourselves on a point which we could not decide by any inquiries. When a patient has complained of pain of the side for instance, and it has been doubtful whether the pain were inflammatory, a spontaneous sigh has decided the question. In the same manner writhing of the body is unusual if not incompatible with inflammation. At least, although, as Celsus observes, “vix ulla perpetua præcepta medicinalis ars recipit,” these circumstances afford great assistance in the investigation of diseases. We are thus frequently enabled to circumscribe our inquiries by ascertaining what the disease is not, before we have actually discovered what it is.

But without entering so minutely and carefully into this subject, there is something in the coup-d’œil, or general sum of appearances, which is of great utility to the experienced physician. There is in practical medicine a circumstance of the first importance, the recognition of a disease. The general appearance of the patient, the peculiar modification, the particular combination, and the mutual influence of the symptoms, give a general character to

* Lib. iii. cap. 6.

† Vide Προγνωστικόν.

‡ Lib. ii. cap. 3, 4, 6.

§ Cullen, Nosologia Methodica, p. vii.

the whole disease, which is recognized and felt by the physician of experience and observation.

Accurately to discriminate the symptoms of diseases, and their various forms, is to apply to the objects of clinical medicine the principle of analysis; and accurately to describe them will be to render the knowledge of them and of medical experience in general more communicable to others. It has long been remarked and regretted that practical knowledge in medicine is peculiar in this respect,—that it cannot be taught, and that the precious fruits of experience necessarily die with their possessors.* How unfortunately true this remark is to a certain extent, must be universally acknowledged. And from this admission, the importance of devising the means of rendering medical knowledge more capable of being imparted from one person to another is sufficiently manifest. Now it has appeared to us that the difficulty in effecting this object may be in some degree obviated. On considering the nature of experience in medicine, it is plain that it consists, in a great measure, in an acquired capacity for receiving and acting on general impressions induced in the mind by the repeated contemplation of disease. The inexperienced practitioner is incapable of receiving these general impressions; the experienced are, in general, incapable of explaining them. Is it not, however, probable that, by presenting to the young clinical student an analysis of those general impressions which constitute the object of experience, he may be very materially assisted, and that experience may not only thus become more communicable, but that the young practitioner may thus also sooner become experienced, and earlier capable of acting on similar general impressions? If this be true, such an analysis of the general impressions of experience must prove highly useful. But such an analysis implies the observation and detail of every particular constituting the general sum of morbid appearances,—the enumeration and description of every phenomenon which can be presented to the observation of the physician.

It is true this general view of disease is inadequate to the purposes of practice; it is, however, of great assistance and utility; and the most experienced must not rest satisfied with his general knowledge, but must make the most particular inquiries, in the case of each individual patient; “*etiam vetustissimus auctor Hippocrates dixit, mederi oportere et communia et propria intuentem.*”† The general impression in question is chiefly useful by contracting the circle of our inquiries, and by leading us nearer that centre which consists in the individual case before us. It is especially useful in dispensary practice, in which many patients must be seen in a short time, and in which there is not, consequently, sufficient opportunity for entering fully into particulars.

In conclusion, we may remark that the ob-

jects of the history and symptoms of diseases may be divided into those of observation and those of inquiry on the part of the physician: the former are the more satisfactory; the results of inquiries are apt to partake of the vagueness and incorrectness of the answers of the patient. In conducting these inquiries, we ought to be careful not to put leading questions, and not to receive the replies implicitly, but to try their truth by ascertaining their congruity or incongruity with the character and history.

We must now revert briefly to that source of diagnosis which is afforded us in the effects of remedies. It chiefly refers to the effects of bloodletting, and consists in the fact, that inflammatory affections of the serous membranes and parenchymatous substance of organs induce great tolerance of loss of blood, in the perfectly erect position. The institution of bloodletting in this position affords therefore a diagnosis of acute diseases of the utmost moment. But the subject has been noticed more at length in its proper place.

I. THE HISTORY OF DISEASES.

The principal objects in the history of diseases are, their causes and their course. We do not propose to enter now into details upon these subjects, as they will be treated of in a subsequent part of this article, but, supposing them known, to point out some of their practical applications.

It is of the utmost importance to observe the causes of prevailing epidemics,—as contagion,—season of the year,—state of the weather, &c.—and of endemics, as marsh effluvia, peculiarity of situation,—prevailing occupations, &c. It is important to know what we may expect in our visits to the sick.

The influence of local situation in inducing typhus, intermittent fever, dysentery, phthisis pulmonalis, bronchocele, calculus, &c. is now well understood; the effect of sedentary occupations is to lead to the different forms of the dyspepsia. Typhus is frequently observed in newcomers into crowded cities;‡ and intermittents, in the visitants or inhabitants of marshy districts. There seems to be good reason for supposing that where intermittents prevail, phthisis is less frequent in its occurrence.† Calculus is less observed in sailors than in persons residing on shore.‡ It cannot be doubted that the careful observation of these external causes, and of their effects, must contribute materially to a knowledge of the diagnosis of diseases and of their various forms.

The next class of causes, which we shall briefly notice, are those of the habits and of the constitution of the patient. The habits of the patient relate chiefly to his occupation, and are sedentary or active, and to his mode of living with regard to diet, wine, &c. It has already been observed that sedentary persons are subject to the dyspepsia; those who eat and drink

* See Pearson on Cancer, Pref. p. vi. ΟΥΤΕ ΤΕΧΝΗ ΟΥΤΕ ΣΟΦΙΑ ΑΦΙΚΤΟΝ, ΕΙ ΜΗ ΜΑΘΗ ΤΙΣ. ΔΗΜΟΚΡΑΤ. ΦΙΛΟΣΟΦ.

† Celsi, Pref. lib. i.

* Louis, Recherches de Gastro-entérite, t. ii. p. 452. Andral, Clinique Médicale, ed. 2. t. iii. p. 448.

† Trans. for the Improvement of Med. and Surg. Knowledge; vol. iii. p. 471.

‡ Medico-Chirurgical Transactions.

freely are, of course, exposed to diseases of fulness, as apoplexy; whilst the spirit-drinker is exposed, on one hand, to attacks of the delirium tremens, or, on the other, to the slower inroads of organic disease of the liver, dropsies, purpura, &c.

The constitutional causes are chiefly those of the form, and of hereditary tendency or taint. The tendency to apoplexy, to phthisis, to gout, and even to calculus and gall-stones, is sufficient to illustrate the present subject. Nor can it be doubted that a careful inquiry into these points must materially conduce both to the prognosis and to the diagnosis of these morbid affections.

In some diseases, however, both the character and prognosis are apt to be modified by complication, or by changes in the original affection. Typhus and other fevers are apt, from a simple form, to become complicated by some local organic affection. The dyspepsia are particularly apt to have their most prominent symptoms removed from one organ to another.

It is a point of great interest and importance to study the early history of insidious diseases, in order to prevent errors in the diagnosis and prognosis. It is of still higher importance to trace with accuracy the previous history of sudden and impending diseases, in order that we may, if possible, prevent them.

In other diseases, as inflammation, and especially organic diseases, the course is comparatively more regular and uniform.

The course of mesenteric disease is perhaps the slowest, and most regularly progressive, of all diseases eventually fatal; it usually occupies a space of from three to five years.

In many diseases it is necessary to watch the course or extension of the primary disease, as it involves different organs. It is a point perhaps of still greater interest, to trace the gradual superinduction of organic disease in cases originally consisting of derangement of function. True asthma may lead to disease of the heart. Protracted dyspepsia is, after excess in spirits, the most frequent cause of hepatic disease.

There is a point in the history of diseases which still requires attention; viz. what has been termed the metastasis or conversion of diseases. This event has occurred in gout, rheumatism, erysipelas, cynanche, parotidea, some cutaneous affections, suppressed hemorrhoids,* &c. But we think some of the events of the morbid affections which accompany the dyspepsia have been mistaken for metastases of diseases; and some of the effects of the treatment, as will be noticed immediately, are very apt to be mistaken for changes or consequences of the disease.

Various diseases are apt to succeed to each other from originating in one common cause: phthisis is apt to follow fistula ani; syphilitic and syphiloid affections variously succeed to each other.

The study of the history of diseases, it has been already observed, is of essential service in

dispensary practice, in which, from the considerable number of patients seen in a limited time, a prompt diagnosis is required. The following rules will be found extremely useful to the young physician on such occasions. It is only, however, as an approximation to the diagnosis, that such rules can be attempted. It will still be necessary to inquire into the particulars of the individual case.

The first question to be asked of the patient is, how long he has been ill. The reply resolves the case into the class of acute, or of chronic affections. The former are principally fevers, the acute dyspepsia, or acute inflammations; the latter are the chronic dyspepsia, the insidious organic diseases, or the insidious forms of inflammation,—especially of the brain, the pleura, and the peritoneum.

Having thus ascertained the class of the disease, we must proceed, in the case of the acute, to investigate the individual nature of the case. In chronic affections we may ask—

In the second place, whether there be a material and progressive loss of flesh.

The reply to this inquiry divides the cases into such as may subsist without influencing the nutrition, and such as gradually reduce the patient. The former cases are chiefly the chronic and protracted forms of dyspepsia, or diseases of such organs as are not engaged in the process of assimilation. The latter are marasmus, phthisis, mesenteric disease, chronic inflammation of the peritoneum, and, in general, diseases of the ‘organs of supply.’

A third inquiry is into the state of the pulse. Increased frequency of the pulse is the usual attendant on the insidious forms of organic disease, whilst it is not observed in the less serious cases of the chronic dyspepsia.

Other questions are, what is the seat of pain or uneasiness?—what are the functions disordered?

It is needless to enter more minutely into the subject, as it would be only repeating the observations, to be detailed forthwith, on the general aspect of the patient, and the general character and course of the disease.

II. THE SYMPTOMS OF DISEASES.

The morbid appearances of the countenance.—The particular circumstances embraced in an examination of the morbid states of the countenance, are the changes induced in the cuticular surface, the cutaneous circulation, the cellular substance, the muscular system, some particular features, and the general expression.

The cuticular surface is morbidly affected in some long-continued disorders, chiefly of the digestion, especially round the eye and the mouth, giving a peculiar appearance to the complexion. But the complexion, as well as the surface of the countenance, is principally affected by the condition of the cutaneous circulation; on this depend chiefly the state of pallor or flushing, and of the sallown and icterode hues of the complexion observed in some disorders,—the state of tumidity or shrinking,—of heat or coldness,—of dryness or moisture, or cutaneous exudation.

* See the Edinburgh Journal, vol. xv. p. 106.

The state of emaciation, so important to observe and trace in chronic diseases, depends on the loss of cellular and muscular substance, and must be always distinguished from mere vascular shrinking.

The muscular system is principally affected by diseases attended with pain, languor, or paralysis.

Amongst the particular features, it is of moment to observe the eye, the prolabia,—the brow, the nostrils, the lips, &c. The eye, in particular, affords the opportunity of judging of the degree in which the serum is loaded with bile, in cases of icterus, and of distinguishing that disease from those morbid affections in which the complexion becomes sallow and icterode from the state of the cuticle and cutaneous circulation. The state of the prolabia affords an index of other states of the blood,—as of a too serous condition, or of a defective arterialization. The nostrils, carefully observed, denote the condition of the respiration.

Of the general expression of the countenance we shall rarely venture to speak. It affords an important and essential source of information in dispensary practice, and assists the experienced physician in discerning the nature of the diseases where the superficial observer sees only the general look of indisposition.

The morbid condition of the cuticular surface and of the cutaneous circulation is accompanied with peculiar affections of the hands, and of the general surface, and of the tongue. These associations it will be our object to trace in the subsequent pages. We now proceed to describe the appearances of the countenance in reference to particular diseases; we have already stated, that it is with such reference alone that the knowledge of symptoms becomes of practical utility.

In the acute synochus there is a diffused, vivid flushing of the countenance, frequently with considerable turgidity, especially in the young and sanguineous; the tunica albuginea is apt to be suffused, and there is great febrile heat. There are also general anxiety, tremor of the lips in speaking, and a rapid movement of the nostrils from hurry in the respiration. The tumidity diminishes as the fever runs its course, and either declines or assumes the slow and protracted character.

In the acute inflammations, especially of the serous membranes, or parenchymatous substance, the countenance has a very different aspect, which it is important to observe, especially in a diagnostic point of view. The heat, turgidity, and flushing, the suffusion of the eyes, the tremor of the lips, and the hurried movement of the nostrils, are absent, whilst the surface is frequently affected with perspiration. There is also usually an appearance peculiar to the primary disease.

From the state of countenance described, the transition is often imperceptible to that observed in the protracted synochus; sometimes, on the contrary, the appearances of this febrile affection come on insensibly from similar causes, without being preceded by the acute

form. Instead of tumidity and suffusion, there are shrinking, partial flushing of the cheeks only, emaciation, and frequently a pallid and sallow hue; the cheeks become fallen, and the *malæ*, *maxillæ*, and other bony parts, appear prominent; the surface becomes dry and rough; the lips, like the tongue, are dry and tremulous, and not moved with the usual freedom in articulation; the teeth are frequently somewhat affected with *sordes* or *mucus*.

In chronic inflammation the appearances are peculiar. There is a characteristic expression of disease which strikes the common observer, and still more the experienced physician; the surface and complexion are cool and pale, or affected with transient or partial heat and flushing, usually without sallowness, frequently with slight lividity, sometimes with cool moisture; there are emaciation and shrinking, the cheeks falling in, the action of the muscles becoming apparent, and the skin forming into greater or smaller folds. These appearances of the countenance are, however, greatly modified by the nature and seat of the original disease, as will be particularly noticed hereafter.

In the milder form of typhus the countenance is equally unattended by deep flushing and tumidity, or with shrinking; but it is highly characterised by an expression of languor, feebleness, anxiety, and indisposition, and by tremor observed in the lips and on speaking; the eyes are frequently suffused; the cheeks slightly flushed; the surface is affected with a moderate degree of warmth.*

In the severe forms of typhus the countenance is marked by great debility and tremulousness of the muscles, and by great shrinking; the bones are more prominent, the intervening spaces more sunk and depressed than natural; the surface is sometimes slightly flushed, and sometimes cool and clammy. The eye-lids are frequently partly closed, and the eyes suffused, dull, and covered with a film of mucus; the mouth is apt to be partly open, the teeth and lips affected with dark-coloured glutinous *sordes*; the articulation is difficult and imperfect, and attended with great effort, and with tremor and an inadequate action of the lips and of the tongue, which is put out with tremor and difficulty. There is often superadded the appearance of delirium, or of coma, of congestion, or of collapse or sinking.

The countenance in continued fevers is liable to receive a modification from their complication with a morbid affection of the head, the viscera of the thorax, or of the abdomen, the detection of which is amongst the most important objects in the study of these diseases.

The different stages of intermittent fever are attended by peculiar states of the countenance, and especially of the cutaneous circulation. In the cold stage there are shrinking and paleness, pale lividity of the prolabia, trembling of the lips and *maxillæ*: in the hot stage there are heat, flushing, and tumidity, and suffusion of the eyes, and the features are

* See Currie's Medical Reports, vol. i. p. 12. Bateman on Contagious Fever, p. 28, &c.

restored from their collapsed condition: in the sweating stage the surface, complexion, and heat become more natural, whilst there is greater or less perspiration. In the interval there are, at first, languor and slight paleness; after a time paleness, shrinking, and emaciation.

The different fevers are so varied in themselves, and so various in their different stages, and in different individuals, ages, and habits, that the countenance, together with the symptoms of the disease, must necessarily be much diversified. But of all the diagnostics of the different fevers, and of all the indications of their progress, stages, and changes, none is more distinctive and characteristic than the appearance of the countenance. From this source the diagnosis and prognosis of fevers equally flow; and it cannot, therefore, be too strongly recommended to the attention of the clinical student and young practitioner.

The same remark may be extended to some of the eruptive fevers, in which there is, exclusively of the rash, a characteristic modification of the features. In rubeola the eye-lids are frequently red and swollen, and the eyes injected, before the appearance of the rash, and there is usually catarrhal affection; the rash begins in spots on the face; and there are sneezing, intolerance of light, &c. In scarlatina the rash becomes more general and less interrupted, and it is accompanied with more general tumidity and fulness; there is frequently an appearance of fulness about the throat, and the voice is affected; but the symptoms of catarrh are usually absent.

We now proceed to notice some morbid appearances, chiefly of the complexion, which appear to us not to have obtained hitherto the degree of attention which they deserve. The appearances to which we allude occur in the very varied forms of disorder of the digestion, or dyspepsia, of which we have treated in another work;* the especial object of which was accurately to trace their distinctive characters, as seen in the countenance, the tongue, the hand, &c.

The most severe, or acute form of this affection is accompanied with some paleness and sallowness, and a dark hue about the eye; the cutaneous vessels exude a little oily perspiration; the prolabia are slightly pale and livid; the muscles of the face, and especially of the chin and lips, are affected with a degree of tremor, particularly on any hurry or surprise, or on speaking. With this state of the countenance there are conjoined peculiar morbid states of the tongue, and of the hands, which will be described in their proper place.

A state of sallowness of complexion, unaccompanied with the appearances just described, usually attends the more chronic form of this affection, denominated dyspepsia.

The next variety of this morbid affection is that which is usually denominated chlorosis, of which we have described three stages. The incipient stage is denoted by paleness of the complexion, an exanguious state of the pro-

labia, a slight appearance of tumidity of the countenance in general, and of puffiness of the eye-lids, especially the upper one. There is sometimes superadded a tinge of green, or yellow, or of lead colour, and frequently darkness of the eye-lids. In the confirmed stage the countenance is still more pallid, the prolabia and the gums are exanguious; or the prolabia, and especially the upper one, have a slight lilac hue, and the integuments in general are puffy and tumid. In the inveterate stage these appearances are gradually modified by the supervention of emaciation, or oedema. With each of these stages is associated a peculiar state of the tongue and general surface. These appearances in the different stages of chlorosis seem to depend partly on the state of the cutaneous capillary vessels, and partly on the state of the blood itself; at least, this fluid has become, in some instances, so serous as scarcely to tinge the linen as it has dropped from the nose.

In the more chronic form of this morbid affection, to which the epithet *decolor* is very applicable, there is a state of sallowness, of yellowish or icterode hue, of darkness or of lead colour, of a squalid or sordid paleness of complexion, or a ring of darkness occupying the eye-lids, and extending a little perhaps towards the temples and cheeks, and sometimes encircling the mouth. There is in this form of the affection little or no tumidity, pallidness of the prolabia, or tendency to oedema; and the tunica albuginea of the eye is free from the tinge of icterus. This morbid state of the complexion appears, indeed, to depend principally on the condition of the cutaneous surface of the countenance. The tongue is apt to be affected chiefly in the form of its surface only, in a peculiar manner, to be described hereafter; and the general surface of the body is apt to be more or less affected in the same manner as that of the countenance.

From this icterode appearance of the complexion it is important to distinguish the different shades of icterus itself: in this disease the tunica albuginea are tinged proportionately to the general surface; and it is in this manner that these two morbid affections are discriminated. The term icterus is merely expressive of a symptom of disease, although it is daily named and has long been arranged as a distinct disease. The shade varies from yellow to green or blackish. But the most important and only practical distinction with regard to icterus is that of its causes, or of the primary disease; the principal of these are,—1. constipation, or loaded bowels; 2. acute disorder of the digestive functions; 3. diseases of the liver; 4. gall-stones; 5. hydatids in the gall-ducts; 6. organic tumours in the abdomen, situated near the biliary ducts; 7. the pregnant uterus; 8. diseases of the right kidney; 9. or even of the right lung, or cavity of the pleura.

Besides the morbid affections of the complexion already mentioned, there are others consisting in different shades of lividity, and depending principally on a languid circulation,

* Commentaries on the Diseases of Females.

on a defective arterialization, or on a venous fulness of the blood.

In some cases of acute dyspepsia, there is a remarkable tendency to a livid hue of the prolabia, nose, and cheeks, as well as of the hands, accompanied with coldness and apparently dependent on languor in the cutaneous circulation.

A similar state of lividity, but frequently much greater in degree, is observed in cases of tuberculous disease of the mesentery, attended with great tendency to coldness and great sensibility to external cold.

A degree of lividity in the prolabia is frequently, though not universally, observed in phthisis pulmonalis. This appearance seems to depend on the part and on the extent of the pulmonary structure involved in the tuberculous disease, and on a defective arterialization, as well as a languid cutaneous circulation of the blood.

Besides the diseases attended with lividity of the countenance already mentioned, this appearance occurs, for the most part together with tumidity, in cases in which the brain, the lungs, and the heart are severally oppressed, in apoplexy, in pneumonia, and in some diseases of the principal organ of the circulation. The appearances in these diseases will be noticed immediately.

In the attack of apoplexy there is usually at first general tumidity, flushing and lividity of the countenance; the pupils are contracted, then dilated, and often unequal; the features frequently lose their symmetry, those of one side of the face being unusually acute, whilst those of the other are relaxed; and the whole countenance is drawn, or the expression lost in coma. At a subsequent period the countenance becomes pale, fallen, cold, and often variously distorted. Heberden observes, "*apoplectici, qui prope absunt a morte, in spirando ambas buccas inflare solent;*" and indeed the oppressed state of the respiration always adds a characteristic appearance to the countenance: the pupils are dilated, perhaps unequal, or irregular in form; the eye is dull and flaccid; the jaw frequently falls, the saliva flows, the lips are pale, and the mouth is foul. A similar state of the countenance to that last described sometimes exists from the beginning in cases of what has been termed the serous and nervous forms of apoplexy.

Paralysis is a usual concomitant or consequence of apoplexy. The effects of cerebral paralysis on the countenance are very various: the muscles of one side of the face fall into a state of relaxation, whilst those of the opposite side are unusually contracted from want of power in their antagonists; the forehead is often unequally affected by wrinkles, the eyebrow of one side falls down, the eye-lids do not open or close so readily as usual, or the eyes are not converged on the same object; one nostril, one angle of the mouth, and one cheek fall, whilst the others are unusually drawn, especially on speaking; the tongue is frequently protruded awry, and with difficulty; the articulation is indistinct, and some par-

ticular letters, especially the labials, as *b* or *p*, cannot be pronounced. Deglutition is also sometimes affected, and there is a danger of choking; frequently mastication is impeded by the collection of the bolus of food into one side of the mouth; sometimes the saliva flows out of that angle of the mouth which is now become the lower one. There is frequently a difficulty in shaving, from the torpor of the skin, and the loss of power in the muscles which in health put it upon the stretch.

The countenance in epileptic coma has sometimes the deep suffusion observed in apoplexy, but it preserves its symmetry; the lip or tongue is liable to be bitten and wounded, and there is then frequently a bloody foam in the mouth, a point of great importance in the diagnosis.

The countenance in deep intoxication is at first bloated and suffused, then pallid and sunk; the muscular power is defective, the expression lost, the articulation indistinct, and the saliva flows from the mouth; the sensibility is impaired or lost; the breath tainted with the intoxicating liquor.

Hysteric stupor is distinguished by the absence of the suffusion, distorsion, and loss of character, observed in apoplexy.

Syncope is characterised by pallor, coldness, cold perspiration, pale lividity, shrinking, and collapse of the integuments and features,—appearances which do not concur in the commencement of any other morbid affection.

In inflammation of the brain there is at first an expression of pain or uneasiness manifested usually by knitting of the eye-brows, with delirium or coma: afterwards the pupils, from being contracted, become dilated; there are strabismus, grinding of the teeth, spasms or distortions of the muscles of the face, &c. with profound coma, and without the appearances observed in idiopathic fever.

In pleuritis the degree of the pain is marked by a proportionate contraction of the features in general, and by acuteness and elevation of the *alæ nasi*; the nostrils are moved and dilated by the alternate acts of the respiration; there is sometimes a degree of vivid flushing, terminating abruptly and bounded by whiteness towards the nose; the heat is inconsiderable, and there is frequently perspiration.

In pneumonia there is less contraction of the features, but there is greater appearance of dyspnœa, very important to be observed in this disease, and the nostrils are widely dilated before each inspiration; there is little heat, but frequently a degree of perspiration.

In inflammation of the chest with clogged bronchi or air-cells, there is usually a general and deep suffusion of the countenance, sometimes amounting to great lividity, conjoined with turgidity; there is great anxiety and dyspnœa, the nostrils are widely dilated on inspiration, and drawn in above the lobes; during inspiration the *pomum adami*, and even the chin, are sometimes drawn downwards; the surface is cool and sometimes damp.

The dawn of phthisis pulmonalis is marked by a delicate and often waxy paleness, alter-

nated with transient gentle flushing, slight lividity of the prolabia on exposure to cold, an appearance of indisposition, frequently motion of the nostrils from the respiration, and frequently a quivering of the chin and lips on speaking. Its progress is denoted chiefly by gradual emaciation, in addition to an aggravated state of the other morbid appearances just mentioned.

In hemoptysis there is usually a florid state of the complexion, and frequently the effects of dyspnoea are observed in an acuteness and movement of the nostrils. If the hemorrhage has been very great, there may be paleness, lividity, coldness, and a clammy perspiration, with great anxiety.

In hematemesis, on the contrary, the complexion is generally pale and sallow, and frequently affected as already described; there is less anxiety and an absence of the movements of the nostrils.

In organic diseases of the heart the expression and complexion are frequently much affected.* In those cases in which the pulmonary circulation is not impeded, the complexion simply becomes unusually vivid and florid. But when the nature of the disease affords an obstacle to the freedom of the pulmonary circulation, this vivid colour passes into a livid or violet colour, especially in the prolabia, cheeks, and nose; and there is superadded more or less of turgidity, and frequently of coldness. There is great anxiety on mental emotion and bodily exertion, with an increase of the appearances just enumerated, and the head, the ends of the patient's cravat, &c. are frequently moved by the violence of the beating of the heart. During the progress of the disease, these appearances become aggravated, the complexion is still more livid, the turgidity of the countenance passes into œdema, the eyes at length start, and the head is often moved about, denoting great distress and inquietude.

In the paroxysm of true asthma there is the most urgent anxiety of expression, and a great and rapid movement of the nostrils, usually without lividity; the breath is generally tainted, the tongue much affected, and there are frequent eructations.

In inflammation of the abdomen with severe pain there is a continued state of contraction of the muscles of the face, inducing an unnatural acuteness of the features; the forehead is wrinkled and the brows are knit; the nostrils are acute, drawn upwards, and moved by the alternate and irregular acts of the respiration; the wrinkles which pass from the nostrils obliquely downwards are deeply marked; the upper lip is drawn upwards,†

and the under one, perhaps, downwards, exposing the teeth; the chin is often marked with dimples. This state of the features is aggravated on any increase of pain, from change of position, muscular effort, or external pressure. Indeed, in cases of abdominal affection, it is better to press on the abdomen, or to beg the patient to raise the head and shoulders, and watch the effect on the expression of the countenance whilst the patient's mind is occupied with some other subject, than to ask the direct question whether pressure induces pain, as is usually done; for patients naturally suppose that every painful part must also be tender, and are therefore apt to answer in the affirmative, although incorrectly. In cases attended with spasmodic abdominal pain the contractions of the muscles of the countenance are more violent but less permanent; during the paroxysms, the distortions of the countenance take place in a degree scarcely observed; in the interval, the countenance recovers a calm, unusual, if not incompatible, with inflammation. The transition of spasmodic into inflammatory pain may often be traced with great distinctness, by carefully observing these changes and modifications in the expression of the countenance.

The degree, increase, or diminution of the disease may also be observed and ascertained by the concomitant increase or diminution of the acuteness and contraction of the features.

The transition of inflammation into the state of sinking, or the supervention of gangrene, is denoted by a fallen state of the features, the muscles* becoming relaxed, the surface cold, with cold perspiration, shrinking, and pale lividity, the cheeks sunk, the malæ prominent, the nostrils, &c. affected by a laboured respiration.

The appearance of the countenance affords a valuable source of distinction between the chronic dyspepsia and insidious organic disease. In the former, the appearances are as have been already described; in the latter, there is a characteristic, early, and progressive loss of flesh, with paleness, perhaps slight flushing, but without sallowness, the bony and muscular parts become exposed, the integuments are drawn into deep wrinkles, and there is often coldness and perhaps lividity. Such a state of the countenance, with an expression of pain, uneasiness, or anxiety, often leads to the detection of slow and insidious pleuritis or peritonitis, as well as of other diseases which would long remain hidden, from being unattended with acute pain.

Scirrhus and cancer are apt to induce sallowness and emaciation—a circumstance by which they are sometimes distinguishable from other tumours or ulcers.

Polysarcia is distinguished from anasarca in the face, by observing that in the former the tumour is deposited with a certain regularity, so that in general the symmetry of the countenance is not destroyed, nor the features much disfigured. In anasarca, on the contrary, an inelastic tumour is dispersed unequally over the face, the features are obscured, the sym-

* M. Corvisart observes, “la figure, la physionomie, le *facies propria* enfin, sont, pour le praticien exercé, le guide le plus sûr, à mon avis, pour arriver au diagnostic d'un assez grand nombre de maladies tant aiguës que chroniques; mais c'est surtout dans les cas de maladies du cœur qu'il importe de considérer attentivement ce signe, qui, je le répète, peut seul, dans bien des cas, les faire reconnaître.”—*Essai sur les Maladies du Cœur*, ed. 2d, p. 371.

† See Laennec, ed. 1st, tom. i. pp. 90, 398.

metry of the countenance is destroyed, the expression lost, and the person is scarcely recognized: the posture of the patient during sleep influences the distribution of the swelling, and often occasions one side of the face to be more affected than the other; but the eye-lids, the lips, and the cheeks, and in general the parts of loosest cellular texture, are most distended.

In general it may be observed that the brow is contracted by pain within the head, the nostrils are drawn acutely upwards by pain of the chest, and the upper lip is raised and stretched over the gums or teeth in painful affections of the abdomen.

Alternate dilations and contractions of the nostrils arise from any effort in respiration, and are observed in great debility, in the synochus and typhous fever, in acute inflammations of the chest or abdomen, in organic disease within the thorax, &c.

Extreme pallor of the prolabia is observed in excessive hemorrhage, purpura, chlorosis, &c.; deep lividity denotes a defective arterialization of the blood, and occurs in disease of the heart, &c.; pale lividity occurs in cases in which the circulation at the surface is languid and imperfect.

One of the most important points embraced in the symptoms of diseases, and one particularly observed in the countenance, is the circumstance of emaciation. It may be said to be the surest index to the detection of those diseases which are characterized at once by their insidious character and serious and dangerous tendency.

It may be observed, in conclusion, that to notice every morbid appearance of the countenance would be almost impossible, and even useless. The object of such an attempt as the present is rather to lead to observation; the remarks which have been made are sufficient, we trust, to point out the importance of the inquiry. Many of the morbid appearances of the countenance, like the morbid states of the pulse, respiration, &c. are, after all, to be observed and felt, and scarcely admit of description. Our object has therefore been to select a few instances of morbid affections particularly distinguished by the state of the countenance, in order to invite the attention of the medical student more particularly to a source of judgment and information applicable also to those fainter shades of diversity and change, the perception of which so much distinguishes the physician of observation from the mere practitioner. Sufficient has been done, however, to prove that the countenance, in its various morbid conditions, affords characteristics of many diseases, and denotes, in a remarkable degree, the state, course, increase, or decline of nearly all. The prognosis is greatly prompted by the condition of the countenance, as may still be learnt from the writings of Hippocrates and Celsus.

2. *On the morbid conditions of the attitude.*
—We employ the term attitude in rather a comprehensive sense, intending to embrace, under this head, the consideration of the pos-

tures and motions of the body, the state of muscular debility, power, contraction, and motion, some particular actions, and the general manner of the patient.

In general, the supine position, and tremulous motions of the body, denote muscular debility,* and distinguish, in an early stage, the acute forms of idiopathic from symptomatic fever.

Augmented power and action of the muscular system, with quick and forcible changes of position, denote a state of delirium, of spasmodic pain, of internal suffering, or of inquietude.

Certain positions adopted and retained with caution, and restrained movements of the body, are the usual effects of inflammatory pain: other fixed positions depend on the state of the respiration, and of the circulation through the heart.

Certain movements of the head, certain actions of the hand, and certain peculiarities of the general manner, also occur as characteristic of particular diseases, and will be noticed hereafter.

The morbid states of the attitude will appear more distinctly marked, by being contrasted with the more usual and natural positions of the body.

In healthy and undisturbed sleep, the usual posture is that on one side, the body being frequently inclined rather to the prone than to the supine position; the head and shoulders are generally somewhat raised, and, together with the thorax, bent gently forwards; the thighs and legs are in a state of easy flexion. The position is apt to be changed from time to time, the person lying on one or other side alternately.

In acute synochus, one of the earliest and most characteristic symptoms is a deep sense of debility, with tremor, and an incapability of supporting the erect position; this posture, if assumed, induces also the feelings of vertigo and faintness.

In acute inflammation there is comparatively little or no tremor or muscular debility, or tendency to vertigo or faintness; the patient is capable of moving, and even of walking, even in a late stage of the disease.

In protracted synochus there is, in some cases, for a considerable time, a supine position, with scarcely the ability to change or support the position on the side; there is tremor, consisting of less rapid but more considerable movements than those observed in the acute form; the knees are apt to be raised.

In the milder form of typhous fever the patient sometimes gets up or continues out of bed, but appears feeble and trembling, and as if incapable of such a degree of exertion, whilst he draws near the fire from susceptibility to cold. In cases in which, however, the patient cannot get out of bed, he experiences vertigo,

* We restrict, in this place, the application of the term debility by the epithet muscular, because it is now well known that this species of weakness is frequently the effect of oppression and the associate of increased vascular action; just as a throbbing pulse may accompany the state of exhaustion.

and perhaps faintness, on being requested to sit up in bed for a minute or two.

In the severe forms of typhous fever the position of the patient becomes gradually more and more supine, and the actions more and more tremulous: from being able to retain the posture on the side, perhaps, the patient falls upon his back, with the lower extremities extended, and sometimes with a tendency to sink towards the bottom of the bed; the hands and arms are moved with effort and tremor, and at length there is constant subsultus tendinum. To this state, picking of the bed-clothes, or *flocci volitantes*, delirium, or coma, is super-added.

Hippocrates* and Celsus† have accurately described the posture of fever. Celsus observes, “ubi vero febris aliquem occupavit, scire licet non periclitari si in latus aut dextrum aut sinistrum, ut ipsi visum est, cubat, cruribus paulum reductis, qui fere sani quoque jacentis habitus est; si facile convertitur, &c. Contra gravis morbi periculum est, ubi supinus aeger jacet, porrectis manibus et cruribus,” “ubi deorsum ad pedes subinde delabitur; ubi brachia et crura nudat et inæqualiter dispergit.” As this position is occasioned by extreme debility, any change of posture is of favourable omen, as denoting a return of strength. The patient perhaps raises the knees, or puts the arms out of bed, or places them above his head. These movements are amongst the first symptoms of recovery. At length the patient is capable of supporting the position on the side—a certain mark of returning muscular strength, and an indication of favourable change in the disease.‡

Tremor is amongst the first and most characteristic symptoms of continued fevers; but it occurs also in some other morbid affections, united with less muscular debility. It forms so remarkable a symptom in the delirium tremens, as to have been adopted as part of its designation. In one instance the tremor had preceded the delirium several days, and we were enabled to predict the occurrence of delirium: in another case, the effect of drinking, the affection consisted of great tremor, and, being cut short, delirium never occurred. It is scarcely necessary to advert to the more constant state of tremor observed in hard drinkers.

Tremor on holding out the hand, in writing, in carrying a cup to the mouth, in walking, and in articulation, is a usual symptom

of acute dyspepsia; it is generally conjoined with an appearance of nervousness and of susceptibility to hurry and agitation.

Tremor is far less and later observed in cases of local inflammation or organic disease; it does, however, occur in phthisis pulmonalis, and in cases in which the general strength suffers.

The form of tremor which we have described seems to depend on muscular debility, and perhaps on a morbid condition of the brain and nervous system. There is a kind of tremor of a more spasmodic character, which occurs from various causes, and which we shall notice towards the conclusion of the present section.

The effect of particular postures is of importance to be noticed as distinctive of affections of the head. In the idiopathic affections, as in the state of threatening of apoplexy, vertigo and other morbid feelings are apt to be experienced on stooping: in the symptomatic affections, as in fever, acute dyspepsia, intestinal irritation, exhaustion, &c. vertigo is usually experienced on assuming the erect position.

An attention to the posture of the patient is also of importance in the treatment: the recumbent position is as injurious in the case of apoplexy, as it is beneficial in that of syncope.

It is scarcely necessary to point out the effect of hemiplegia, paraplegia, or partial paralysis, on the attitude. In hemiplegia the patient is apt to lie or fall more or less upon the paralyzed side, and especially upon the paralytic arm. In paraplegia the posture in sitting is manifestly marked by the defective muscular power, the patient being constantly apt to slide off the chair or sofa. In the partial paralysis it is found that the hand cannot be moved so freely or clasped so firmly, or the foot and toes are lifted imperfectly from the ground in walking.

The attitude is peculiar in the different forms of inflammation of the chest. In pleuritis the patient usually reposes on the affected side, which is thus kept free from movement. In pneumonia the patient almost invariably assumes and retains the posture on the back. In those cases which are attended with much dyspnoea, the patient is frequently obliged to have the head and shoulders raised, and even to assume the erect position. We have observed, in some cases attended with great dyspnoea, that the patient has lain on the side, with the arm of the other side placed upright before the chest, the hand pressing forcibly on the bed: in this manner the shoulder became fixed, and afforded a firm attachment from which the pectoral muscles acted to expand the chest.

In phthisis pulmonalis the posture is various. Frequently, however, one particular position is chosen and preserved—pain, cough, dyspnoea, or oppression, being induced in any other: this is usually on the side most diseased, as that in which pleuritic pain is most apt to exist, early in the disease, or cavities, in its later stages.

In extreme hydrothorax, the position of

* Προγυστικον.

† Lib. ii. cap. 3, 4, 6.

‡ There are two points in the treatment of typhous fever, connected with the attitude, of the utmost importance:—sometimes the supine position is retained so long, that ulceration takes place on the compressed parts, especially about the sacrum or pelvis. Dr. Arnott's very ingenious proposal of the hydrostatic bed seems admirably adapted to obviate this calamity. The second point is cautiously to guard against the effects of muscular exertion during the period of convalescence. By far the greater number of relapses are occasioned by early and undue exertion and fatigue: the effect is speedy, or gradual, sinking of the powers; the inference is obvious, and of the utmost consequence.

the patient is frequently highly characteristic; it is less so, probably, according as the effusion has taken place more gradually and slowly. In the less severe form, the patient, when in bed, usually lies with the head, shoulders, and chest gently raised by additional pillows; when out of bed, he is often observed to sit up, with the arms placed along the side, and the hands fixed and pressing forcibly on the chair, or sofa, on which he sits: in other cases he leans a little backwards, still supported by the arms and hands, which are placed behind the back. This kind of posture is often constant, or immediately resumed if any accident occasions it to be changed: it gives rise to an elevation of the shoulders, from which the body is supported, or as it were suspended. In the severer forms, the attitude varies with the degree and progress of the disease: at first, the patient lies with the head and shoulders greatly raised; afterwards the posture becomes more and more erect; at a still more advanced period, and in a more aggravated form of the disease, the patient is sometimes incapable of remaining in bed, and is obliged to sit up, with the legs hanging down; sometimes an arm-chair is obtained, on each arm of which the patient presses and supports the hands or elbows, thus suspending the shoulders; sometimes a second chair is required, on the back of which the patient reposes the forehead, or both hands and forehead, pressing with considerable force, thus fixing the upper attachments of the sterno-mastoid muscles. This aggravated state of the attitude is certainly most frequently observed in cases of hydrothorax complicated with organic disease of the heart or lungs, or of the liver or other organ situated in the abdomen. In some cases of hydrothorax in its simpler forms, the patient has retained a nearly horizontal position; in cases of complicated hydrothorax, he has even expired out of bed, supported by his friends.

In organic diseases of the heart, the attitude—at first the effects of bodily exertion, and afterwards the particular posture of the patient—is very characteristic. In incipient and dubious cases, the diagnosis is assisted by observing the effect of muscular effort, especially such as involves much change of position and general motion of the body: if the patient be requested to run up stairs, the symptoms are invariably produced in cases in which they would be quiescent in a state of repose, or aggravated if permanent. In a more advanced stage of the disease, the sufferings of the patient become more acute and permanent; a certain restlessness, anxiety, and dyspnoea, aggravated extremely by every muscular effort or motion, take place, and distinguish the case from simple hydrothorax, in which muscular motion induces far less inconvenience. In a still more aggravated form of the disease, the patient requires to be raised in bed more and more, until the erect posture, or even a posture inclined upon the thighs, becomes necessary; and at length there is an inability to sit erect even, while the lower extremities are placed horizontally, and the patient is obliged, perhaps, to sit on the side of

the bed, with the legs hanging down and the feet on the floor; the night, as well as day, is sometimes spent sitting up in a chair near the fire, sometimes with the head supported on the back of a chair, and the body leaning considerably forwards: in this stage of the complaint there are an inexpressible restlessness and anxiety. At any period of disease of the heart, a sudden change of posture from the horizontal to the erect frequently becomes necessary, from the aggravation of the symptoms and general agitation induced by a turbulent or terrific dream; frequently too the patient is obliged to get out of bed and repair to the window to respire the open air.*

In the paroxysm of asthma, by which term we designate the cases of sudden attack of dyspnoea arising, at first, from a disordered state of the digestive organs, the erect position is usually necessary; and there are great anxiety and urgency of suffering, frequently with active restlessness.

In inflammation in the abdomen with acute pain, a certain position of the body is chosen and retained, and all muscular exertion, motion, or change of position, is carefully avoided:—the patient lies on the back with the thighs raised, or he is supported in a somewhat elevated posture by means of pillows placed under the head and shoulders, or he lies on the side, with the thorax and the thighs in a state of gentle flexion on the abdomen; if he be desired to raise the head by muscular effort, an expression of aggravated pain is immediately visible in the countenance: the hands, and perhaps the bed-clothes, are carefully removed from pressing on the abdomen; the arms are put out, and the knees raised or depressed with great caution; the manner is soft, and the voice low and plaintive, with moaning, and a suppressed kind of complaining.

In spasmodic pain of the stomach, or in colic, the reverse of this state of general attitude is observed: the patient usually writhes to and fro, and constantly changes his position or mode of lying, instead of observing the cautious stillness of inflammation; he often lies on the abdomen, or in the supine position, pressing violently on the bowels, or even grasping a portion of the abdominal parietes with the hands; or he sits in bed, bending forcibly forwards on the thighs; he cries out during the paroxysm of pain, and speaks in a loud and irritated tone of voice. All this violence, both in general manner and posture, forms a remarkable contrast with the subdued motions of inflammation.

After the paroxysm of pain in colic, the patient resumes an easy position; in the ab-

* It need scarcely be observed how important an attention to the attitude becomes in the treatment of diseases of the heart. In the incipient stage, the patient ought to vegetate as it were, and carefully avoid every kind of exertion, as well as of emotion: in this manner, life and a comfortable state of existence may frequently be long insured. In the later stages, every attention should be paid to enable the patient to support with ease the position which affords the greatest relief.

sence of an aggravation of pain in inflammation, the same cautious posture and manner are still observed as before. The transition from spasm or colic into inflammation may be easily traced by cautiously observing the characters of these different affections.

The termination of inflammation in gangrene, or sinking, is marked by the fallen and supine position, and extreme debility; the patient lies extended on the back without the flexion and precaution previously observed in the stage of inflammation; the manner of the patient still remains soft and plaintive.

In strangulated hernia the posture is at first, perhaps, attended with writhing, but soon becomes the same as in inflammation, especially with the precaution of bending the thighs on the abdomen.

In inflammation of the kidney the patient, when up, often inclines somewhat to the side affected, and a little forward, especially in walking: and, in a painful state of the affection, he walks with unusual precaution.

In inflammation of the bladder the patient frequently bends forwards on the pelvis, evidently with the view of giving protection and relief to the parts contained in it, and of using as little as possible those muscles whose action might give pain; he walks cautiously, and often bends forward still more during this action of the muscles.

Retention of urine, as a symptom in acute diseases, is often denoted by a state of constant elevation of the knees, which is inexplicable until the cause is discovered.

In organic disease in general, the patient soon becomes affected with a serious, continued, and unvaried debility, stoops in walking, and moves with slowness and caution. And deep-seated pain or uneasiness is often experienced from the succussion induced by sitting down or making a false step in walking, especially when there is a state of tenderness from inflammation.

In the appearance of the *hand* it is often easy to read a state of pain, anxiety, or other suffering:—it is closed or expanded, or variously moved. We do not, however, deem it necessary to enter into any detail respecting points so perfectly obvious.

There is another symptom of importance to be noticed, viz. the state of jactitation and inquietude; it occurs in different states of the system, and in some diseases, but principally in cases of irritation, exhaustion, and sinking, and in diseases of the heart.* We reserve the consideration of these subjects for a subsequent part of this article.

Besides the morbid states of the general attitude already described, there are some other more partial affections, chiefly of muscular action, which deserve to be noticed; these are principally spasmodic tremor, paralysis, and contraction. And there are some

more general affections of a similar kind constituting convulsion and rigidity. It may be sufficient to enumerate the principal cases of these morbid affections, observing that the subject still presents ample scope for resumed inquiry.

Spasmodic tremor occurs in a remarkable degree in the shaking palsy,* in chorea, as an effect of the poison of mercury,† of drinking spirits, &c.

Paralysis, the usual consequence of disease of the brain, the spinal marrow, or the nerves, is observed as an effect of the poison of lead, of exposure to cold, &c.

Contraction, of the hand for instance, is a rather remote effect of paralysis, epilepsy, chorea, hysteria, of the various morbid affections termed fits, &c. and is usually observed on one side of the body only. A singular state of contraction of the hand occurs in children, and is described by Dr. Kellie.‡

General convulsion occurs in cases of diseases of the brain, especially of the parts about its base, epilepsy, puerperal convulsion, hysteria, whooping cough, &c. The effect of convulsive action on the circulation within the head has not hitherto been sufficiently attended to by physicians. Hysterical convulsion assumes, from long and frequent repetition, an epileptic character; epileptic convulsion often induces an apoplectic coma; and pertussis, from the violence of coughing, frequently leads to fits, and even to hydrocephalus, &c.

General rigidity occurs in tetanus, and in some cases of epilepsy and hysteria.

3. *On the morbid appearances of the tongue, &c.*—The circumstances to be noticed in an examination of the morbid conditions of the tongue, and in immediate connexion with them, are, its surface, form, papillæ, colour; its mode of being protruded; the teeth, gums, and internal parts of the cheeks; the taste; the breath, &c. The surface is apt to be affected with whiteness, load, fur, dryness, blackness, chaps, &c. The form of the tongue is frequently modified by its becoming swollen, indented, fissured, and lobulated. The papillæ are, in some cases, morbidly prominent and enlarged, and in others almost obliterated, leaving a smooth and perhaps tender surface. The tongue is protruded with difficulty, from dryness, tremor, or paralysis, and is left protruded in cases of imperfect sensibility.

The internal mouth, the breath, and the taste are apt to be affected, conjointly with the tongue, especially when the latter is swollen and indented.

In the acute synochus, the tongue is usually extremely white and loaded, with much thirst, an impaired taste, and sometimes a tainted breath, but usually without dryness.

In acute inflammation, the tongue is not

* See Mr. Parkinson's interesting pamphlet on this subject.

† Bateman's Reports of the Diseases in London, p. 192.

‡ Edinburgh Medical and Surgical Journal, vol. xii. p. 448.

* In all cases of this kind, as well as in the *erithismus mercurialis*, death sometimes occurs from suddenly assuming the erect position, or from other muscular effort or exertion.

necessarily much affected; in some cases it has preserved nearly its natural state; it is, however, frequently whitish or furred; it is frequently moist, and free from induration, unless it be modified by the conjunction of a disordered state of the alimentary canal.

In the protracted synochus, the tongue is at first white and perhaps loaded; afterwards it is apt to become clean, red, and dry, and sometimes unnaturally smooth, and perhaps tender; the teeth become a little affected with mucous sordes.

In chronic inflammation, the tongue, mouth, taste, and breath are frequently unaffected; in the later stages, there are frequently aphthæ and soreness of the tongue, internal mouth, and fauces.

In the milder form of typhous fever, the tongue is white and rather loaded, with a tendency to dryness: it is generally protruded with tremor.

In the severer forms of typhous fever, the tongue becomes dry, parched, and tender, and dark brown or black; it is often protruded with great difficulty, from its state of dryness and of tremor; the internal mouth is also dry and foul; the teeth are affected with brown mucous sordes; the breath has a peculiar odour. The state of dryness is increased during sleep, the mouth being then usually open. It is important to remark whether, with a given state of the tongue, the tendency is to an augmentation or diminution of its morbid character.

In intermittent fevers, the condition of the tongue varies greatly in the different stages and in the interval. In the cold stage it becomes dryish and clammy; in the hot stage the tendency to dryness is still greater; in the sweating stage and in the interval the tongue approaches more to its natural state, remaining only whitish and rather loaded.

It may be justly remarked that the tongue affords one of the best diagnostics of the different kinds and degrees of idiopathic fevers, of idiopathic from symptomatic fevers, and of their complications; and its changes and tendencies denote, in a particular manner, those of the fever itself.

Scarlatina is frequently distinguished from rubecula by numerous, elongated, florid papillæ, which protrude through the white load.

In variola, pustules sometimes appear on the tongue and in the internal mouth. The occurrence of salivation and of tumefaction of the countenance, followed by swelling of the hands and feet, is familiar to all.

The most ordinary effect of an occasional or accidental derangement in the stomach and bowels is a loaded state of the tongue, the superior surface of this organ becoming covered with a layer of whitish, soft, mucous substance, admitting of being partially removed by the tongue-scraper; the whole internal mouth is at the same time more or less disagreeable and clammy, the taste depraved, and the breath offensive; and frequently the substance of the tongue is a little swollen, oedematous, and marked by its pressure against the contiguous teeth.

In the acute dyspepsia noticed above, the state of the tongue already described is observed, with some modifications: the tongue is in general loaded, the mouth clammy, the taste bitter or nauseous, the breath fetid, whilst the surface of the face is frequently oily. In some severe cases the load has been very thick, and has eventually peeled off, leaving the tongue red, smooth, and tender: the substance of the tongue is generally swollen, oedematous, and impressed by the contiguous teeth; the gums are often red, tumid, and somewhat separated from the teeth by tartar, and are easily made to bleed; the inside of the cheeks, also, frequently partakes of the oedema, and receives, like the tongue, impressions from the adjacent teeth; sometimes the cheeks and the gums of the posterior part of the mouth have been so swollen as to protrude a little over the teeth, and are either ulcerated by the pressure or wounded by being bitten—circumstances which are apt to be induced or aggravated by cold. Through the load on the tongue the red papillæ are frequently seen, either over its whole surface or at its point principally; frequently the tongue is not only indented, but formed into creases or folds; sometimes deeper and more numerous sulci are formed, the edges of which are sharp and the sides in contact, requiring to be separated by the two fingers, or by protruding the tongue farther; in some cases the tongue is less loaded and indented, and its edges are red and even.

In cases of the acute dyspepsia, we have seen the tongue affected with deep foul ulcers, resulting from the slow suppuration of hardnesses about the size of a horse-bean or nut, situated just under the surface of the tongue, which is loaded, swollen, and foul, with a copious flow of saliva, and a fetid breath.

In chronic dyspepsia the tongue is sometimes affected, in a slighter degree, in the manner just described, being somewhat tumid, indented, and sulcated; it is in general, however, less pasty and oedematous; it is frequently covered with a sort of viscid mucus; sometimes it is slightly white, from numerous, minute, white points crowded over its surface; it is also frequently affected with fur, consisting of short fibres resembling those of coarse velvet, and admitting of being separated by the finger. In this affection the tongue is frequently rather dry; and I have seen it, in several instances, sulcated longitudinally.

In very protracted cases, the tongue assumes several remarkable modifications of form and surface. In the first case there is a universal enlargement of the papillæ over its surface, which is now generally clean; in two instances the papillæ at the most posterior part of the tongue became particularly enlarged, causing pain on swallowing, and some alarm to the patients; in the second modification the surface of the tongue is formed into lobules, sometimes deeply intersected and resembling in form those of the base of the cerebellum, at other times of less regular form, and, lastly, assuming the form of squares; in the third variety the tongue acquires an absolute and

morbid smoothness of surface, which appears as if glazed, and is tense and unyielding. In all these cases the tongue is morbidly clean—the mouth, taste, and breath being nearly natural—and its colour, although perhaps rather paler, frequently little changed; the complexion is usually rather pale and sallow, but the surface of the face is free from oiliness, and the integuments from tumidity.

The condition of the tongue in chlorosis is very characteristic: in the beginning, the tongue becomes rather pallid and tumid, and has frequently enlarged papillæ over its surface; it is somewhat loaded, indented, and sulcated; the gums and prolabia are pallid, and the breath is somewhat tainted. At a more advanced period, the tongue becomes cleaner, smoother, still more exanguious, and acquiring a peculiar semitransparency, and a very pale lilac hue; it remains a little swollen and indented, but the papillæ disappear and give place to a morbid smoothness; the complexion, prolabia, gums, and tongue are alike exanguious, and perhaps a little tumid; the breath is still less tainted, and even acquires an odour of new milk; and the mouth becomes less clammy and disagreeable.

It has already been observed that a particular state of the tongue accompanies a particular condition of the complexion and general surface, and that, by observing the latter, the state of the former may frequently be anticipated: the loaded and swollen tongue is usually associated with an oily and swarthy state of the surface and complexion; the pale, tumid, and clean tongue, in chlorosis, is accompanied by a tendency to tumidity of the integuments in general and œdema of the ankle; and the clean, papulated, lobulated, fissured, or morbidly smooth tongue is united with a nearly natural state of the general surface. The morbid secretions of the mucous membrane of the tongue and internal mouth are thus connected with a morbid secretion of the skin; the exanguious and tumid state of the tongue, with a similar condition of the integuments, both apparently originating in the same state of the capillary circulation; the nearly clean tongue accompanies the icterode complexion without tumidity or extreme pallor; and the morbidly clean tongue is attended with little change of the complexion and general surface.

The appearance of the tongue in these cases denotes, in a particular manner, their duration:—the mere load is often soon induced and soon removed; a swollen tongue has required a longer time for its formation, and demands a longer use of remedies; the states of tongue in chlorosis are of still slower formation and removal; and those described in protracted cases of chronic dyspepsia are often the effect of years of disorder, and are probably never totally remedied. By an accurate knowledge of the different morbid states of the tongue and of their concomitant morbid affections, the physician is frequently enabled to speak to his patients in a manner which excites their surprise, by indicating his distinct and accurate informa-

tion respecting their diseases, especially in respect to the history and symptoms.

In true asthma the tongue has, at first, the appearances observed in the acute dyspepsia.

In long-continued cases, both of disorders and of diseases, it is not unusual for aphthæ to occur, and they are occasionally seen in acute affections. The tongue, inside of the cheeks, posterior part of the mouth, and the fauces, are covered with white, minute, tender vesicles, which are apt to be recurrent, soon assume the form of white exfoliations, and leave the subjacent parts smooth, red, sore, and tender. Sometimes the œsophagus, stomach, and alimentary canal appear affected, and obstinate sickness and diarrhœa occur, with a sense of burning. The affections in which aphthæ are most apt to occur, are protracted cases of the more serious forms of dyspepsia, phthisis, mesenteric disease, and chronic pleuritis or peritonitis.

As an effect of cold, and especially in conjunction with disorder of the digestive organs, there is frequently an eruption of one, two, four, or more aphthæ, or small circular ulcers, of from one to three or four lines in diameter, on the inside of the lip or cheek, on the point or near the root of the tongue, &c.; there is great tenderness, and a minute slough, surrounded by an inflammatory border; the state of tenderness continues several days, and the whole course of this affection, like the one about to be mentioned, occupies from six to ten days.

With or without the last-noticed affection, and from similar causes, there is frequently an eruption of herpes, or of a cluster of small vesicles, occupying some part of the prolabium or the angle of the mouth. It generally denotes that the patient has taken cold.

There is a chronic affection of the prolabium and immediately adjoining skin, which we have not seen described:—it consists of a repeated dry splitting, and exfoliation of the cutis of these parts, and occupies a ring, of about one-fourth of an inch across, all round the mouth; it varies in severity at different times and in different cases; it is long-continued, and appears to result from a protracted state of disorder of digestion; it occurs chiefly in early youth.

Fur, with a tendency to dryness of the tongue, usually denotes great local irritation,—such as violent inflammation,—from an accident,—of a joint, &c. This appearance is also common in cases of intestinal irritation. It occurs in some forms of the dyspepsia, especially the chronic and cachectic. The state of fur of the tongue appears to arise from very different causes from that of load; its indications are therefore very different too; it is also in general more difficult of removal.

In disease of the heart, with great lividity of the prolabium and countenance, the tongue and internal mouth frequently participate in the general discoloration.

There are sometimes great peculiarities in the odour of the breath. We have mentioned the fetid odour observed in acute dyspepsia;

and in some very protracted cases of chlorosis, we have observed an odour of the breath resembling that of new milk; in some morbid affections of the lungs, the breath has an extremely offensive taint; and there is occasionally in some diseases, and we may particularize dysentery, a cadaverous odour, affording a most unfavourable prognosis.

An attention to the odour of the breath is of great use in detecting the case of intoxication, and even of some cases of poisoning.

The mode of protruding and of withdrawing the tongue is often worthy of notice. We have already named the tremor of idiopathic as distinguished from symptomatic fever. In cases of stupor from fever, or from disease of the brain, the tongue is sometimes protruded imperfectly, and not immediately; and sometimes it is left out until the patient is told in a loud voice to draw it again within the mouth.

In cases of paralysis the tongue is often protruded to one side, and frequently the saliva flows from the angle of the mouth.

The tongue is frequently severely bitten during the fit of epilepsy.

4. *On the morbid conditions of the general surface.*—The objects comprised under this head are the temperature, the state of dryness or moisture, of tumidity or shrinking, or of roughness or smoothness of the skin, the colour, the occurrence of emaciation, or of œdema or anasarca, and the condition of the hands and feet.

The temperature of the general surface and of the hands and feet is greatly modified by febrile, functional, and organic affections, and has been found, in some affections of the heart, to form a striking contrast with that of the internal mouth or of the rectum.*

The state of heat, tumidity, dryness, and roughness seems to characterize the idiopathic fevers and to distinguish them from the symptomatic, in which an opposite state of the surface is more usual.

The colour is modified by the condition of the cutaneous circulation, of the blood itself, and of the cuticular surface.

It is of the utmost moment to remark the occurrence of emaciation or of œdema, as important sources of the diagnosis of functional and organic morbid affections.

The condition of the hands and feet, and the appearance of the nails especially, vary with the state of the blood and of the circulation, of which they afford a sort of index, and, in some protracted cases, with that of the cuticular and cutaneous surface.

The acute synchus is characterized by a tumid, smooth, soft, and dry state of the surface, with a sense of glowing heat and a florid colour: this state is apt, however, to be modified by the occurrence of rigor or of perspiration.

In acute inflammation, the surface is, on the contrary, frequently nearly natural, of moderate heat, and inclined to perspiration.

Profuse perspirations have been particularly

observed in the acute fever symptomatic of rheumatism, inflammation of the mamma, and in some affections of the kidney.

In the protracted synchus, the surface gradually becomes dry, rough, and harsh; the cellular substance shrinks; the skin communicates a sense of acrid heat; and the cuticle is often in a state of exfoliation, and sometimes raised on the neck and breast into miliary vesicles.

In chronic symptomatic fever there is usually an absence of this state of the surface, copious perspirations being opposed to the constant dryness, and a natural warmth or even coldness to the acrid heat; the perspirations are apt to be peculiarly profuse in the last or early morning sleep; the coldness, often joined with lividity, is sometimes constant, at other times the consequence of the least exposure to cold.

The chronic symptomatic fever is, however, much modified by the nature of the primary disease; in tuberculous phthisis there is often the alternation from chilliness to hectic heat and perspiration during sleep; in strumous disease of the mesentery there are greater chilliness and sensibility to cold, and cold lividity, with early morning perspirations; and in organic disease of the liver there are frequently few or none of these symptoms.

In typhous fever, the state of the general surface is various, and usually less distinctly characterized than in the morbid affections already mentioned. In the milder form the temperature is moderately augmented, especially in the young or plethoric; but there is rarely great heat or dryness. In the severer form the surface is sometimes a little parched and the cheek flushed; sometimes cool and affected with clammy perspiration; sometimes there is an eruption of miliaria with a dry skin; and sometimes there are petechiæ. In the state of sinking a cold and clammy perspiration affects the nose, cheeks, hands, and general surface. In the fever described by Dr. Currie, "the temperature rose, in one case, to 105° Fahr.; but was in general from 101° to 103°, and towards the latter end of the disease scarcely above that of health."* Dr. Bateman observes, "the heat seldom exceeded 99° or 100°."†

The three stages of intermittent fevers are highly characterized by the state of the general surface; in the cold stage there is great shrinking, and the skin becomes pale, cold, and rough, and in the state termed cutis anserina, and the temperature has been observed as low as 74°; in the hot stage the integuments become tumid and injected, and the skin is hot

* Medical Reports, vol. i. p. 11. Dr. Currie observes, with regard to continued fever, that "one exacerbation and one remission in the twenty-four hours seem generally observable. The exacerbation usually occurs in the afternoon or evening, the remission towards morning. These exacerbations are marked by increased flushing, thirst, and restlessness. If the heat of the patient be, at such times, taken by the thermometer, it will be found to have risen one or two degrees in the central parts of the body above the average heat of the fever, and still more on the extremities."

† On Contagious Fever, p. 36.

* Farre's Essay on Malformations of the Heart, p. 32, et seq.

and dry, and the temperature has sometimes been as high as 105°; in the last stage the tumidity, heat, and injection cease and yield to a general perspiration.

It is in the scarlatina anginosa that the greatest degree of tumidity, injection, and temperature is observed; the rash is continuous and imparts a deep red hue, and the surface in general is turgid, hot, smooth, soft, and dry—a state which is succeeded, on the decline of the fever, by dryness, roughness, and exfoliation. There is much diversity in the degree of these appearances, as in that of the fever itself; but in severe cases the heat and tumidity are greater than in any other febrile affection of this climate; the thermometer applied to the surface of the body rises to 105° and 106° even in mild cases, and in the more violent cases to 108°, 109°, 110°, and even 112°, the greatest heat ever observed in the human body by Dr. Currie.*

In the scarlatina maligna there is frequently an entire absence of tumidity, injection, and heat of the surface; sometimes there are shrinking, cold moisture, and a pale or livid rash. It is of the greatest importance to attend to the state of the surface, in a curative as well as a diagnostic point of view.†

After the decline of the tumidity and rash of scarlatina, an anasarcaous swelling of some parts of the surface is occasionally observed; it usually affects the extremities and face, and sometimes the sole of the foot has been raised into one entire blister.

In rubella there is comparatively little tumidity, injection, and increased temperature of the general surface; the face, and especially the eyes and eyelids are, however, often considerably tumid; the heat of the skin is in this disease, and in the influenza, from 99° to 101° and 102°.‡

In the variola discreta, except in its mildest forms, there are considerable general tumidity and heat, frequently a warm perspiration, a full state of the pustules, and a soft condition of the intervening portions of skin.

In the variola confluens the surface is shrunk and flaccid, the temperature little or not at all augmented, and the skin is frequently affected with a clammy perspiration, whilst the pustules are flat and flaccid, par-

ticipating apparently in the state of the cutaneous circulation.

In the course of variola, and usually about the eighth day, there is frequently a state of tumefaction of the face and eyelids, with a flow of saliva; this state recedes, and about the eleventh day the tumefaction affects the hands and feet.

In the morbid affections already noticed, the temperature of the surface is, for the most part, augmented. There are some diseases, however, in which there is a tendency to diminished temperature and frequently great sensibility to cold.

There is a certain degree of this tendency in acute dyspepsia, and perspiration is excited by the slightest hurry or fatigue.

In some cases of protracted dyspepsia, the nose is livid and cold, and the feet are habitually cold. The case is distinguished from that to be next noticed by the absence of frequency of pulse, and of progressive emaciation.

But the case in which this peculiarity is most observed is the tuberculous disease of the mesentery. In this disease the patient is highly sensitive to external cold, and to the least draught of air, and, in cold weather especially, constantly draws near or hangs over the fire,—sometimes until the hands and legs assume a brown colour from the influence of its heat. With this sensibility to cold, there is also frequently a great tendency to early morning perspirations, which appear to be induced by sleep, and to be in part avoided by keeping awake, which is often done purposely.

A slighter degree of chilliness is observed in phthisis pulmonalis, and in other organic diseases, together with a greater or less tendency to perspiration.

Decided shivering occurs in the commencement of febrile and inflammatory diseases in general; in the beginning of each paroxysm in intermittents. This symptom also occurs in cases of intestinal irritation, and in a more marked degree than in inflammation. It is an attendant upon suppuration; and then, being repeated, frequently excites the idea of intermittent.

There is no point of deeper interest, in a practical view, than that of the loss or return of flesh. The continued loss of flesh adds, in obscure cases, to the fear of organic disease, whereas the least return of flesh determines the question favourably.

In acute dyspepsia it is highly interesting to watch the gradual return of flesh under judicious treatment. In tuberculous disease, on the other hand, there is a daily loss of flesh, however slow. In hepatic disease, the case is favourable or unfavourable according as the patient continues to lose or begins to regain flesh. In doubtful cases, the patient's weight may be registered, and the result will frequently be contemplated with anxious feelings. In the study of all, but especially of chronic diseases, there is, indeed, no point of greater importance than that of emaciation. Much might cer-

* Medical Reports, vol. ii. p. 46.

† Dr. Currie observes, "Before I conclude the subject of scarlatina, I must again enforce the superior advantage of using the affusion early in this disease; and the propriety of ascertaining that the skin is dry, and the heat of the patient greater than natural, in all cases, especially in such as are advanced, and where, of course, the strength is considerably impaired. It has come to my knowledge, that in two cases of scarlatina, of the most malignant nature, the patients have been taken out of bed, under the low delirium, with the skin cool and moist, and the pulse scarcely perceptible. In this state, supported by the attendants, several gallons of perfectly cold water were madly poured over them, on the supposed authority of this work! I need scarcely add, that the effects were almost immediately fatal."—Vol. ii. p. 76.

‡ Medical Reports, vol. ii. p. 78.

tainly be learned by a constant attention to this subject.

The degree of emaciation which takes place in patients, depends in part on the nature of the disease, and in part on the nature and office of the organ affected. Emaciation is more observed, in a given space of time, in fevers than in inflammations. Loss of flesh takes place in the acute dyspepsia, but is scarcely observed in the chronic forms of that disorder—a circumstance by which they are therefore distinguishable from insidious organic diseases or protracted inflammations. Emaciation is the usual effect of tuberculous and scirrhus affections of any organ; it is less early observed in some other diseases, as in the encephalosis,* &c. Emaciation is little observed in diseases of the head, heart, and even the lungs, compared with those of the mesenteric glands, the stomach and bowels, the liver, the pancreas, &c. In diseased mesentery the emaciation and loss of strength are nearly, if not absolutely, although very slowly, progressive. In disease of the liver there may be, for some time, even for years, a degree of recovery; and weakness and loss of flesh, and even icterus and anasarca occasionally disappear.

There are some highly interesting remarks on this subject in Dr. Pemberton's work on the Diseases of the Abdominal Viscera.† He observes that, in the organic diseases of the liver, the pancreas, the mesenteric glands, the stomach, the small intestines, and the spleen, as "glands of supply," there is considerable emaciation; whereas in the diseases of the kidneys, of the breast, and of the large intestines, which are "glands of waste," the loss of flesh is less, and less rapid.

Next to emaciation as a consequence of disease, it is important to remark the occurrence of œdema, or of its aggravated form of anasarca. The principal causes of this affection are organic disease of the heart or lungs, enlargement of the liver, phthisis pulmonalis, organic tumours in the abdomen, pregnancy, &c.

Anasarca is frequently observed in the late stages of chlorosis. It is often, indeed, an effect of debility merely, and occurs, consequently, in the last stages of chronic diseases in general, from want of nourishment, and in old age, and as an effect of profuse hemorrhage or purging. Anasarca is also occasionally the effect of long exposure to cold and wet.

The causes of anasarca sometimes induce other kinds of dropsy, as hydrothorax, ascites, &c., which are, indeed, like anasarca itself, far more frequently effects of diseases than primary diseases themselves. It is important to trace the succession of links in this chain of causes and effects; but it is to be observed that these morbid states come at length to constitute diseases in themselves, and pro-

duce, in their turn, their peculiar effects and symptoms.

The appearances of the general surface in cases of cachexia are peculiar; but they do not appear to require description in this place.

There is a singular morbid affection of the surface, which has not, we think, been noticed by any practical writer; the face, and some parts of the surface of the body, become suddenly and remarkably puffed and swollen; this affection appears to be occasioned by the presence of some indigestible substance in the stomach, and generally yields to the operation of an emetic and purgative.

We now proceed to notice some morbid states observed chiefly in the hands and feet, although partly, too, over the general surface. The nails, like the prolabia, afford an opportunity of observing the state of the blood; the hand, in general, often denotes, by the condition of its surface, the degree of force or feebleness of the circulation, at least in the capillary vessels, and by its steady or tremulous movements, the strength or weakness of the muscular system.

Continued fevers and inflammations in general are distinctly characterized by the morbid affection of the surface, and by the state of tremor, so generally observed in the former, and so little, comparatively, in the latter.

In the acute synochus there is generally considerable tremor and burning heat; in acute inflammation these affections are usually absent. In the slow synochus the hand is still more tremulous, and its surface becomes dry, parched, and exfoliating; in chronic inflammations the surface is generally totally different, and there is only the tremor of weakness. In typhous fever the tremor frequently assumes the aggravated character of subsultus tendinum. It is scarcely necessary to make any allusion to the circumstance of the picking of the bed-clothes, flocci volitantes, &c.

There is one morbid affection in which tremor is so characteristic as to have been chosen for its denomination,—the delirium tremens. From the occurrence of this symptom in a remarkable degree, we were enabled, in one case, to foretel that delirium would follow.

In acute dyspepsia, a degree of tremor is observed on desiring the patient to extend the hand and arm; the surface of the hand is apt to be cold and clammy, and the nails to assume a lilac hue, and their tips to become white and opaque. These appearances are, in some instances, very long continued, and they are always very characteristic.

In chlorosis, the hands, fingers, and nails become characteristically pale and exanguious; the skin is frequently opaque and puffy, and usually dry; there is a tendency to œdema, and at length to anasarca.

In very protracted cases of dyspepsia, the skin becomes gradually dry, branny, and sallow, or brownish, and the nails become brittle, break off in lamellæ, so that the patient is incapable of taking a pin out of her dress, and

* *Laennec*, de l'Auscultation, tom. ii. p. 62.

† Chapter vi.

sink in irregularly in their middle part. This state of the nails is by no means unfrequent.

In common dyspepsia even, the hands and feet are apt to be cold.

In organic disease of the heart, the hands, like the nose and cheeks, frequently become deeply livid and very cold, whilst the heat within the rectum and under the tongue is sometimes even higher than natural;* in young subjects the finger-ends become expanded, especially laterally.

The finger-ends are swollen, and perhaps affected with a sense of tingling, especially in young subjects, in some cases of organic disease of the liver, and sometimes in tubercular phthisis pulmonalis, and in the latter disease they become adunquæ.

In inflammation of the bowels, and in cholera, and dysentery, there is a characteristic tendency to a cold, clammy, and livid state of the surface of the hands and feet, and of the nose, whilst the pulse is frequent and small.

We have already mentioned the tendency to coldness and lividity of the extremities in tuberculous disease of the mesentery.

There is a loss of temperature in cases of paralysis, sometimes with lividity and shrinking.

In the action of the hand and fingers we may frequently observe the expression of pain, of anxiety, or of suffering; but this subject properly belongs to a subsequent section.

5. *On some morbid conditions of the general system.*—Before we proceed to notice the symptoms of disease referable to the functions of the encephalon, and of the viscera of the thorax and abdomen, we wish to call the attention of the reader to some morbid affections of the system at large.

In the first place we shall just refer to those various morbid states of the general system denominated fever. But we shall principally, though briefly, notice some other conditions of the system, which have not hitherto obtained the degree of attention they demand, and which may be denominated the states of irritation, of exhaustion, of erethismus, and of sinking.

All these morbid states are characterized by affecting many or all of the organs and functions of the body at once, although one particular organ frequently suffers much more than the rest.

Continued fever is particularly distinguished from inflammation by the characteristic just mentioned. The contrast has already been drawn between the states of the countenance, of the attitude—including the muscular system,—of the tongue, and of the general surface, in these different affections; and differences not less marked will be observed in the functions of the encephalon, and of the organs of the thorax and abdomen.

A similar remark also applies to the dissimilar but characteristic effects of local irri-

tation and inflammation on the general system. These effects, although in general sufficiently distinct, are frequently confounded. How often have we known that symptom stated as evidence of the existence of inflammatory action, which, in fact, was connected with irritation, and with nothing so remotely as inflammation!

It is, perhaps, of still greater moment to observe that some affections of the system in general, resembling and often mistaken for local inflammation and effects symptomatic of inflammation, are, in fact, effects of exhaustion. The mistake, in both these cases, is full of danger; the investigation of the diagnosis is, therefore, of the utmost importance.

It is also a remarkable circumstance, as we shall observe hereafter, that the phenomena and effects of exhaustion are extremely similar to those of erethismus, and especially of the erethismus mercurialis.

Lastly, there is a state of constitutional affection which may be termed the state of sinking, which occurs in various diseases, and is characterized frequently by inducing false appearances of amendment, dissolving as it were the series of morbid actions, and, in a certain sense, curing the disease, but subsequently leading to sudden, or at least early, dissolution.

We shall now proceed to sketch the principal phenomena observed in these states of the constitution. It would require too great a space to enter into their detail; and it is unnecessary, because we have attempted this, in some measure, in the latter part of this article.

The principal sources of irritation to which we shall allude here, are the presence of indigestible substances in the stomach, and especially intestinal disorder or load. The effects of these sources of irritation are either gradual or sudden. The gradual effects are, those observed in the dyspepsia, in chlorosis, &c. It is the more sudden effects of intestinal irritation to which we wish to direct the attention in this place.

The more sudden effects of intestinal load and irritation are, acute pain of the head, of the side, of the loins, of the iliac region, or of some other part of the abdomen; attacks of vertigo, of dyspnoea, of palpitation, fainting or feeling of dissolution, of vomiting, and of hiccup; there are often anxiety and distress; and there are severe rigors, followed by great febrile heat, jactitation, and flushing. The attack is apt to be mistaken for a disease of the organ principally affected, and bleeding is injuriously prescribed when enemata and purgative medicines are the only remedies. The effects of intestinal irritation are particularly apt to occur after any exertion or agitation, after the pain and fatigue of delivery, and especially when this cause is conjoined with any cause of exhaustion, as misapplied or undue bloodletting, hemorrhage, or purging, and in the course of diseases; and we are persuaded that their influence in these circumstances is still only half apprehended.

* See Dr. Farre's Essay on Malformations of the Heart, pp. 32, 34.

The principal sources of exhaustion are undue bloodletting and uterine hemorrhage, especially when they occur with intestinal irritation,—hypercatharsis, and diarrhoea. The effects of exhaustion may be referred to the head, heart, the viscera of the thorax and of the abdomen, and the muscular system. The symptoms which affect the head are, severe pain; beating and throbbing; rushing or cracking noises; vertigo or turning round of the room, especially on raising the head or assuming the erect position; intolerance of light and of sound; wakefulness; starting during sleep; awaking hurried and alarmed, with faintness, palpitation, feeling of sinking, of impending dissolution, &c.; being overcome by noise, disturbance, or even thinking; and delirium. The heart is, in different cases, affected with palpitation, fluttering, irregular and feeble action; there are beating and throbbing of the carotids, and sometimes even of the abdominal aorta; a frequent, bounding, and sometimes irregular pulse; faintishness or fainting, urgent demand for the smelling-bottle, fresh air, fanning, bathing of the temples; feeling of impending dissolution; incapability of bearing the erect position, and sometimes early fainting from the use of the lancet. The respiration is affected, in different cases, with panting, hurry, sighing, great heaving, gasping, blowing, moaning, catching, &c., and, as has been stated, with urgent demand for fresh air. There is sometimes a sense of great and alarming oppression about the chest. There is in some cases an irritative cough, in violent fits, or in the form of continual hacking; this cough appears to originate in the larynx or trachea. The stomach is liable to become affected with irritability, sickness, retching, vomiting, hiccup, and eructation; the bowels with constipation, or diarrhoea, pain, flatus, distention, &c. There are very frequently urgent restlessness, tossing about, and jactitation. In some cases various spasmodic affections have occurred. We have often to combat the effects of exhaustion in the puerperal state, and in cases in which bloodletting has been improperly employed for diseases not inflammatory, or too lavishly in cases of inflammation.

There is an extraordinary similarity, as we have already observed, between the effects of exhaustion, as just noticed, and the symptoms of the disease termed *erethismus mercurialis*, so well described by Mr. J. Pearson,* and so painfully experienced, and so amply and accurately detailed by the late Dr. Bate-man.† The descriptions of these authors do not, however, enumerate the affections of the head; otherwise they would be almost identical with that of exhaustion just given: disturbed sleep, hurried wakings, palpitation, languor, fainting, feeling of impending dissolution, want of air, fits of coughing, and of retching, &c. occur in both of these morbid states; and sudden and unexpected death from

muscular effort has alike terminated the patient's sufferings.

The morbid effects of digitalis, and of some other vegetable remedies, are also not dissimilar from those of exhaustion and *erethismus*.

The constitutional symptoms in some cases of local disease, as in the phagedenic and sloughing ulcers, appear also to partake of the characters of *erethismus*.

The state of sinking occurs under very different circumstances, and accordingly presents very dissimilar phenomena. It occurs sometimes as a gradual and simple feebleness of the brain, decline and cessation of the functions of circulation and of respiration, as in cases of dissolution in very advanced age: at other times it takes place with the more active symptoms of inquietude and jactitation, catching respiration, hiccup, &c.: sometimes it has the remarkable effect of dissolving the chain of morbid actions and sensations constituting the disease under which the patient has laboured, and of presenting to his friends, and perhaps to his unwary physician, the appearance of amendment, when life is soon to terminate in an unexpected dissolution: lastly, the appearances of sinking quickly follow the accession of gangrene.

The gradual decline of the powers and functions of the heart and of the respiration scarcely requires any description: there are dozing, and insensibility to external impressions; the breathing becomes irregular; there is a collection of phlegm in the trachea or larynx, with cough, rattling, and hoarseness; the powers of the bladder are often impaired, with retention of urine; the pulse becomes small and feeble, and the extremities and the nose and cheeks cold.

In the second form of sinking, there are constant restlessness, with throwing about of the arms and throwing off of the bed-clothes, delirium or incoherency of mind, catching, sighing, or gasping breathing; a frequent, small, and perhaps intermittent pulse; hiccup; an indescribable feeling of approaching dissolution; a constant necessity for the windows to be opened, and for the fan, and sal volatile, &c.; the countenance becomes pallid and sunk, and, with the extremities, cold, clammy, and perhaps livid, especially the prolabia.

In the third case, the pain and symptoms of the disease often cease, and the patient has even got up or enjoyed sleep, and yet dissolution has been at hand; the pulse perhaps suddenly becoming very frequent, and the extremities cold, pale, livid, and clammy. This phenomenon is, we think, most frequently observed in cases of inflammation and other diseases of the intestines, as we had remarked long ago.* It also occurs in other states of the disease: delirium, cough, and pain have ceased, and suppression of urine has yielded, under the influence of the state of sinking.

* See the first edition of the *Treatise on Diagnosis*, part i. p. 47. See also Dr. Abercrombie's paper in the *Edinburgh Journal*, vol. xvi. p. 22, 185.

* Observations on Lues Venerea, 2d edit. ch. xii.

† *Medico-Chirurgical Transactions*, vol. ix. p. 220.

That extraordinary man, Mr. J. Hunter, had accurately observed the state of sinking, and has described it under the term dissolution.* "The first symptoms," he observes, "are those of the stomach, which produce shivering: vomiting immediately follows, if not an immediate attendant; there is great oppression and anxiety, the persons conceiving they must die. There is a small, quick pulse, with every sign of dissolution in the countenance: as it arises with the symptoms of death, its termination is pretty quick." "I have seen dying people whose pulse was full and strong as usual on the day previous to their death; but it has sunk almost at once, and then become extremely quick, with a thrill: on such occasions it shall rise again, making a strong effort, and, after a short time, a moisture shall probably come on the skin, which shall in this state of pulse be warm, but, upon the sinking of the pulse, shall become cold and clammy: breathing shall become very imperfect, almost like short catchings, and the person shall soon die." "It would appear in many cases that disease has produced such weakness at last as to destroy itself: we shall even see the symptoms, or consequences of disease, get well before death." Sir Henry Hallford has also noticed this subject in a late paper published in the Transactions of the College of Physicians,† and has applied it to the prognosis of diseases.

The symptoms of sinking in cases of gangrene are familiar to every observer.

From the preceding observations it will appear that there is a similarity in the symptoms attending intestinal irritation, exhaustion from loss of blood, the erethismus mercurialis, the morbid effects of digitalis and other poisonous vegetables, sinking, and dissolution, which is really remarkable. It is a question of great importance how far the existence of one of these states tends to the superinduction of another: the effects of exhaustion are certainly very apt to supervene in cases of intestinal irritation, and are far less liable to occur, from the same application of its causes, during the existence of internal inflammation; a given degree of intestinal irritation, on the other hand, produces unusual effects in cases of exhaustion. We do not know whether the same relation exists between irritation or exhaustion, and the erethismus of mercury or of digitalis.

The symptoms of irritation or of exhaustion are not only particularly apt to supervene when the cause of the other state respectively co-exists; but it appears to us that the causes of one state are also apt to induce those of the other. Thus the state of intestinal disorder and irritation, at least, is very liable to steal on in cases of exhaustion from loss of blood; and when it exists primarily, it is extremely apt to induce diarrhoea, and even some kinds of hemorrhage, as epistaxis, hemate-

mesis, and melæna, and even uterine hemorrhage or discharge.

When the state of exhaustion terminates fatally, it is either by sudden death or by more or less gradually passing into that of sinking. Sudden death is apt to occur from any muscular or bodily effort in a change of the position; one patient rose up to make water, sank down, and soon afterwards expired. The transition of the state of exhaustion into that of sinking we have an opportunity of witnessing at the moment of writing these lines: great pain of the head, with beating, throbbing of the carotids, agitation from sudden noises, as knocks at the door, violent palpitation of the heart, with fulness and bounding of the pulse, alarm and hurry on awaking, &c. have gradually subsided and passed into a tendency to doze, first with snoring, then with blowing-up of the cheeks and lips, and moaning; slight rattling or crepitus heard in the trachea and bronchi during respiration, becoming gradually augmented; slight catching, laryngeal cough, especially when asleep, gradually increasing and becoming painful and almost incessant, but afterwards almost ceasing; oppression in breathing, with blowing through the mouth and lips, the nostrils being very acute, and dilated below and drawn in above the lobes; much flatulency: at length the fæces are passed at each attempt to void urine, of which there may be retention or involuntary flow, conjointly or separately. The countenance is pallid and sunk, the features acute, there is much inquietude, sometimes jactitation, and delirium, especially on awaking, and, to employ the patient's own expression, "a dying feel."

The subjects sketched in this section, we do not hesitate to say, are of extreme importance. We should not have devoted so much space to them, did we not consider it an imperative duty to call the attention of the profession to them in the most earnest manner of which we are capable.

6. *On the morbid states of the functions of the brain.*—The consideration of the morbid affections of the functions of the brain embraces a view of the derangements observed in its energies in general, the sleep, the mental faculties and the temper, the senses and sensations, and the motions—voluntary, functional, and sphincter.

It is extraordinary that the energies of the brain should become affected in a very similar manner from the two opposite states of undue action or fulness, and of depletion of that organ. Stupor and morbid obtuseness of the nerves and senses on one hand, and delirium and morbid sensibility on the other, occur alike, varied only in form and degree, in each of these states of the encephalon; and the remark equally applies to the function of respiration as influenced by these different and opposite conditions of the brain; indeed, the affections of the respiration just described as obtaining in the state of sinking from exhaustion, bore the most marked resemblance to those observed in apoplexy, the difference being

* Hunter on Inflammation, part ii. ch. ix. sect. 3.

† Vol. vi. art. 15.

chiefly observed in the state of the countenance, general surface, and pulse, and in the degree of the mental stupor.*

Augmented energy of the brain, denoted by delirium and augmented sensibilities, occurs in cases of fever and of irritation, and in the opposite states of this organ observed in inflammation and exhaustion.

Diminished energy of the brain, on the other hand, occurs in apoplexy and in the state of sinking from exhaustion; in both cases there are stupor or dozing, rattling in the breathing from defective absorption of the mucus of the bronchi, oppressed and laboured respiration, snoring, blowing-up of the cheeks and lips, defective power of the sphincters, &c.

In regard to sleep we observe, in different morbid affections, the opposite states of lethargy and wakefulness, the occurrence of frightful dreams and hurried wakings, and various effects on the functions of the skin, of the heart, &c.

The return of sleep must, in general, be deemed a good sign; but a longer sleep than usual is frequently an effect of exhaustion, and the patient awakes from it 'overcome,' dozing and sleep again are frequently observed in the state of sinking, and then only give rise to a false hope of amendment.

Drowsiness is frequently an antecedent sign of apoplexy; it may forebode icterus, and it may arise from a disordered state of the stomach. It is in other cases, and especially in the diseases of children, one of the first symptoms to awake alarm and fear of disease within the head.

Profound sleep, which has received various names, as somnolentia, coma, lethargy, vternus, cataphora, carus, &c. according to its degree, usually denotes a state of oppression of the brain from vascular fulness, effusion upon the membranes, &c. and occurs as a symptom in apoplexy and organic disease of the brain in general; as a complication in typhous and other fevers; as an effect of the convulsive efforts in epilepsy, puerperal convulsion, fits, hysteria, the whooping-cough, &c.

Heaviness for sleep also occurs, as has been stated already, in a state of the brain the opposite to fulness, and is observed in some cases of exhaustion, in the state of sinking, and in syncope.

Wakefulness and restlessness occur in mania, in puerperal delirium, in the delirium tremens, &c. in connexion with delirium, as their names import; but they also arise, independently of delirium, in cases of great irritation or exhaustion, especially intestinal irritation and exhaustion from loss of blood: the same observation applies to the erethismus

mercurialis,* which, as we have had occasion to remark before, resembles in so many particulars the morbid effects of the causes just mentioned.

But perhaps the most extraordinary phenomena belonging alike to these three morbid affections, in connexion with sleep, are frightful dreams and hurried wakings; these circumstances sometimes occur in the form of incubus, sometimes with great palpitation of the heart and hurry, and sometimes with the feeling of impending dissolution.

There is often much starting in the sleep in cases of indigestion; and children frequently start, get up in bed or even out of bed, or perhaps scream violently, and are affected with fright or temporary delirium from this cause.

Hurried wakings, with a sense of suffocation or of impending dissolution, also occur in organic disease of the heart; the patient, agitated and alarmed, hastens to the open window for air.

Sleep would appear to exercise a peculiar influence over the circulation: many children perspire profusely during sleep, especially in a state of weakness; sleep often induces flushing during the progress of febrile complaints; and in cases of hectic or tubercles, the last morning sleep, as we have already observed, is particularly apt to be attended with profuse perspiration, to prevent which many patients purposely keep themselves awake.

The mental faculties are affected in various ways,—by delirium, stupor, imbecility, unfounded hope or despondency, &c.

Delirium occurs in fevers, in most violent affections general and local; and in inflammation or disease of the brain. In the former cases delirium is often long continued; in the latter it usually, earlier or later, passes into stupor, as increased action induces effusion. Delirium is also observed in some cases of exhaustion with re-action; and, in its low and muttering form, it occurs in the state of sinking.

Not only fever, and any severe derangement of the general health, but a violent accident, a severe operation, the occurrence of gangrene, &c. are generally attended by delirium.

It is scarcely necessary to allude to the occurrence of this symptom as a frequent puerperal affection, and as the effect of habits of drinking spirits. In the former case it is frequently an effect of the loss of blood.

Stupor also occurs in fevers, but especially in apoplexy, and towards the termination of all affections of the brain inducing compression of that organ.

Imbecility of mind, with talkativeness or with lethargy, is not unfrequent in old age. In these cases there is often a state of chronic inflammation of the substance or of the membranes of the brain. Paralysis is apt to be superadded to the other symptoms.

After attacks of apoplexy a state of mental imbecility often remains, with loss of memory, unmeaning laughter, proneness to tears, &c.

* A similar remark is made by Dr. Percival in relation to the opposite states of congestion and collapse of the brain, in his interesting Essay on Typhus Fever. He observes, "in truth, the state of congestion and the state of collapse, which resemble each other both in vascular and sensorial appearances, deserve a fuller comparison than has yet been made of their common character."—p. 69.

* See Dr. Bateman's case, Med. Chir. Trans. vol. ix. p. 223.

The temper of the patient is singularly modified by different disorders and diseases. The state of despondency in cases of indigestion forms a remarkable contrast with that of hopefulness in phthisis pulmonalis and other serious organic diseases.

Despondency on the part of the patient may, however, excite a well-founded alarm in cases of great debility and inquietude.

In cases of serious and fatal disease, and especially, we think, in diseases of the intestines, the patient frequently expresses his conviction of an approaching dissolution—"tamenquam conscia foret natura, vitam ad finem preparare."

The senses and sensations become preternaturally acute or defective.

Acuteness of hearing and of sight, and intolerance of sound and of light, are usual symptoms in the dawn of inflammation of the brain, and frequently occur in idiopathic fevers: but they occur in the most remarkable degree as effects of intestinal irritation and of exhaustion.

The physician is often called to cases in the following circumstances:—Straw is spread before the door, the knocker is tied, the lights are screened or the room is darkened, and every source of noise or disturbance is carefully avoided. The cases in which these precautions are necessary are principally those of intestinal irritation and exhaustion; but they are also frequently necessary in the acute synochus, and in some forms of puerperal affection; and the precautions respecting noise and disturbance are sometimes requisite in diseases of the heart, not from increased susceptibility of the nervous system, but of the action of the heart itself.

The sense of hearing becomes defective and obtuse in some cases of typhous fever; defective vision is a usual occurrence in diseases of the brain; and torpor or defective touch is a usual precursor or consequence of apoplexy or paralysis, and occurs in some instances of hysteria. We need scarcely allude to the *flocci volitantes*, *tinnitus*, the *epileptic aura*, &c.

Under the head of deranged sensations may be noticed pain and vertigo. Pain of the head in the recumbent, and vertigo in the erect posture, are usual and early symptoms in typhous fever and acute synochus, in cases of intestinal irritation and of exhaustion, and in the dyspepsia; and they are frequently precursory and admonitory signs of apoplexy or paralysis.

Pain of the head alone is usually amongst the first symptoms of inflammation of the brain. Severe pain of the head occurs in the dyspepsia, and especially in chlorosis; it is then attended by the other symptoms of those affections; but it is frequently so severe as to lead to the erroneous employment of the lancet.

We need scarcely advert to the frequent occurrence of headach and vertigo in hysteria, hypochondriasis, asthenia, syncope, &c. It is important, however, to remark that they rarely occur in local or organic diseases, except those of the head itself.

Intermittent headach constitutes a peculiar affection, and is removed by the arsenic.

The sense of an iron finger on some part of the head, or of an iron hoop round the head, is an effect of exhaustion from loss of blood.

7. *On the morbid affections of the function of respiration.*—In treating of the morbid affections of the function of respiration, we shall attempt a description of the different kinds of dyspnoea, of cough and expectoration, of the effects of full inspiration and expiration, of the affections of the voice and articulation, &c.

Healthy respiration is performed with ease and freedom, and without the aid of the auxiliary muscles, in any of the usual positions of the body. It is effected by a nearly equal elevation of the ribs and depression of the diaphragm, except in females, in whom the thorax is observed to move more than in men; each side of the thorax moves also in an equal degree; and inspiration and expiration occupy nearly equal spaces of time.

The kinds of dyspnoea, and the other morbid affections of the act of respiration, are so numerous, that it would be difficult to discuss them fully. In treating the subject, we shall proceed on the practical principle already pointed out, and describe the different modifications of the respiration in reference to particular diseases.

In the acute synochus there is generally a little hurry in breathing, and sometimes a degree of anxiety and of panting.

The respiration in typhous fever is generally anxious and tremulous; when the fever is complicated with stupor, the respiration becomes still more affected—frequently deep and sibilous, irregular and unequal, still more tremulous, and sometimes each inspiration is begun by the diaphragm and completed by the thorax; in the other complications of this fever the respiration is variously affected according to their seat and nature.

In apoplexy the respiration becomes irregular, slow, deep, frequently suspended, and sighing, with rattling or stertor, or blowing of the cheeks and lips, or with catching in the larynx. M. Serres observes that, when there is paralysis, the two sides of the thorax are moved unequally, the muscles of the paralytic side having lost their power.*

We have already noticed the similarity which obtains between the breathing in apoplexy and that observed in the state of sinking.

In other diseases of the head with congestion or compression, as inflammation or hydropcephalus, the breathing gradually becomes irregular and unequal, with alternate suspension and sighing; the duration of the interruption appears sometimes to be commensurate with the degree of oppression of the brain.

In inflammation of the chest, with acute pain, the respiration is sometimes performed exclusively by the diaphragm, the chest or part affected being quite motionless; the alternate movements of the respiration are also

* *Annuaire Medico-Chirurgical*, 1819.

short, cautious, and suppressed. This peculiarity of the breathing is proportionate to, and varies with, the degree of acuteness of the pain.

The part affected is sometimes carefully kept unmoved, the rest of the thorax or abdomen being moved as usual. This is observed in ordinary respiration, still more in a deep inspiration: the patient can draw a deep breath without causing pain; but if this be done incautiously, pain is immediately induced. The patient is frequently awoken from sleep by this cause: the caution ceases, perhaps a deep sigh is drawn, and acute pain being induced, the patient starts and awakes.

In inflammation within the abdomen, with acute pain, the respiration is, on the contrary, performed principally and often exclusively, by the chest, the abdomen remaining unmoved. This peculiarity of the breathing may be distinctly observed by looking on the chest and binding the bed-clothes tight over the abdomen. The respiration has sometimes the appearance of heaving of the chest: every movement of the diaphragm is cautiously avoided. In this disease the patient is also frequently observed to rest, for a few seconds, on a full breath. The abdomen begins to move as the pain diminishes, whether from a mitigation of the disease, from sinking, or from gangrene. By an attentive observation of the modifications of the respiration, inflammation of the pleura is distinguished from inflammation of the peritoneum covering the liver, &c. The very part inflamed is frequently ascertainable by a simple but careful inspection. Nothing is more interesting than this exercise of the faculty of pure observation. The thorax and abdomen should be exposed and watched.

Inflammatory pain within the abdomen is, in the same manner, distinguished from spasm or colic, in which there is a state of breathing altogether incompatible with inflammation attended with acute pain and tenderness.

In inflammation of the lungs the respiration is characterized by labour, and by crepitus heard on applying the ear to the chest: these peculiarities are augmented as congestion and hepatization take place; and when much mucus is secreted, bronchial rattle is superadded. In chronic cases of pleuro-pneumonia the shoulders are elevated, the p^omum adami is drawn downwards, and the lower part of the sternum retracted towards the spine, on each inspiration—the abdomen being, at the moment, suddenly protruded, and the upper part of the chest raised.

In tuberculous phthisis pulmonalis an effort is early visible in the respiration, and its effects are seen in a movement of the alæ nasi; the breathing is also early observed to be short on any muscular exertion, especially on going up stairs; at a late period of the disease there are generally constant labour and shortness of breathing, and sometimes attacks of suffocative dyspnoea.

On examining the chest in a recumbent position, it will frequently be found that its motions are not free, and that respiration is

more than usually performed by the diaphragm. Sometimes one side of the chest moves more than the other.

In the later stages of hydrothorax there is, in connection with the peculiar state of the attitude, a characteristic affection of the respiration:—the acts of respiration are performed with very unusual degrees of labour; inspiration is often quick and sudden, effected with great effort, principally or exclusively by an elevation of the thorax, and afterwards by a forcible contraction of the auxiliary muscles of respiration; in expiration these movements are reversed, the chest appears to fall spontaneously and without effort; the action of the auxiliary muscles—the sterno-mastoids, the pectorals, &c. is seen or may be felt on applying the finger; the head is often moved, and the chest has, in protracted cases, the appearance of being unusually high.

A state of the respiration not dissimilar from that just described is observed in cases of complicated disease in the thorax and in the abdomen—the latter giving origin to what may be termed the thoracic breathing, and to a suppression of the action of the diaphragm. A painful affection of the upper portion of the peritoneum would be apt to induce the state of breathing observed in hydrothorax; whilst the latter affection, by pressing the diaphragm downwards, has often been mistaken for disease of the liver.*

In diseases of the heart the dyspnoea is generally first experienced, and is ever particularly aggravated by any particular muscular exertion or mental emotion, and especially on going up stairs: it appears, therefore, to be particularly liable to recur in paroxysms, and it is thus distinguished, in some degree, from the dyspnoea of hydrothorax, which increases progressively perhaps, but more uniformly and slowly.

Besides the kinds of dyspnoea already described, there are others which require to be accurately distinguished from them:—

In the acute dyspepsia, and in the more accidental cases of indigestion, a paroxysm of dyspnoea often takes place, and appears to us to constitute, in the greater number of instances, the first attack of true asthma.

The dyspnoea of asthma is extremely peculiar:—there are great anxiety and almost gasping; the inspiration is quick, the expiration longer, laboured, and wheezing. In extreme cases, the chest is raised, the scrobiculus cordis retracted, and the abdomen protruded, with abruptness, on inspiration: expiration reverses these movements, and is attended with labour and wheezing. In protracted cases a state of constant dyspnoea is observed, denoted by labour and wheezing, with a peculiar cough. At length, organic disease of the heart and of the lungs is superadded to the primary state of disorder of function.

In the other forms of dyspepsia, and especially in chlorosis, paroxysms of hysterical dyspnoea are observed, frequently attended

* *Portai, Mémoires sur plusieurs Maladies.*

with pain and tenderness of the chest or of the abdomen; it combines a degree of hurry and heaving in the respiration altogether incompatible with inflammatory pain. With this state of the respiration there is often a total loss of voice, and occasionally the cough and crowing of croup.

In the cases of intestinal irritation, and in those of exhaustion from loss of blood or other causes, the respiration becomes affected with hurry, panting, sighing, heaving, moaning; laboured, and gasping; and there is an urgent demand for the fan and the fresh air.

As these states pass into that of sinking, a gasping, catching, laryngeal cough, snoring, blowing, slight rattling in the larynx or trachea, &c. supervene, and increase as the energies of the brain, heart, and lungs decline. There are three symptoms connected with the exhaustion, which denote the sinking state, and which are consequently of the most unfavourable omen:—the first is an audible, hurried breathing; the second gasping, however slight, with descent of the p^omum adami; the third, a slight crepitus heard in the breathing, with, or even without, the stethoscope.

A similar state of catching in the respiration occurs, as a fatal symptom, towards the termination of many diseases.

Rattle occurs not only in apoplexy, bronchitis, &c. but also in the last and fatal stages of debility and sinking, and of many diseases.

The different modifications of the breathing which have been described, might be designated and distinguished by some epithet chosen from their most prominent character. But we have avoided this from the fear of fixing the attention too exclusively on one point, which, however prominent, still only obtains in common and in connection with others little less remarkable.

There is one remark respecting the respiration which we think important. In some instances of chronic inflammation of the larynx or trachea, we have observed that the patient is incapable of performing the action of snuffing-up the nostrils so as to draw in the *alæ nasi*;^{*} this was not observed in some cases of ulcer of the larynx. The remark may not only enable us to determine the degree, but the diagnosis of the morbid effects of laryngitis.

The respiration is tracheal or croupy in inflammation of the larynx, and in cases in which a tumour, as aneurism or scirrhus, presses upon the larynx. The latter case is often distinguishable by the addition of dysphagia to the dyspnoea, or the tumour may be obvious to the eye or touch. In ulcer of the larynx the sound of respiration is rather hoarse and husky than croupy.

We now proceed to notice some of the more remarkable varieties of *cough*.

This symptom is modified by the seat and nature of the disease, and, in the same disease, by the state of pain, or of expectoration, and by the strength of the patient.

The laryngeal cough often occurs in fits, with

hoarseness and incapability of speaking, and it is sometimes so violent as even to induce vomiting. The tracheal cough is lower, less violent, and without hoarseness. The bronchial is deeper still. By observing the kind of effort, and the particular character of the cough, the seat of irritation or disease is often distinctly observed to be in the larynx, in the trachea, in the bronchi, or in the cellular structure of the lungs.

Not only the seat, but the nature of the disease, is frequently ascertained by an attention to the peculiarity of sound of the cough. Ulcer in the larynx induces a very different sound from that of inflammation of the same part, the former being hoarse, the latter croupy; the sound of the cough in tuberculous phthisis is very different from that of catarrh or of some forms of bronchitis; the cough in asthma has a very peculiar dull sound; and the sound of the cough, or rather the resounding of the chest on coughing, frequently serves to indicate a healthy state of the lungs and thorax in general, and to distinguish it from various morbid conditions. The presence of mucus or of pus in the bronchial passages also gives a characteristic sound to the cough.

The effort of coughing is sometimes repressed. This occurs in acute inflammations of the pleura, of the peritoneum, &c. in rheumatic and hysteric affections of the muscles about the thorax, &c.

Sometimes the cough assumes a spasmodic character. This occurs in pertussis, hysteria, in cases of intestinal irritation, or of irritation about the larynx or trachea, &c.* In other cases the coughing is continued, but not sufficiently violent to be termed spasmodic. Cough of this character is observed in some cases of less severe irritation in the intestinal canal, or in the larynx or trachea; it occurs also from circumstances of exhaustion and sinking, and appears to originate in the larynx; it is observed in some instances of bronchitis, and of asthma, and frequently when the strength of the patient is too much reduced to enable him to expectorate.

In catarrh the cough is often violent, and there is an abundant resonance of the thorax: in tuberculous phthisis the cough is less frequently violent; but when it is, the sound is flattened, and as it were tearing.† The cough is generally violent with a thin and scanty expectoration, and becomes easier as the expectoration becomes more viscid and copious.

Cough may be said to be a symptom in all cases. But it by no means always denotes an affection of the organs of respiration originally. Perhaps no circumstance, however, illustrates better the transition of a sympathetic and functional affection into one of real disease. In some instances, a disordered state of the stomach and digestive organs induces a cough: this state of things, if neglected, leads to a

* “Hujus generis tusses, ut et illæ quæ a distillatione nascuntur, vehementiores sunt, et magis sonoræ, quam quæ fiunt ex tabe, sive incipiente, seu deplorata.”—Heb. Com. cap. xcii.

† Ibid. cap. xcii.

* See Medico-Chir. Trans. vol. x.

copious secretion from the mucous surface of the air-passages, and ultimately to actual disease. In some instances, a state of inanition of the stomach, like other circumstances of exhaustion, induces cough. One patient termed such a cough a "want-cough," and always removed it by eating. We have already alluded to the catching, laryngeal cough observed in the state of sinking.

Every one must have remarked the peculiarity of the cough which affects very old persons, and especially old asthmatics.

With the consideration of the different kinds of cough is naturally conjoined that of the varieties observed in the expectoration.

Mucous expectoration appears to arise from various sources of inflammation and irritation of the bronchial membrane. It occurs in bronchitis, frequently from the effects of intestinal irritation long continued, or from the irritation of a diseased liver, or of tubercles in the lungs in a quiescent state, or of other sources of irritation, near or remote. Slight mucous expectoration is frequently observed in protracted cases of exhaustion, combined, of course, with cough and with rattle. In some instances we have observed a copious mucous expectoration alternate with one more puriform, on different days,—even in tuberculous phthisis. It frequently happens that large globules of puriform expectoration are observed to float amidst a fluid of a more aqueous or mucous appearance,—especially in tuberculous phthisis.

In all these cases an expectoration of blood is frequently observed. In many, especially in bronchitis, this appearance gradually declines without serious consequence. It is generally, however, of a most unfavourable augury,* even when it appears merely in dots or streaks; and the more so, we think, as the previous disease is more protracted. The expectoration of blood is also very alarming when it occurs without previous symptoms, and without muscular effort.

Besides the mucous, puriform, and bloody expectoration, there is an appearance, occasionally observed, of a serious nature: it is that of a scanty, and, if the term may be allowed, friable and whitish matter, easily divided with a probe, and sinking in water: it occurs in some cases of tuberculous phthisis.

The expectoration in pneumonia is frequently quite distinctive and pathognomonic of this disease: it consists of a transparent fluid, reddish from the intimate admixture of blood, sometimes so tenacious as to admit of turning the vessel, in which it is received, upside down, without flowing out: at first there may be the expectoration of a little mucus; afterwards the degree of tenacity and red colour frequently denotes the degree of violence of the disease.

An experiment was proposed by the late Dr. Young as distinctive of pus from mucus, which has not sufficiently arrested the attention of the profession. It is of the simplest kind, and may have many useful applications in practice. If a minute drop of any fluid, containing globules,

be placed between two portions of plate glass, and if we look through it, placed near the eye, at a distant candle, we observe the most distinct and interesting phenomena of circles coloured like the rainbow. Blood and pus present this phenomenon; mucus does not.

We have, therefore, a diagnostic between mere laryngitis and bronchitis and mucous discharges from the stomach, rectum, kidney, bladder, or uterus, and ulcer in these several organs; and it remains, perhaps, to be determined whether tuberculous, and encephaloid, and melanotic matter, possess globules, and present the phenomenon dependent upon them.

A few remarks are required on the effects of a full inspiration and expiration.

The former is useful in the detection of slight attacks of inflammation of the pleura, or of the peritoneum, and in determining, by comparison at different periods, its increase or decline. A deep inspiration is apt to induce cough, when the structure of the lungs is affected with inflammation or disease. But this morbid state is more distinctly ascertained by an attention to the effects of a full expiration. In many cases of morbid affection of the lungs, indeed, in which a deep inspiration induces neither cough nor other inconvenience, a full expiration not only occasions cough, but other effects which vary according to the nature of the pulmonary disease. In inflammation of the bronchi or of the lungs, in tuberculous phthisis, &c. cough and rattle are induced. These effects are also observed in some cases of chronic affections of the bronchi, arising either from slight but protracted inflammation, or from disorder of the digestive organs: in cases of asthma too, in which the ordinary breathing, or a deep inspiration even, is unattended with any peculiarity, a full expiration excites both cough and the wheezing sound so characteristic of this affection.

It is particularly useful to watch the effects of a full expiration in the slighter affections of the pulmonary structure, and in the decline of pulmonary disease.

The modifications of the voice and articulation, as symptoms in diseases, may be considered as denoting—1. the state of strength, debility, or sinking; 2. the existence and the kind of pain in the chest, abdomen, &c.; 3. some affections of the mouth, palate, throat, nose, &c. The voice is also modified in some cases of typhous fever, cholera and dysentery, in which it is apt to become feeble and husky; in phthisis and diseases of the larynx and trachea, in which it frequently becomes extremely hoarse; and in hysteria, in which it is often suddenly and sometimes long lost and inaudible.

The articulation is affected by paralysis and spasmodic diseases, and, like the voice, in cases of great debility.

These hints may assist in an examination of the subject, and the reader will find an account of some other affections of the voice in the works of M. Portal.*

* *Heberden*, op. cit. cap. lxxxiv.

* *Mémoires sur plusieurs Maladies*, tome i. p. 273;

8. *On the morbid affections of the circulation.*—The morbid affections of the function of the circulation are observed in the pulse, in the pulsations of the heart, and of the carotids and abdominal aorta, and sometimes of the jugular vein, and in the capillary or extreme vessels.

The varieties in the pulse have formed the subject of many and even voluminous works. In the present place we shall pursue our accustomed plan of noting down those varieties of the pulse which have struck us as being of most practical importance. The first point to be noticed in this place is its frequency.

We have generally observed that the pulse is much more frequent in the early periods of fever than of inflammation. In fever with congestion of the brain there is frequently an unnatural slowness of the pulse. In fever complicated with inflammatory affections, the pulse is, on the contrary, more frequent than in the simpler cases of fever. In acute inflammatory diseases, in general, the pulse is usually slightly frequent and hard; but it is modified by various circumstances, of which the principal are the part affected, the stage of the disease, and the treatment. In diseases of the brain the pulse is often very peculiar and characteristic. In the first stage of inflammation of this organ, the pulse is frequent, and sometimes of unequal frequency: as effusion and compression take place, the pulse becomes slow, and it attains a still greater frequency than before towards the conclusion of the disease. In apoplexy the pulse is slow, and often irregular in the beginning, and more frequent in the later periods. In inflammation of the bowels we have known the pulse to remain of nearly its natural frequency until the stage of sinking has taken place; so that the pulse must be regarded as a very unsafe guide in this morbid affection: it is more usually, however, of increased but variable frequency, and small and feeble. In pleuritis and peritonitis, and most other inflammatory diseases, the pulse is generally somewhat increased in frequency. The pulse is generally more frequent as the disease is more advanced, unless its violence has been subdued. The peculiarities in the cases of encephalitis and enteritis have been already noticed. In the later stages of inflammatory diseases the pulse is also apt to become or to remain unnaturally frequent, as an effect of the loss of blood from repeated venesection; it is therefore important to observe every symptom, not to be misled by a continued frequency of the pulse.

It is not unusual to observe, that in various diseases the frequency of the pulse remains when the morbid actions have apparently subsided: in such a case it is necessary to continue our attention, and watch and wait for the diminution of the frequency of the pulse; and, if this event do not take place in a moderate space of time, to ascertain whether the disease be in fact subsided, or only mitigated and

pursuing its course in an insidious form. This watching is particularly necessary in cases of pleuritis and peritonitis. Frequency of the pulse is apt to be observed as an effect of intestinal irritation: in that case, as in erethismus and in exhaustion with re-action, there is also perceptible palpitation of the heart. This affords, indeed, a criterion by which such a state of frequency of pulse is distinguished from that observed in phthisis and other organic diseases.

Frequency of the pulse is the effect of repeated bloodletting. The first effect of a copious bloodletting is a state of syncope with slowness and feebleness of the pulse: the cumulative effect of repeated bleeding, when there is re-action of the system, is a frequent, full, and throbbing or bounding pulse; but if the powers of the system be broken, the pulse is frequent and feeble, with the other symptoms of the state of sinking already repeatedly noticed. In the case of sinking, the pulse very often retains its frequency until five or ten minutes before the patient expires, when it suddenly falters and soon ceases altogether. It is of the utmost importance to appreciate the effects of loss of blood, and distinguish them from those of the disease, in the course of inflammations. In a case of peritonitis, the pain became mitigated, but the pulse increased from one hundred and twenty or one hundred and thirty to one hundred and forty-five or one hundred and fifty. What was the cause of this increase of pulse? The carotids and afterwards the aorta were observed to beat, and there was a beating movement of the chest during expiration. We were of opinion that these were the effects of loss of blood; and so it proved: the number of the pulse diminished, but the throb continued for several days longer.

We have now to remark the degree of frequency of the pulse in morbid affections of a more chronic character.

The frequency of the pulse affords an important diagnostic mark of disorder of function from organic disease, and of different organic diseases from each other.

In all the chronic forms of the dyspepsia, the pulse, in general, retains its natural frequency; it is apt, however, to be frequent in the acute dyspepsia; and it is apt to become frequent in the later stages of the chronic, when the affection leads to great loss of flesh, to dropsical affections, or to organic changes; and the case may be considered as assuming an alarming character as the pulse thus becomes unnaturally frequent.

Some organic diseases induce an early and characteristic frequency of the pulse, especially tuberculous phthisis, tuberculous disease of the mesentery, and chronic inflammation of the pleura and of the peritoneum. Others often proceed with very little frequency of the pulse, as some organic diseases of the liver, and especially of the ovary, &c.

There is a variety of the pulse which may properly be termed the nervous; and to which the elegant and often-quoted observations of

Celsus particularly apply: "*venis enim maxime credimus, fallacissimæ rei; quia sæpe istæ leniores celerioresve sunt, et ætate, et sexu, et corporum natura: sæpe eas concitat et resolvit sol, et balneum, et exercitatio, et metus, et ira, et quilibet alius animi affectus: adeo ut, cum primum medicus venit, sollicitudo ægri dubitantis quomodo illi se habere videatur, eas moveat. Ob quam causam periti medici est non protinus ut venit, apprehendere manu brachium: sed primum residere hilari vultu, percontarique, quemadmodum se habeat; et si quis ejus metus est, eum probabili sermone lenire; tum deinde ejus corpori manum admovere. Quas venas autem conspectus medici movet, quam facile mille res turbant!*"*

The frequency of the pulse in phthisis, mesenteric disease, &c. is, on the other hand, permanent, neither easily augmented, nor becoming diminished. We have, indeed, observed nervous excitement to lower the number of the pulse of phthisis for a short space of time.

The next peculiarity of the pulse is its state of irregularity.

This affection of the pulse occurs principally from disease within the head, disease of the heart, and disorders of the digestion, and from various diseases affecting the respiration, as hydrothorax. In inflammation of the brain the pulse is often of unequal frequency;† in cases of compression, it is frequently irregular. Irregularity of the pulse is very usual in diseases of the heart, and especially of its valves: it is sometimes merely intermittent, and sometimes extremely irregular in its beats, and in its size and force. In these diseases the peculiarity of the pulse is generally permanent. Nothing is more common than occasional intermittence and irregularity of the pulse from indigestion, and from the various disorders of the bowels, as diarrhoea, &c. Dyspnoea is frequently attended with intermissions in the pulse, probably from its mechanical effect upon the action of the heart. A very deep inspiration and a full expiration have, in some persons, the effect of arresting the action of the heart in a temporary manner. The pulse is, probably from a similar cause, frequently irregular in cases of asthma, or hydrothorax, and in very corpulent persons, an interruption being often observed on inspiration. Irregularity of the pulse is apt to occur in cases of erysipelas, gangrene, &c. in the state of sinking, and in the last stages of many diseases.

The next peculiarity in the pulse, which we shall notice very briefly, is its state of fulness or smallness.

The pulse is frequently very full on the attack of apoplexy, but gradually loses this character as it becomes more frequent. In organic disease of the heart the pulse is either full or small, according to the nature of the affection. Enlargement of the heart, with

thickening of its parietes, sometimes induces a full and strong pulse; whilst mere dilatation of the heart is attended with a soft and feebler pulse; and, in some other diseases of this organ, especially of its valves, the pulse becomes very small, and sometimes almost imperceptible.

In inflammation of the intestines, there is a characteristic smallness of the pulse.

In cases of exhaustion with re-action of the system, we have already stated that the pulse is large and bounding: this characteristic ceases as the re-action subsides and the state of sinking occurs.

The smallness of the pulse is sometimes so remarkable as to have given origin to the terms "thready" or "wiry."

The most extraordinary degree of palpitation and of pulsation of the carotids, and even of the abdominal aorta, is observed in some cases of exhaustion from reiterated loss of blood.

Palpitation is a common symptom in cases of hysteria and other nervous disorders; a still more frequent symptom is a feeling of 'fluttering' at the heart, and in the region of the stomach, and throbbing of the temples. In some cases there is a preternatural pulsation in the epigastric region; Dr. Baillie observes, "it is perhaps difficult to ascertain, in many instances, the cause of this increased pulsation of the aorta in the epigastric region; but in most cases it will be found to be connected with an imperfect digestion, and an irritable constitution." A similar pulsation is sometimes the effect of aneurism of the aorta, or of a tumour situated over the aorta. In this case the general health may be unimpaired. Pulsation of the jugular veins has been observed in hypertrophy of the right ventricle.

In the capillary circulation we are enabled to observe a characteristic symptom of certain diseases, and to ascertain, in some degree, the powers of the circulation and the state of the blood. We are presented with an opportunity of observing the condition of the capillary circulation by examining the condition of the extremities—the nose, the cheeks, the ears, and the hands and feet, the prolabia and the finger-nails. Some diseases have a peculiar influence over the capillary circulation, inducing coldness and lividity of the extremities. This is particularly observed in some cases of enteritis, of cholera, and of dysentery,—in the acute dyspepsia, in tuberculous disease, &c. In other diseases, the same tendency to coldness of the extreme parts denotes a failure in the general strength of the system, and should be carefully watched. It is to be observed, however, that flushing and heat sometimes occur during a state bordering on that of sinking.

In some old persons we have observed a remarkable tendency to lividity of the finger-nails. It appears to us to be from defective powers of the capillary circulation that cold is so difficultly borne by infants and very old persons.

Whilst a livid hue of the prolabia and nails denotes feebleness of the circulation, an ex-

* Lib. iii. cap. vi.

† See Dr. Abercrombie's excellent paper, Ed. Med. and Surg. Journal, vol. xiv. p. 267.

anguious paleness is the frequent attendant on an aqueous state of the blood, or the effect of some morbid affections, as chlorosis, purpura, &c. or of considerable loss of blood.

There is, in the capillary circulation, a peculiarity which may be denominated the tendency to hemorrhage. This state is sometimes the effect of intestinal disorder and irritation, and then it leads to epistaxis, hematemesis, melæna, menorrhagia, and even hematuria.* In other cases the state of exanguious paleness precedes and forebodes the hemorrhage, as in some instances of purpura, in which the tendency to extravasation of blood is more general, and occurs, in different cases, in all or each of the cutaneous and mucous textures, together or singly.

Another effect of an enfeebled capillary circulation is œdema or anasarca. This is a frequent occurrence in protracted cases of chlorosis, of repeated bloodletting or protracted hemorrhage, and of the failure of the vital powers in disease, and in old age.

9. *On the functional affections of the alimentary canal.*—In this division of the subject we shall briefly notice the symptoms which may be taken from the morbid affections of the pharynx and œsophagus, the stomach and bowels, and the sphincter ani.

The act of deglutition is performed by the pharynx and œsophagus, with the aid of the cheeks, fauces, &c. Sometimes this act is liable to be interrupted by diseases of some part of the canal itself, or of the adjacent organs. By observing the kind of effort made by the patient, we may often ascertain pretty nearly what is the situation of the causes of obstruction. If the fauces be defective, the substance attempted to be swallowed is often forced through the nostrils; if the cardia be obstructed, the patient frequently regurgitates a large quantity of food apparently swallowed. In cases of tumours, as scirrhus, aneurism, &c. the trachea is often compressed, and a croupy dyspnoea and cough are apt to be conjoined with dysphagia.

There is much difficulty of swallowing in the very last stages of typhous fever, and in the state of sinking in general; the attempt is not unusually attended with painful choking, coughing, and catching of the larynx.

Deglutition is impaired in some cases of paralysis.

Dysphagia is occasionally observed as a symptom in hysteria, and other nervous and spasmodic disorders.

The functions of the alimentary canal are generally much more deranged in fevers than in inflammations, except those of the mucous membranes. Of the former, anorexia is often the first, and constipation almost a constant symptom, and the alvine evacuations are dark and fetid; in a late stage of protracted fever, aphthæ, diarrhœa, melæna, or a tympanitic affection, not unfrequently supervene: in inflammations the stomach and bowels are not

essentially, and often not at all, affected, except, indeed, in the colliquative stage, when aphthæ and diarrhœa are not uncommon. A similar remark applies to the class of disorders as distinguished from diseases: in the former there is much, in the latter frequently very little, stomachal or intestinal disorder.

The stomach and bowels are apt to be much affected in diseases of the head: concussion frequently induces vomiting as its first symptom. Vomiting is often a precursory symptom of apoplexy. In cases of compression the stomach and bowels are apt to be torpid, and are with difficulty acted upon by medicine.

Inflammation of the stomach is attended by irritability and frequent vomiting. In enteritis the bowels are apt to be obstinately costive,—and there is at length, in many cases, much tenderness and tympanitic affection; the latter symptom is also observed in dysentery.

Vomiting, hiccup, the ineffective operation of purgative medicine, distention, &c. occur in some cases of enteritis, strangulated hernia, intus-susceptio, and in the last stages of many diseases.

Hiccup, rumination, and vomiting, are frequent symptoms in the dyspepsiæ. Vomiting occurs in cholera, and in many cases of poisoning; and frequently as a symptom of gall-stones, and of renal calculus or inflammation.

In some chronic diseases of the bowels the convolutions of the intestines are apt to be distended and raised in the form of a transient, painful, spasmodic, and flatulent tumour; and the passing of the food, or the evacuation of the bowels, is attended with much pain.

The substances rejected by vomiting are principally food, mucus, bile, fæces, pus, and blood.

The morbid appearances observed in the alvine evacuations are chiefly diarrhœa, scybalæ, mucus, pus, and blood; the motions themselves may be scanty or copious, dark-coloured or light-coloured, and disordered and offensive in different degrees; the appearance of the mucus and of the blood is also various. It has already been observed that the alvine evacuation is generally much more offensive and disordered in fevers than in inflammations, and in the class of disorders than in that of organic diseases. In some protracted diseases, however, the alvine evacuations are very morbid, especially in diseases of the liver, and of the mesentery. In those cases of disease of the liver attended with icterus, as in all other cases of jaundice, the motions are clay-coloured, and deprived of the yellow tinge imparted by the bile.

In some cases, both of disease of the liver and of the mesentery, but especially the latter, the appetite is great, the food passes off quickly, and the motions are copious, fetid, and light-coloured.

The motions are generally pale and fetid when the food passes through the alimentary canal rapidly, as in hientery.

The alvine evacuations are generally very offensive in all cases attended with rapid loss of flesh, but in none more than in those in

* See an instance of this in Bateman's Reports of the Diseases of London, p. 123.

which the powers of life are, at the same time, in a state of decline—as in the decay of old age, in cases of slow fevers, &c.

Mucous evacuations are the effect of irritation or inflammation of the mucous membrane of some part of the intestinal canal, especially the rectum and colon. They occur in dysentery, as the effect of corrosive poison, and in cases in which the rectum is irritated by impacted and scybalous feces; and they are often mixed with blood: in the last case there are often severe attacks of pain in the seat of the sigmoid flexure of the colon, and copious discharges of blood—effects which are relieved by evacuating the rectum by enemata.

Sometimes an exudation takes place from the internal surface of the intestines, which resembles membrane or tænia, and is discharged per anum, exciting much needless alarm in the patient.

Discharges of blood occur from indigestion and intestinal irritation; hematemesis and melæna are often conjoined, in these causes, in the different forms of the dyspepsia.

That state of things which gives origin to purpura, frequently conjoins other hemorrhages, as well as the petechial rash and vibices, with the vomiting and dejection of blood. We have already mentioned the occurrence of melæna as a formidable symptom in fevers. Discharges of blood from hemorrhoids should be distinguished from the more serious case of melæna.

The rectum and sphincter ani are apt to be affected with tenesmus, obstruction, and paralysis.

Tenesmus accompanies some of the diseases of parts in the neighbourhood of the rectum, as calculus, scirrhus of the prostate gland, diseases of the uterus, &c. as well as those of the rectum itself. It is almost unnecessary to state how painful a symptom it is in most cases of dysentery, of diseases of the mucous membrane of the colon and rectum, of impacted scybalæ, &c.

Obstruction in the rectum is the effect of disease of the part itself, generally stricture or scirrhus, of the pressure of the uterus in retroversio uteri, of organic tumours affecting adjacent parts, &c. In every case in which symptoms of this kind occur, an examination per rectum should be instituted. We speak of the introduction of the finger; that of the bougie requires great care not to mistake the obstruction offered by a fold of the intestine, or the promontory of the sacrum for disease.

A paralytic state of the rectum and involuntary evacuations occur in the last stages of apoplexy and other diseases of the brain, and in disease of the spine.

Involuntary motions are the frequent effect of the extreme debility observed in typhous fever and in the state of sinking in general.

10. *Of the functional affections of the urinary organs.*—The symptoms to be drawn from the morbid affections of the functions of the urinary organs, relate to the secretion, excretion, and condition of the urine, and to the substances which are apt to be mixed and expelled with this fluid.

The secretion of urine is either too copious, scanty, or suppressed. A too copious secretion of urine takes place in the disease termed diabetes, and a very rapid secretion of limpid urine is sometimes observed in cases of hysteria and other nervous disorders. The urine is apt to be unnaturally scanty in dropsies. The case of total suppression of urine is generally a very serious affection, leading to coma and a fatal termination.*

The excretion of urine is apt to be morbidly affected by strangury, dysury, retention, and enuresis.

Strangury occurs from the application or administration of cantharides, in some cases of hysteria, dysentery, and calculus, and other morbid affections of the bladder and adjacent parts.

Retention of urine is more frequently a symptom of disease. It is observed in the late stages of typhous fever, and is of very unfavourable augury; it occurs in diseases of the brain and of the spine; it is observed as an effect of debility and of insensibility in general; in the state of sinking, in extreme old age, &c.; it is not unusual after delivery; it is sometimes induced by the action of cantharides; and it is a symptom in retroversio uteri, and in other cases in which the neck of the bladder is subjected to compression from the state of the viscera situated in the pelvis. In the cases attended by insensibility, we have observed a constant elevation of the knees as the effect of the retention of urine, and of the distended and tender state of the bladder.

Enuresis, or the involuntary flow of urine, is also a symptom observed in typhous fever, and in diseases of the brain and of the spinal marrow. It occurs in the former case from great debility and insensibility; in the latter from insensibility or paralysis. It is sometimes even a rather early symptom of chronic inflammation of the brain.

Enuresis is an effect in some diseases of the bladder, and it arises sometimes from injury sustained during delivery.

We have once or twice met with cases in which the urine was expelled by involuntary gushes, occasioned by sudden contraction of the bladder; they have appeared to be of a hysteric or nervous nature. They have occurred in pregnancy, exciting the fear of abortion.

The appearances of the urine, and the nature of its deposits, are subject to great variety, and still afford scope for observation and experiment. We are still in want of a series of careful observations on this subject in the different kinds, stages, and circumstances of fevers and inflammations, and of disorders and diseases in general.

In some cases the urine is copious and limpid, and remains, on cooling, free from sediment: this is particularly observed in hysteric and nervous affections. In other cases the urine is so charged with matters in solution, that there is not only a sediment on cooling,

* See a Paper by Dr. Abercrombie, Ed. Med. Journ. vol. xvii, p. 210.

but a pellicle on its surface from evaporation or exposure to the air: this has particularly occurred in some instances of derangement of the digestive functions.

More frequently there is simply a copious sediment on cooling. These sediments are of different kinds. We shall merely briefly state, in this place, the points which most call for attention from the practitioner.

The first is to determine whether the urine be acid or alkaline: this is readily done by using a little paper tinged with the tincture of litmus, or so tinged and reddened by a weak acid; acidity turns the blue paper red, and alkali restores to the reddened paper its blue tint. If acidity prevail, we look for deposits of the urate or lithate of ammonia, which is pulverulent or amorphous; or of the uric or lithic acid, which is crystallized, constituting the red gravel. If the urine be alkaline, which is observed more rarely and later, we expect a white pulverulent sediment of the mixed phosphates; or white crystals of phosphate of magnesia and ammonia, or the white gravel.

Excess of urea is detected by the deposit of crystals on the addition of nitric acid; albumen, by exposure to an elevated temperature; mucus, pus, and blood,* by the test before mentioned.

Besides the tendency to deposits on cooling, the urine is sometimes charged with albuminous matters coagulable by heat, especially in certain cases of dropsy and disease of the kidney. It is almost unnecessary to notice the bilious tinge of the urine in the different cases of icterus, and its saccharine impregnation in diabetes.

Discharges of mucus with the urine attend chronic inflammation of the bladder, disease of the prostate glands, calculus, &c. Pus and blood are sometimes observed as the effects of calculus and ulcers of the bladder or kidney. These discharges should be carefully considered.

Copious discharges of blood occur in some instances of intestinal irritation and of purpura.

We once had a patient who discharged a quantity of dark-coloured blood on any exposure to severe cold; the affection yielded to the genial influence of a warm bed.

11. *On the functional changes in the uterine system.*—The morbid changes in the function of the uterine system relate principally to the suppression, the too copious flow, or the unnatural state of the discharges.

The retention or suppression of the catamenia occurs in the second stage of chlorosis: in general, but by no means always, the flow loses its colour and diminishes in quantity very gradually, as the effect of this disorder.

In many organic diseases—in phthisis pulmonalis, in mesenteric disease, &c. and in cases attended by great debility and emaciation—the catamenia are very apt to become suppressed, and that at once, without the changes in their appearance just noticed.

Exposure to cold, fear, and other causes, are apt to induce suppression of the catamenia. Much purgative medicine and fever will some-

times induce the same effect; but fever, sometimes, on the contrary, seems to occasion a flow of the catamenia before the proper period.

The catamenia are usually suppressed during lactation.

Menorrhagia is less frequent than suppression of the catamenia; we have known it induced by intestinal irritation; it is frequently an effect of fibrous tumour of the uterus.

The fluor albus is an effect of many states of disorder, of great weakness, of frequent miscarriages, &c. It is often a source of great debility too, and of the inefficiency of medicine to remove a series of nervous affections.

Morbid discharges from the vagina take place in cases of polypus, scirrhus, ulcers, and other diseases of the vagina or uterus: the character of the discharges conduces very much to the diagnosis; when protracted, they ought always to lead to a careful examination.

Discharges of blood frequently depend on the existence of polypus: such discharges may, however, be the result of menorrhagia; or, during pregnancy, of a partial detachment of the placenta.

12. *The physical conditions of the abdomen.*

—The physical conditions of the abdomen are ascertained by an external examination, and by examinations per vaginam and per rectum. The external examination consists, at first, in applying gentle pressure, to ascertain whether the abdomen, or any part of it, be the seat of an enlarged viscus, of a tumour, of effusion, of tympanitis, of pulsation, &c. The liver may be felt lower in the hypochondrium than usual, from hydrothorax; or it may be enlarged in itself. The latter case will be distinguished by tenderness and other symptoms of hepatic disease. The stomach, and especially the pylorus, when diseased, may descend below its natural situation, and be found in the umbilical, and even in the hypogastric region. The symptoms give the diagnosis. It is only necessary to add in this place, a list of the principal viscera and tumours which may present partial indurations on examination of the abdomen. The former are—1, the liver; 2, the spleen; 3, the stomach; 4, the intestines; 5, the mesentery; 6, the kidney; 7, the bladder; 8, the uterus; 9, its appendages; and these organs should be traced on every examination of the abdomen:—the latter are—1, abscess; 2, effusion of lymph; 3, aneurism; 4, intestinal calculi, indurated faeces, &c. These and other sources of tumour should also pass through the mind in every examination of the abdomen. In many cases it is important to place the patient in the prone position, and to examine the regions along the spine, by the hand and by the stethoscope.

The abdomen may be generally enlarged—1, by polysarcia; 2, by anasarca; 3, by ascites; 4, by dropsy of the ovarium; 5, tympanitis; &c. The two former are readily distinguished by comparing the elasticity of the one with the opposite characteristic of the other. Ascites is ascertained by the sense of fluctuation conveyed by percussion. Early in the disease, the prominent part of the abdomen is also sonorous;

the sides are without sound. It is frequently necessary to press through ascites, in order to arrive at an enlarged viscus or a tumour. Dropsy of the ovarium, on the contrary, frequently presents a total absence of sound in its most prominent part, whilst the sides of the abdomen are sonorous. In typhinitis the whole of the abdomen is tumid, tense, and sonorous.

There can be no doubt that the stethoscope might be used with some advantage in ascites, typhinitis, diseases of the intestines, &c. as well as in aneurism.

The examination per vaginam is essential to the diagnosis of diseases of the uterus and its appendages, of pregnancy, &c. To ascertain the condition of the vagina and of the os uteri, a speculum, consisting of a cylinder of glass of a proper form, is highly useful. Examination per rectum frequently confirms the diagnosis made by that per vaginam, and determines that of diseases of this intestine itself. Concerning the application of the stethoscope to the diagnosis of pregnancy, see the article SIGNS OF PREGNANCY.

13. *The effects of remedies.*—The effects of *bloodletting* are those which are most appropriately introduced in this place as diagnostic of diseases.

It is one of the most remarkable facts in physic, that if several patients of similar strength and constitution, but affected by dissimilar diseases, be respectively placed in the erect position and bled to deliquium, they will be found to have lost very various quantities of blood.

The rationale of this is to be found in connexion with an equally interesting fact, that different diseases induce in the constitution different powers or susceptibilities in regard to the effects of loss of blood. Each disease appears, indeed, to possess its own peculiar and intrinsic virtue in this respect. This is determined by placing the patient perfectly erect, and bleeding to incipient syncope; the quantity of blood which flows is the measure of the protective influence of the disease in one class of cases, and of its influence in superinducing a susceptibility to the effects of loss of blood in the other. A scale of diseases might be formed representing these properties. It would begin with congestion of the head, or tendency to apoplexy; inflammation of the serous membranes, and of the parenchymatous substance of various organs would follow; and, lastly, inflammation of the mucous membranes. This part of the scale would be divided from the next by the condition of the system in health. Below this would be arranged fever, the effects of intestinal irritation, some cases of delirium, reaction from loss of blood, and disorders of the same class, with hysteria, dyspepsia, chlorosis, and cholera morbus. Persons in health and of moderate strength will generally faint if bled in the erect posture, on taking fifteen ounces of blood. We have known seventy ounces taken in the sitting posture, in the tendency to apoplexy, without syncope; but the case is an extreme one. Patients with pleuritis or pneumonia frequently

lose thirty-five ounces of blood without fainting. In bronchitis little more is borne to be lost than in health. A stout person in fever will frequently faint on losing ten, twelve, or fourteen ounces of blood. In intestinal irritation, with urgent symptoms even, the abstraction of nine or ten ounces of blood will generally induce deliquium. In delirium tremens, or puerperal delirium, the patient soon faints from loss of blood. The same thing is still more observed in those cases of violent re-action which arise from loss of blood itself. In dyspepsia, hysteria, and chlorosis, the susceptibility to syncope from loss of blood is very great; and we have known a patient of good strength, affected with cholera, faint on taking four ounces of blood, although she had shortly before borne to lose nearly twenty ounces without faintness, under the influence of inflamed mamma.

The practical application of these facts consists chiefly in its affording a rule for bloodletting in all cases in which this measure is required to be fully instituted; a guard against undue bloodletting, both in this and some other cases; and a source of diagnosis. The fact is here mentioned with reference to the latter subject only.

If much blood has flowed before syncope has occurred, we suspect inflammation; if little, we suspect that, however similar the symptoms, the case is, in fact, of a different nature—perhaps irritation, perhaps exhaustion. We have also found that, in every case in which early syncope occurs from bloodletting, the remote effects of loss of blood, as reaction or sinking, are also very liable to occur; and it is in these cases that sudden dissolution has followed the use of the lancet. There is, in every point of view, intolerance of loss of blood. The reverse of all this obtains in inflammation, which seems to be incompatible, to a certain degree, with the effects of loss of blood, which are, however, very apt to supervene as the inflammatory action subsides.

There is another point of view in which the effects of bloodletting may prove diagnostic; it is, when, instead of effectually removing the disease, it only relieves a symptom which speedily returns, perhaps with augmented violence. This effect is seen in cases of chlorosis, in which the pain of the head or the pain of the side has led to the repeated but mistaken use of the lancet. Another case is that in which one of the remote effects of loss of blood itself, as pain of the head or throbbing of the temples, has suggested the further use of bloodletting. The eyes of the practitioner are at length opened to the folly and imprudence of these measures by a state of debility not entirely free from alarm.*

These observations might be extended to other remedies, and especially to mercury, digitalis, purgative medicines, &c.

We have thus sketched the principal sources of the diagnosis of diseases. In another work we have treated of the subject of diagnosis

* Researches on the effects of Loss of Blood.

still more practically, by endeavouring to furnish the student with a view of the objects presenting themselves to his notice in the wards of hospitals or the chambers of the sick. But the application of what is contained in the present article is sufficiently obvious to make it unnecessary to add to the length to which it has already unavoidably extended.

(*Marshall Hall.*)

SYNCOPE, (from *συν* and *κοπτειν*,) *animi deliquium*, *leipothymia*; *fainting*.

Syncope may be defined to be a sudden suspension of the heart's action, generally transient, but occasionally continuing for some hours, and perhaps even days, accompanied by cessation of the functions of the organs of respiration, internal and external sensation, and voluntary motion.

Sauvages distinguishes *leipothymia* and *syncope* as separate genera, alleging that the former begins in the head, while the latter is first perceived at the præcordia. There can, however, be little doubt that Morgagni is correct in considering these two words to designate the same affection occurring in different degrees of intensity; the characters ascribed to the *leipothymia* being merely less strongly marked than those assigned to *syncope*.

Fainting sometimes takes place without any previous warning; often, however, it is preceded by a general feeling of indisposition with languor, and by some of the following symptoms,—anxiety, a sensation as of sinking referred to the epigastrium, palpitations, confusion of mind, giddiness, obscurity of vision, dilated pupils, ringing in the ears, quivering of the lips, paleness of the face, coldness of the extremities, partial sweats, flatulence, nausea.

The phenomena of syncope, as indicated in the definition above given, are evidently much the same with those of sudden death. It is only, however, in the more intense forms of the affection that consciousness is wholly lost; and though the pulsation of the arteries is in all cases imperceptible, a feeble action may be generally discovered in the heart itself. Morgagni states that there is sometimes relaxation of the sphincters, with involuntary discharge of the fæces and urine.

The ordinary duration of syncope is from a few seconds to a minute, but occasionally it extends to hours; and cases are on record in which it is said to have continued for several days. In the opinion of Senac, the existence of such cases is doubtful, and, at any rate, he conceives they must be very rare. If we admit their occasional occurrence, the present state of our knowledge of the laws of human physiology will hardly allow us to suppose that the functions of respiration and circulation are *wholly* suspended for such a period.

The sensations which precede complete syncope are generally described by the patient as more or less distressing, commonly suggesting a painful impression that life is about to be extinguished. This does not, however, seem to be uniformly the case; and Chamberet, (the author of the article *Syncope*, in the *Dictionnaire*

des Sciences Médicales,) adduces his own experience and that of the celebrated Montaigne, to shew that the state of fainting, previously to the total loss of sensibility, is sometimes attended with highly pleasurable sensations.

With regard to the *varieties* of this affection, it has already been stated that *leipothymia* appears to be merely a less intense and perfect form of syncope. Dr. Parry seems to stand almost alone in considering the angina pectoris merely as a case of syncope, referable to a peculiar cause, namely, disease of the coronary arteries. Faintness is undoubtedly a part of this severe affection; but it is obviously inadmissible, on any sound principles of nosological arrangement, to include a disease which presents such marked and peculiar features, under a designation applied to a class of cases wholly destitute of those features, merely because they have some points in common. More recent investigations have shewn that Dr. Parry's view of the pathology of angina pectoris is incorrect, in referring that affection exclusively to disease of the coronary arteries. As, however, diseases of the heart are among the most common causes of syncope, it is highly probable that those of its nutrient vessels may sometimes induce fainting, either with or without the peculiar characters of angina.

Sauvages distinguishes two species of his genus *Leipothymia*:—1. *leipothymia à pathemate*; 2. *leipothymia stomachica*. Under syncope he enumerates no fewer than twenty-one species, all of which are denominated from supposed occasional causes: perhaps, indeed, there is no malady which is induced by a greater number and variety of such causes. The following enumeration comprehends most of those which have been mentioned by authors, arranged, as far as is practicable, according to the part of the system on which they seem primarily or chiefly to act.

1. *Causes which act more especially on the circulating system*.—Organic and other diseases of the heart, pericardium, and large arteries, and malformation of those parts, are among the most frequent and formidable causes of repeated faintings; sometimes appearing immediately to induce them, at others rather to give a predisposition. Syncope is not a constant attendant on any one form of cardiac disease, even when in its highest degree of development, though reason and experience shew that it is most liable to occur when the obstruction to the regular action of the heart is greatest; and hence, as Senac observed, it is chiefly met with in the more advanced stages of disease, and is often the forerunner of death. We do not seem to possess any satisfactory data from which to infer in what particular forms of disease this symptom is most common; but it seems probable that the opinion of Senac and Morgagni is well founded,—namely, that it is especially met with in cases of dilatation. The former author justly remarks that the coagulation of the blood in the cavities of the heart is not, as many have supposed, the cause of fainting and death, but rather their effect. He also mentions a physiological fact which, if true, is

certainly curious,—that if the apex of the heart be touched by a probe, (as in the case of penetrating wounds of the chest,) instantaneous syncope is produced.

Loss of blood, whether by spontaneous hemorrhage or by artificial means, is a very familiar cause of syncope; and, when the evacuation is excessive, of syncope in its most dangerous form. Thus, in cases of hemorrhage connected with parturition, fainting not unfrequently passes into death; and even when recovery ultimately takes place, its duration and repeated recurrence is often most appalling. Professor Burns cites from La Motte a case in which a woman fainted no less than twenty times in one night. Arterial hemorrhage seems to have a greater tendency to produce syncope than an equal loss of blood by a vein, and abstraction of blood by leeches still more so. There can be little doubt that this last fact is to be referred to the laws of sympathy, which, however ill-understood, are not the less certain in their influence. Dr. Alison considers the peculiar tendency to syncope from even a small abstraction of blood at the commencement of continued fever, as a diagnostic mark of some value in distinguishing that class of febrile affections from those which are merely symptomatic of local inflammation. The fact itself is probably referable to the nature of the exciting cause of continued fever, which seems to act as a poison on the body.

Other evacuations, as repeated vomiting, profuse diarrhoea, and sweating, protracted lactation, and copious purulent discharges, not unfrequently induce syncope; but in many of these cases it is probable that the faintness is not wholly caused by the amount of the evacuation, and its consequent influence upon the vascular system, but in part also by the effects of local irritation, through the medium of the nervous system.

Syncope is also an occasional result of two other kinds of evacuation which materially differ from the preceding, inasmuch as they do not immediately proceed from the vascular system: these are the evacuation of dropsical accumulations, and parturition. In each of these cases the most alarming fainting may occur if the body be not adequately supported by bandages, and sometimes even when this precaution is taken. The tendency to syncope from these causes has been generally explained by the removal of pressure from the blood-vessels; but, as in the case of other evacuations, we are disposed to attribute it in part to the nervous system. This conjecture will appear sufficiently reasonable when it is considered that many important viscera are suddenly deprived of a support, or freed from a compression, to which they had been previously accustomed.

A state of the system, the reverse of vascular depletion,—namely, plethora, has been enumerated among the occasional causes of syncope, and is apparently adequate to produce such an effect by embarrassing and even suspending the heart's action.

2. *Causes which act more especially on the*

nervous system.—Sensations of various kinds are familiarly known to produce syncope. Among them, impressions made upon the organs of the external senses furnish some curious instances of those individual susceptibilities which we refer to idiosyncrasy. Thus the scent of the lily, or the smell of saffron, cheese, &c. will cause faintness in some persons; and the ladies of Rome are said to be so peculiarly liable to it from the smell of flowers, that they generally avoid having them in their apartments.* Offensive objects of sight appear to be more generally influential in producing syncope than those of smell. The appearance of blood, of open wounds, or surgical operations, has this effect on a large proportion of persons not accustomed to such spectacles. The sight of a toad, a spider, or even of a cat, mouse, bat, or other creature disgusting to the individual, will sometimes cause faintness, not merely in weak and foolish persons, but even in those whose good sense strives against a repugnance sometimes wholly insurmountable. In a few instances, objects which are pleasing to mankind generally, as the colour red, have been known to induce syncope. Persons unaccustomed to watch bodies in a rotatory or undulating motion are sometimes affected by faintness on looking at them for a short time. Impressions on the organs of hearing and touch more rarely cause syncope; though instances are recorded of its being induced by the contact of velvet, satin, and even of paper. The faintness which follows long fasting may be ascribed, in part at least, to the sensations of the stomach when deprived of its accustomed stimulus. The tendency of a great degree of heat to produce fainting, especially in crowded apartments where the atmosphere is necessarily vitiated, and in the use of the hot-bath, is another example of the influence of sensations. Dr. Heberden has noted the familiar fact that a person who, after using exercise, stands with his back to a large fire, is peculiarly liable to faint. Violent pain, as in parturition, colic, cramps, &c. will often cause syncope, as also will the opposite sensation of pleasure, as in sexual intercourse. The effect of severe shocks given to the system, as by falls, blows, &c. seems nearly allied to that of pain.

Mental emotions, especially those of a depressing nature, as fear, terror, jealousy, &c. are well known to be capable of inducing syncope. The more exciting passions, as anger, love, joy, &c. are much less liable to produce this effect, and indeed sometimes directly counteract it. Dr. Parry remarks that “courage, confidence, and determination to accomplish certain ends, will sustain the action of the heart, and prevent that syncope which would otherwise arise from considerable hemorrhages.”

Violent or protracted muscular efforts, as in running, riding, straining, &c. especially soon after taking considerable quantities of food or drink, and also motion in unusual directions, as gyration and retro-gestation, appear also to

* Chamberet, loc. cit. Clark, *Influence of Climate*.

furnish instances of syncope induced chiefly through the medium of the nervous system. Under the same head we must of course include all those causes of syncope which consist in cerebral diseases or lesions, such as wounds and concussions of the brain, effusions of blood or serum, inflammation of the brain or its membranes, acute hydrocephalus, paralysis, epilepsy, &c. Heberden remarks that epileptic patients are peculiarly liable to faint on waking in the morning. Morgagni* relates a case in which there had been great liability to syncope; on examination, the only pathological change which could be detected were some spiculæ of bone on the falxiform process of the dura mater.

3. *Causes which act principally on other organs of the body.*—In predisposed persons almost every local affection is adequate to produce syncope, but those of some organs are more so than those of others. Among the more common causes, we may enumerate many disorders of the stomach and bowels, as sickness, hunger, repletion, indigestion, particular kinds of food in certain idiosyncrasies, the operation of emetics and acrid poisons, gastric and enteric inflammation, diarrhœa, worms, colic, constipation, and cholera. Affections of the genital organs, especially of the female, perhaps rank the next. Thus pregnant women are very liable to faintness; and it is said to be sometimes produced by fecundation. Some disorders of the pulmonary organs are not unfrequently attended by fainting, as pleurisy, phthisis, and asphyxia. Dr. Heberden says that it often occurs in hooping-cough. We have the authority of Senac for adding organic diseases of the liver and spleen to this enumeration; they must, however, be comparatively rare causes of syncope.

4. The last head comprehends such causes as are either more general or more obscure in their mode of operation. Such are miasmata or other unknown causes of epidemic diseases, as fever, plague, small-pox, Asiatic cholera, &c. also digitalis, prussic acid, and other poisons of the narcotic class; the continued inhalation of impure air; repelled eruptions, as variola, rubella, erythema, scabies, herpes, &c. (Syncope Exanthematica, *Sauvages*;) suppressed discharges, as leucorrhœa, carcinoma, suppurating ulcers, &c. (Syncope Metastatica, *Sauvages*;) and finally every circumstance which exhausts the vital powers of the system.

Of all the occasional causes mentioned in the preceding enumeration, there is probably not one which uniformly produces syncope in every person subjected to its influence. In no morbid affection do we meet with more striking differences of predisposition and liability. Some individuals, especially females, are subject to faint from causes which in no degree affect the great bulk of mankind; while others are found to be proof against those which experience shews to have ordinarily a powerful tendency to induce syncope. These remarkable differences depend on circumstances of moral or physical

conformation respecting which our knowledge is very imperfect. Experience, however, enables us so far to generalize on the subject as to consider the female sex much more liable to syncope than the male, and to regard every circumstance which materially impairs the strength either of the body or mind, and still more of both, as giving a predisposition to this affection. Hence females of delicate frame, or who have been educated in habits of excessive indulgence, persons who have been exhausted by hemorrhage or protracted illness of any kind, debauchees, and those who are vapourish, hysterical, or melancholy, are found to be peculiarly subject to faintings. Heberden considers that the tendency to syncope is often greatly determined by the force of habit, a cause which is well known to have a powerful influence in the production of many other affections.

In enumerating the occasional causes, a considerable number of them, including mental emotions and passions, have been classed together as being supposed to influence the heart chiefly through the medium of the nervous system. This view of the subject, though perhaps the one most generally adopted, has been strenuously opposed by Bichat, and others both before and since his time. That eminent physiologist* taught that the brain has no immediate influence upon the heart, and that, when death takes place first in the former organ, its extension to the latter is effected through the intervention of the lungs. It was also his opinion that the passions and mental emotions are to be referred primarily to the heart and not to the cerebral system; and in analysing the pathology of syncope, he contended that the suspension of the heart's action was in all cases the primary circumstance,—that of respiration, sensation, and voluntary motion, being only secondary. There can be little doubt that these views, though not without some portion of truth, are far too exclusive, and indeed the facts and arguments which he adduces in support of them cannot be considered as by any means decisive. Morgagni justly observes that it is one thing to admit that the heart can continue its movements for a time, after its connexion with the nerves has been cut off, and another to deny that its actions cannot be deranged, weakened, and even interrupted by irritations of the nervous system. The former fact, he remarks, was well known to Senac, but that judicious writer did not, therefore, pretend to deny the second.

With regard to what might be termed the *proximate cause* of this affection, we do not conceive that in the present state of our knowledge it would be useful or even practicable to push our inquiries beyond the fact that syncope consists in a suspension of the heart's action. To say that this arises from a "deficient excitement of the nerves of the heart" adds nothing to the knowledge of the chain of causation, though it may serve to veil our ignorance by a form of expression scarcely precise

* Epist. xxv. art. 6.

* Recherches Physiologiques sur la Vie et la Mort, art. v. and xi.

enough to admit of our determining whether the position it assumes be true or false.

Although the phenomena of fainting are hardly if at all distinguishable from those of death, yet even under its most formidable aspects as to protraction or repetition, it is a rare occurrence for the patient to die in syncope. On the contrary, it is often found to be a most important provision of nature for the preservation of life, by arresting hemorrhage, which would otherwise soon destroy it. So infrequent, indeed, is it for death to begin at the heart, that this organ has been called the *ultimum moriens*. There are, however, many cases in which, after repeated attacks of syncope, the patient may at last sink under a severe one. Bichat instances intense and protracted pain, profuse suppuration, other kinds of evacuation, dropsies, some fevers, and gangrene. To these may be added, on unquestionable authority, including that of Morgagni, organic diseases of the heart.

Many effects or sequelæ of syncope have been noted by authors. Senac says that there sometimes remains for a while a sensation of great fatigue, or of weight in the cardiac region, also palpitation, great anxiety, and transient spasms, especially of the lips. Dr. Abercrombie also remarks that fainting not unfrequently passes into convulsions; and Dr. Armstrong has sometimes observed palsy of one side of the tongue follow recovery from syncope which was caused by great exhaustion. Heberden says it occasionally passes off with vomiting, discharge of feces, or eructation; and that in some cases giddiness remains for a time. Epilepsy has also been noted as an occasional effect of fainting.

It has been already observed that in hemorrhages syncope is often found to be an important curative effort of nature. Its artificial production by venesection has been considered by some writers as materially conducing to the efficacy of that operation in fevers and some kinds of local inflammation. Experience seems, however, on the whole to shew that the good effects of bloodletting are very much proportioned to the quantity drawn. If this be the case, the early occurrence of syncope must be rather hurtful than beneficial. Such was, in fact, the result of Dr. Welsh's elaborate investigation of the effects of bleeding in the epidemic fever which prevailed at Edinburgh in 1818, &c.

The examinations which have been made into the state of the heart and other organs in persons who have died during syncope furnish some facts which are deserving of notice. Morgagni* and Senac cite a case from Gretzius, of a woman who died "of continual leipthymia," and in whom the cavities of the heart were found not to contain any blood, but to be universally distended with flatus. More recently the attention of the profession has been directed to cases of a description analogous to that of Gretzius, by a paper communicated by Mr.

Chevalier, in the first volume of the *Med. Chir. Trans.* That gentleman relates three cases of sudden though not instantaneous death, two of which began like fainting, the third presenting symptoms of apoplexy. In neither of them was any thing morbid discovered in the internal organs, except extreme flaccidity of the heart, which was not at all contracted, and all its cavities were quite empty. He also cites a case from Morgagni,* resembling the two first mentioned of his own, and proposes to call the affection asphyxia idiopathica.

With regard to the state of the lungs, Bichat says that he has ascertained, by a large number of observations, that they are always empty of blood, and that, if otherwise free from disease, they are found collapsed, and do not fill the thorax.

The *diagnosis* between syncope and some other diseases, as well as the difference between it and actual death, is a subject of considerable importance. Chamberet tells us that it is to be distinguished from death by the continuance of certain internal functions, as absorption, secretion, and nutrition, and by the capability of restoration in regard to those which are suspended. This is no doubt true, and yet it is obviously incapable of resolving the question whether the state in which a physician sees his patient be death or syncope. The fact appears to be that we know of no characters by which these two states may be certainly distinguished. Independently, however, of all curative consideration, the question acquires considerable importance from its relation to the subject of premature interment. In temperate climates, where burial is commonly deferred for many days after death, occurrences of this kind must be extremely rare, far more so than popular fears lead many to suppose. The danger is perhaps greater in tropical countries, where interment not unfrequently takes place on the very day of the patient's death. If the body has not been opened, the only infallible precaution against so horrible an accident is to wait for some evidence of commencing decomposition. We were some time since requested to look at the body of a person who had died suddenly, because, at the expiration of seven days, the relations could not satisfy themselves that there was any decisive proof that life was extinct. We could detect no certain mark on the surface exposed to view, but, on raising the eyelids, a conspicuous depression of the centre of the cornea at once resolved the question.

Although asphyxia and apoplexy have many features in common with syncope, and cases may even sometimes occur in which the diagnosis is difficult, yet in practice it is generally pretty obvious, too much so to be easily reconciled with Chamberet's statement, that these affections present the same phenomena, only in a different order of succession. With regard to apoplexy, Dr. Abercrombie well observes that it differs from syncope chiefly or

* Epist. xxv. art. 13.

* Epist. xlviii. art. 44.

entirely in the state of the general circulation, not in the effect produced on the sensorial functions; this certainly does not imply a perplexing diagnosis. We have also the authority of Senac for considering the distinction of both apoplexy and epilepsy from syncope as sufficiently obvious. The occasional supervention of epilepsy upon syncope has been already noticed, and we suspect that the two affections occasionally assume a very similar aspect.* It is, however, in connexion with hysteria that practical difficulties are most apt to rise; and in this cause of obscurity syncope partakes with a multitude of other affections, the characters of which are occasionally assumed by that anomalous malady. In regard to the question of diagnosis, it will not be out of place to advert to a class of cases noticed by Dr. Abercrombie. That valuable writer says that he has many times seen children, as, for example, after suffering from tedious and neglected diarrhoea, lie for a day or two in a kind of stupor resembling coma, but eventually recover under a nourishing diet with wine. He remarks that such cases seem to correspond with the "*apoplexia ex inanitione*" of the older writers, and to differ from syncope chiefly in coming on gradually, and continuing much longer than the ordinary duration of that affection.

We have already seen that it is comparatively rare for syncope itself, however severe or protracted, to pass into actual death. In this point of view the *prognosis* may therefore be considered as generally good. But if we regard syncope as a guide to our judgment of the ultimate event of the cases in which it occurs, the question of prognosis takes a very different form, and requires a very different answer. Viewed either as a symptom of various morbid states, or as a secondary and symptomatic affection, our anticipations of the future will be chiefly influenced by the nature of the circumstances under which it occurs. In organic and other diseases of the heart and large arteries, its repeated occurrence commonly denotes that the morbid affection is considerable and dangerous, and thus it is often the prelude to death. This class of cases was probably the principal foundation of the following aphorism of Hippocrates:—"Qui crebrò et fortiter absque causâ manifestâ linguuntur animo, derepentè moriuntur." The imperfect state of the art of diagnosis in his time sufficiently accounts for his ignorance of a cause, the extensive influence of which was very little understood before the last century. In hemorrhage which is not of very immoderate extent, syncope is, as we have already seen, often a favourable circumstance, by contributing to its suppression: but the repeated and long-continued faintings which are induced by excessive loss of blood, as especially during or after labour, are too commonly the immediate precursors of death.

In considering the prognosis of syncope in

a general manner, we may safely follow Senac, who observes that "it is to be judged of from the violence, frequency, and duration of the affection, together with the nature of the cause on which it depends, or the circumstances under which it occurs. It has been alleged that faintness is on the whole more unfavourable when it appears at the commencement of acute diseases than when it attends their maturity or decline.

The *treatment* of syncope may be considered under two points of view, the first embracing the curative measures applicable to the affection itself; the second regarding its causes, or the circumstances with which it is connected when presented to us as a symptom or secondary affection. Both of these will sometimes require to be considered conjointly, but it is with the former that we are chiefly concerned in the present article.

Almost all the remedies ordinarily resorted to in order to recover persons from fainting may be comprehended under the general designation of stimulants. The most common are the following:—Fresh cool air, which acts both on the exposed surface of the body and on the respiratory organs; cold water sprinkled on the face, or taken into the stomach; a sudden blow or noise; ammonia and other stimulant errhines; warm embrocations applied to the epigastrium, as ammonia, camphor, &c.; stimulants taken into the stomach, as ether, ammonia, essential oils, ammoniated tincture of valerian, opium, brandy, wine, vinegar, common salt, &c. The recumbent posture is generally found to promote recovery, apparently by facilitating the restoration of the cerebral circulation.

Although the ordinary treatment of syncope, and that which experience has amply justified, is more or less stimulant, it seems generally admitted that remedies of this class cannot safely be used indiscriminately in all cases. The exception appears to be chiefly directed to the more formidable kinds of organic disease of the heart, and to cases of hemorrhage, in which it might be feared that suddenly to substitute a rapid and energetic circulation for a state of syncope would be hazardous. We much doubt, however, if the caution be of any great value, and still more whether it really influences medical practice in any notable degree. At any rate it must chiefly apply to the more permanent stimuli, as alcoholic preparations; for few practitioners would hesitate, in circumstances which require any interference at all, to employ such as are transient in their operation. In those cases in which syncope is regarded as a curative effort of nature, directed to the checking of hemorrhage, stimulants must of course be avoided in common with every other means for recovering the patient. Such is the theory; but the practice is a point far less easily determined. When we remember that syncope is sometimes in such cases the immediate precursor of death, we shall be ready to apply to the subject generally the opinion of Professor Burns in connexion with parturition, that "no

* See a case in Morgagni, *epist.* xxv. art. 6.

man of observation can suppose syncope to be safe in hemorrhage after delivery, or hesitate, by opium and brandy or wine, to recal his patient to animation, or prevent a renewal of the fainting fits."

Not only has the indiscriminate use of stimulants been objected to, but even a remedy of a directly opposite nature, venesection, has been considered applicable to some cases. When, however, Senac and others recommend its employment, in circumstances of plethora, congestion, and some organic diseases of the heart, it can hardly be supposed that they contemplate its use during the actual state of syncope, but rather as a preventive remedy, directed to the primary affection.

When fainting has been induced by surfeit-
ing or indigestion, the administration of an emetic is obviously indicated as part of the treatment.

(Edward Ash.)

TABES MESENTERICA. *Mesenteric disease.* *Syn.* Atrophia mesenterica; atrophia infantilis, *Hoffmann*: febris hectica infantum, *Sydenham*: scrofula mesenterica, *Sauvages*: parabysma mesentericum, *Good*: physconia mesenterica, *Baumes*: mesenteritis chronica; carreau of the French writers: darrsucht der kinder; gekröschwindsucht, of the Germans: mesenteric fever, hectic fever, and marasmus of *Underwood*: tubercles of the mesentery; tuberculous disease of the abdomen, &c. &c.

The mesenteric disease may be briefly defined "a chronic enlargement of the mesenteric glands accompanied with gradually increasing emaciation, to which fever of the hectic kind is sooner or later added." The hard and prominent abdomen contrasting so remarkably with the extenuated limbs, gives so peculiar a physiognomy to this affection, that it rarely fails to excite the attention of even the most careless observers.

Of all the names which have been invented for this disorder, perhaps that given to it by Sauvages, *scrofula mesenterica*, is the best, as indicating at once the constitutional nature of the affection, and the organs in which, in such cases, the scrofulous diathesis particularly manifests its influence. The name *carreau*, by which it is commonly known in France, seems to refer to the hard and cushion-like prominence of the abdomen: that of *entero-mesenterite*, by which it has been designated by some recent pathologists, is objectionable, as it rests on the dubious theory of its constant origin in inflammation of the mucous membrane of the small intestines. This term has, moreover, been already appropriated by M. Petit to an acute affection of the mesenteric glands accompanying an inflammation of an exanthematous character, seated in the mucous membrane of the small intestines, and which, unlike the chronic or scrofulous affection, occurs more frequently in the later periods of childhood.

The terms *tabes* and *atrophy*, which originated when symptoms rather than pathological

conditions regulated nomenclature, were supposed by the older nosologists to indicate well-characterised diseases, but which are now looked upon merely as symptoms; and the terms might, perhaps, without any great disadvantage, be erased entirely from our nosological tables. But as changes in the denomination of disorders are attended with so many inconveniences, we have not ventured to substitute any other term for that of *tabes mesenterica*, which has been so long established, is so well understood, and is in such general use in this country.

Time of life, sex, &c.—Though no period of life is altogether exempt from the chronic or scrofulous enlargement of the mesenteric glands, it having been observed at every stage of existence from fetal life up to the adult period, and even in old age, yet, indubitably, the period most subject to it is from the time of weaning up to the eighth or tenth year. Perhaps from the third to the sixth year more cases occur than during any other equal space of time. "Diseases of the lymphatic system," says Billard, "are not so common in the eight or ten first months after birth as at an after period. The mesenteric glands, which are so liable to chronic inflammation and tubercular disorganization in children above a year old, especially when suffering from chronic inflammation of the intestines, are rarely implicated in such inflammations when occurring in very young infants. The only alteration usually detected in them, in the latter cases, consists in a slight tumefaction, and on cutting into such glands they are found somewhat hard, and of a rosy or sometimes a very red colour." Billard does not, however, assert that children at the breast are altogether exempt from mesenteric atrophy, but only that they are much more rarely the subjects of it. "The lymphatic glands of the neck, and those about the bronchi and root of the lungs, are in very young infants more frequently attacked than those of the mesentery, which last at birth are rather small, and become very liable to disease only in proportion as they become developed."* "Affections of the lymphatic glands," says Andral, "are most frequent at that period of life when these organs enjoy the most active nutrition, so that this particular case verifies the general law in conformity with which the diseases of every organ are in the direct ratio of its development of structure or action. Thus it is in childhood that theory would lead us to expect the most frequent disease in the lymphatic ganglia, and observation confirms this expectation."† According to Meckel, a very high authority in questions of pathological anatomy, of the whole lymphatic system the mesenteric glands are the part the most subject to tubercular degeneration, more so than even the bronchial glands, or those in the neck, groin, axilla, &c. "This degeneration

* *Traité des Maladies des Enfants nouveaux-nés*, p. 633.

† *Anat. Pathol.* ii. 448.

of the lymphatic glands," he says, "is most frequent in children of from one to four years old, but continues to occur frequently at every period up to the tenth year: after this it grows rarer till about the fifteenth year, when it again becomes frequent, and the patients die with the same symptoms as children do. In general the tubercular degeneration, when it manifests itself at a later period than childhood, is much more dangerous and quickly fatal than at earlier periods."* "Scrofula," says Dr. Thomson, "seldom attacks children under two years of age. I have seen it, however, occur earlier than this. Dr. Cullen used to mention a case in which the disease broke out in an infant only three months old; but this is an uncommon event.... But though glandular scrofula occurs most frequently in children, it is by no means confined to that period of life, for you find the lymphatic absorbent glands affected in all periods; and accordingly I have even found the lacteal or mesenteric glands affected with scrofulous inflammation in persons of a very advanced age."†

Underwood in his account of mesenteric fever, which, though written in his usual rambling and indistinct manner, contains many valuable practical remarks, states that according to his experience the period most liable to mesenteric disease is that from the third or fourth up to the eighth or tenth year, adding that in decidedly scrofulous habits it may, however, occur much later. Pemberton tells us he had met with the disease at every period from the sixth month up to the twelfth year. Gardien thinks that he has seen the greatest number of cases about the seventh year.

As to the relative frequency of the disease in males and females, authors are not agreed. Schmalz, in his learned work on *Diagnosis*, has stated that boys are more liable to it than girls; whilst, on the other hand, Guersent, whose ample opportunities of observation, diligence in availing himself of them, and good faith and accuracy in detailing the results of his experience, entitle his opinion to much weight, thinks that affections of the mesenteric glands are more frequent in girls than in boys. "The disease," says he, "is more common from the first dentition up to the twelfth or fifteenth year than either previously or subsequently: but we must beware of supposing that even in children it is so common a disorder as some writers seem to think. Bayle says that in a hundred subjects there is not on an average above four in which dissection discovers tubercles of the mesentery. This observation refers to individuals of all ages. At the Hôpital des Enfants, where the patients received are never under one nor above sixteen years old, the proportion of mesenteric tubercles is much more considerable. It may be about seven or eight per cent for the girls, who appear more generally liable to pulmonary

and mesenteric affections than the boys; whilst, for the latter, the proportion may be about five or six per cent." This result he gives only as an approximation to the truth, adding with his usual caution, "that an immense mass of observations would be necessary ere we could come to any very positive and definite conclusion on the subject, seeing that different years are characterized by a great variety in the proportionate mortality by tubercular affections."*

In private practice the frequency of the disease is much less than in hospitals or among the poor in their own abodes, as the children of the rich are infinitely less exposed to its exciting causes. The prejudicial influence of the impure air of a crowded hospital on infancy, and its tendency in particular to induce tubercular disease, is so great, that the propriety of establishing such institutions for the reception of very young children is extremely questionable.

Predisposition.—The individuals in whom we have most reason to apprehend the development of this affection are those of a scrofulous habit, as indicated by the peculiar and well-known physiognomy, the thick and projecting upper lip, frequently-recurring, protracted, and indolent inflammations of the conjunctiva and edges of the eyelids, a delicate transparent skin and clear complexion, or an earthy paleness and bloated appearance of the face, indolent enlargements of the cervical glands, elongation of the fingers, and a broadening of the terminal phalanges under the nail, &c. The probability of the disease arising is increased when there are, moreover, an unnatural prominence of the abdomen, weakness of the digestive organs, irregularity of the bowels, and ill-conditioned discharges, with a frequent tendency to irritation of the mucous membranes.

As Dr. Henning and some other late writers have thrown a doubt on the scrofulous nature of this disease, we shall here take a short review of some of the principal authorities on the subject. Portal, in a paper in the *Mémoires de l'Académie des Sciences* for the year 1781, entitled "*Sur la Phthisie de Naissance*," or hereditary phthisis, alludes to the frequent coincidence of enlargement of the mesenteric glands with phthisis or tubercles in the lungs, and details one such case in an adult. In three children of one family, who all died phthisical, all had the glands of the mesentery as well as those of the neck swollen and full of gypseous matter, the remains and evidence of previous tubercles. The number of similar cases recorded since has made this frequent coincidence of a tuberculated state of the lacteal glands with the same morbid condition of those of the chest and other parts of the body, quite notorious. Again, in the fifth volume of his *Anatomie Médicale*, the same writer says there is no part of the body where steatomatous congestions (that is, depositions

* *Handbuch der Pathol. Anat.* b. ii. p. ii. p. 379.

† *Lectures on Inflammation*, p. 136.

* *Dictionnaire de Médecine*, t. iv. p. 313.

of scrofulous matter) are more frequent than in the mesentery; they occasionally exist even where there is no enlargement of the cervical glands. Gui-de-Chauliac has even gone so far as to say that the source of scrofula is in the mesentery, and Riolanus at one time adopted this notion: "Notabis mesenterium strumarum radicem ac fundamentum esse, nec foras erumpere unquam nisi mesenterium strumosum fuerit." But the latter writer subsequently modified this exaggerated opinion, and Morgagni helped to dispel this erroneous view, having frequently, like all later pathologists, found unequivocal marks of scrofulous action in other parts, while the mesentery was perfectly healthy. Meckel, as we have seen in a passage quoted above, considers that, of the whole lymphatic system, the glands of the mesentery are the part most subject to the formation of tubercular matter. Of the absolute identity of its nature in this situation with that of external scrofula, Bichat likewise entertained no kind of doubt. "Scrofula," says he, in his lectures on Pathological Anatomy, "may be subdivided according to the parts which it attacks, viz. the abdomen, chest, and neck, the affection of each of which for the most part occurs as an isolated malady."* He also notices as one of the proofs of the frequently scrofulous nature of the inflammation and enlargement of the mesenteric glands, the extreme slowness of their progress. His assertion, however, that this affection usually occurs in an isolated manner, or in only one of the situations above specified at a time, is at variance with our own experience as well as that of most writers on the subject, as we shall see hereafter. Sir Astley Cooper, in the remarks on scrofula in his lectures, lays it down that the mesenteric glands are, next to the cervical, the part most liable to the development of this truly constitutional affection.† It would not be easy to find a more exquisite example of universal scrofula, or a more satisfactory proof of the intimate connection, or rather identity, of the mesenteric disease with scrofula, of which it is indeed but one of the many local manifestations, than in a case given by Dr. Cheyne in his work on Hydrocephalus, p. 123, in which, along with scrofulous ophthalmia, swelling of the cervical glands, protrusion of one of the dorsal vertebrae, scrofulous enlargement of the instep, and tubercles in the liver, the mesenteric glands were found enlarged, and contained the peculiar caseous matter which is so characteristic of the disease. At page 150 and 152 of the same work, are to be found two other cases, which are scarcely less decisive as to the constitutional nature of the disease. "The absorbent glands of the mesentery," says Baillie, "are frequently found to be scrofulous, and this is more apt to take place in children than in persons of a more advanced age. When affected with this

disease, the glands exhibit different appearances according to its progress: they are enlarged in their size, and are often somewhat softer to the touch than in a natural state. When cut into, they sometimes show very much the natural structure; but more frequently they are changed in part into a white soft curdly matter, and this is not uncommonly mixed with pus."* We have the authority of Andral likewise for the fact that the mesenteric glands are one of the parts of the body into which tubercular matter is the most frequently secreted; and what gives the more value to his opinion is his high character for impartiality of judgment and freedom from exclusive theories. Thus, while on the one hand he admits that congestion of these glands is often the mere consequence of an irritation seated in the intestinal mucous membrane, he insists, on the other hand, that their enlargement is, in at least an equal number of cases, only one of the many simultaneous effects of a common or constitutional cause, viz. a scrofulous habit; and hence he looks upon it as a practical absurdity to attempt in all cases to subdue the supposed ganglionite by the mere abstraction of blood, according to the favourite practice of the modern French school. Cullen, too, was well aware of the connection of mesenteric disease and scrofula. "Many instances," says he, "of emaciation seemingly depending on this cause, (viz. obstruction of the course of the chyle,) have been observed by physicians in persons of all ages, but especially in the young. It has also been remarked that such cases have most frequently occurred in scrofulous persons, in whom the mesenteric glands are commonly affected with tumours or obstruction, and in whom generally at the same time scrofula appears externally." In short, the number of distinguished writers who have advocated the strumous nature of mesenteric disease is so great, that one is almost tempted to think that the few who have put forward an opposite opinion were in some degree actuated by a love of singularity.

Symptoms.—The disease may be divided into two periods: 1st, that in which the tubercles exist in an indolent state, and have not yet produced any irritation in the glands in which they are imbedded, or in the surrounding cellular substance; 2d, that in which inflammation has taken place around them, and the process of softening and suppuration is going forward. In the first period they are for the most part productive of no obvious derangement in any part of the system, and are consequently accompanied by no symptoms by which their existence can be detected, except in the case, which is extremely rare, if indeed it ever occurs at the earlier periods of the disease, of the glands being already so much enlarged as to be perceptible to the touch.

Morgagni has mentioned the case of a negro, cut off suddenly, in whom the mesenteric glands were found greatly enlarged and scrofu-

* Anat. Pathologique, dernier cours, d'après un manuscrit autographe, &c. P. A. Bécлар.

† Surgical Lectures, Lancet iv, 102.

* Morbid Anatomy, p. 209.

lous, though he was almost up to the moment of his death in the enjoyment of excellent health; and Bayle records the case of a child, which was burned to death while in perfect health, being fat and in good condition, though tubercles existed in the mesentery, and in some of them suppuration was actually commencing. There are probably few practitioners, who have enjoyed extensive opportunities for the prosecution of pathological anatomy, who cannot recal instances of young patients cut off rapidly by acute diseases, in whom enlargements of these glands, which had been altogether unsuspected during life, existed.

In the earlier periods of the disease there is much reason to think that even where symptoms do occur in connexion with enlargement of these organs, many of them are referable with greater probability to co-existent disease in the gastro-intestinal mucous membrane; and this we beg the reader to keep in mind while perusing the following array of symptoms, which have been supposed by systematic writers to characterise mesenteric disease. If, however, the enumeration comprise a faithful account of those combined groups of symptoms which most frequently co-exist in nature, or, in other words, if they correspond with the more usual complications which the disease presents, they will have as much, if not more, practical value than the selection of an individual group supposed to correspond to the simplest form of the affection; for this last is so extremely rare, that some of the most experienced observers, as we shall see, declare that they never happened to meet with it.

Amongst the most prominent symptoms, according to Pemberton,* are lancinating pains deep-seated in the abdomen, but of short duration, resembling the pain of gripes rather than that of inflammation; these recur sometimes but three or four times in the day, and are at first scarcely at all increased by pressure, neither do they produce any inclination to pass fæces, nor are they relieved immediately upon such evacuations taking place: the state of the bowels is very variable, but generally in an extreme, either tending to constipation or to diarrhœa, the stools in the latter case being of unnatural appearance, and consisting chiefly of frothy mucus. Dr. Young and most of the older authors speak of a chalky appearance as well as of a want of consistency in the alvine evacuations, as if the chyle had been rejected by the lacteals, and left in the form of a milky fluid in the intestines. To such an appearance the "*alvi laxitas lienterica*" of Sauvages' definition alludes. This whitish earthy-looking matter is, according to Sir Astley Cooper, of a calcareous nature. In such cases the functions of the liver are evidently much impaired, the natural tinge of the bile being altogether wanting in the stools. Worms not uncommonly are passed, and though probably merely an effect, are too often mistaken for the cause of

the disease. The abdomen gradually enlarges and grows hard, whilst the rest of the body, and especially the extremities, become remarkably emaciated, the limbs resembling sticks covered with shrivelled parchment. The features are elongated, compressed, and so entirely altered in their expression, that the face of even a very young child comes to resemble the wrinkled visage of an ape or of a very old man. The cheeks are fallen in and of a marbly paleness, except during the accession of the fever; the veins are developed, and strongly contrasted with the white ground on which they run; the nose is lengthened; the eye glassy, sunk in the socket, and often surrounded by a livid circle. The lips are inclined to swell, and are occasionally of a deep red colour, and fissured or ulcerated at their commissures. The state of the tongue is variable; sometimes there is a white streak down each side; often it is perfectly natural. There is little thirst, at least in the earlier stages. The appetite is variable, but for the most part voracious, and the ingestion of food, however nutritious and in whatever quantity, seems to have little power in retarding the daily increasing marasmus. Conradi remarks that the appetite is not merely ravenous, but occasionally also perverted, there being a longing for acid food, cheese, and heavy meal-puddings, and a repugnance to flesh-meat, soups, and other of the more nutritive, easily digestible, or appropriate foods.* With regard to the circulatory system, the pulse is generally considerably above the natural standard at all times; and towards the evening, when the diurnal accession of fever takes place, it is still further accelerated, much restlessness coming on at the same period. During sleep, says Pemberton, profuse perspirations break out on the forehead and breast: at other times the skin, especially of the extremities, is for the most part dry, rough, and scaly; more rarely flaccid and moist. The secretion of the sebaceous glands is increased, and may often be expressed from those on the back and other parts in the form of minute white worms, for which by the vulgar this appearance has often been mistaken; (*crinones, comedones*, of the older writers). In scrofulous patients generally, as well as those labouring under that modification of struma which we are at present considering, the follicular secretion is for the most part vitiated; hence the heavy nauseous smell of their perspiration, particularly perceivable after any violent exertion, in heated rooms, &c. The disturbance of the nervous system is manifested by fretfulness, dulness of the faculties, and aversion to all exercise of mind or body. There is rarely any delirium or sleeplessness. Death may take place either by exhaustion in a state of extreme marasmus, or, as not unfrequently happens, by the supervention of an active inflammation in some of the internal organs: thus some are cut off by acute perito-

* Diseases of the Abdominal Viscera.

* Handbuch der Speciellen Pathologie und Therapie, b. ii. 206.

nitis, others by pneumonia, hydrocephalus, &c.*

A disease of which the progress is so slow as to be often nearly insensible, scarcely admits of any subdivision into stages which shall not be in a great degree arbitrary. Gardien has, however, divided it into three periods. The incipient stage is characterized by a general languor, dulness, and depression; the face becomes pale and shrivelled; there is flatulence, mucous vomiting, uneasiness after eating, and other unequivocal evidence of derangement of the digestive organs; the appetite is unsteady, sometimes being voracious, and at other times altogether deficient; the belly becomes large and tense, but is not yet painful on pressure; the tongue is loaded, the breath foul, and the perspiration of an acid odour. In the second stage the derangement of the digestive functions is still more marked, the stools are very fetid and occasionally whitish; the indurated glands can now be felt, and enlargement of the cervical glands often co-exists. In the third stage supuration of the glands takes place; nutrition is at an end; the stools indicate an inflammatory state of the mucous membrane of the intestines, by which its secretions are variously modified; the skin is harsh, of an earthy hue, and glued as it were to the bones; the pulse becomes small and frequent, and slight rigors are felt, especially at mid-day and towards evening. In the third stage he holds the disease to be incurable, and believes that recovery even from the second is very rare. The division just detailed coincides very closely with that of Raimann, who speaks of a premonitory stage; of a stage of emaciation and hectic, and finally of that of colliquative sweats and diarrhoea.† “There is an early stage of glandular obstruction in the mesentery,” says Underwood, “and of the fever here alluded to (the mesenteric fever), that is often falsely attributed to worms, but will not yield to mere purgative medicines as that disorder usually does. It attacks children from the age of three or four years, the fever remitting and sometimes intermitting irregularly; is attended with loss of appetite, swelled belly, and pain in the bowels, the latter sometimes taking place more or less violently every day, or is generally more violent if the child be a day or two free from it.” And again, farther on, he says, “Indigestion, costiveness, or purging, irregular appetite, flushed cheeks, or a total loss of colour, impaired strength and spirits, remitting fever, and a hard and tumid belly, with emaciated limbs, are amongst the more constant symptoms attending at one period or other of this disease.”‡

Portal's account of the symptoms is succinct and clear. In addition to the tumours being occasionally felt through the abdomen, there is often an excessive hunger, a hard and frequent pulse, heat of skin increasing towards the

evening, and perspirations towards morning. Emaciation and diarrhoea occur towards the conclusion; the patient dies in a state of marasmus; or the cellular membrane of the legs, and subsequently of the whole body, becomes infiltrated, effusion into the cavity of the abdomen eventually taking place, and bringing the existence of the wretched sufferer to a close. Guersent has little confidence in the majority of the signs generally considered characteristic of the disease, and thinks that until the enlarged glands can actually be felt, we must be contented to remain in doubt. A very slight analysis of the symptoms detailed above would indeed suffice to show that very many of them are by no means peculiar to the enlargement of the mesenteric glands.

As to the presence or absence of pain, its seat and degree, there is considerable inconsistency in the accounts of different authors. Thus Dr. Young says—“It is more immediately distinguished by acute pain in the back and loins; by fulness, and, as the disease advances, pain and tenderness of the abdomen:” whilst Portal, on the contrary, after mentioning that the tumours may be felt through the abdomen if they be large and the epiploon not very fat, proceeds to state that they are rarely attended with pain in the abdomen, or cholic or derangement of the digestive functions. These differences are only explicable on the supposition that, whilst Portal is describing the disease in its simplest form, the English author is speaking of it as it more usually appears, viz. in complication with affections of the mucous membrane, &c. Pain in the back and loins is mentioned by Morgagni likewise as an occasional symptom of mesenteric disease; but as this affection is liable to pass into, or to become complicated with, scrofulous disease of the vertebrae, the origin of such pains has probably been sometimes erroneously referred to the mesentery, a mistake which we have ourselves known to be committed. According to Guersent the pain is of a dull kind, referred chiefly to the centre of the abdomen, and not increased by pressure unless it be pretty firm and directed towards the lumbar vertebrae. It frequently persists with little change for months or even years; but sometimes we may suspect its nature from observing that it becomes, like the sufferings from all other scrofulous affections, increased in spring and autumn. But from the kind or degree of the pain no very definite conclusions can be drawn, as that which occurs in chronic inflammation of the mucous membrane of the small intestines is very similar; and, moreover, the two affections very frequently co-exist. Perhaps, where the mucous membrane is chiefly in fault, slight irregularities in diet will be more apt to aggravate the symptoms, and external pressure or distention by food will create more uneasiness; whilst, if the mesenteric glands are more particularly the seat of the morbid action, it is by the concussion imparted by running or leaping, or by hiccup, that most distress will be caused.

The tumefaction of the abdomen in the

* *Darwall*, on the Disorders incident to Children.

† *Handbuch der Speciellen Medicinischen Pathologie und Therapie*, b. ii. 227.

‡ On the Diseases of Children, p. 228-230.

earlier stages depends in a great measure on flatulence, and occasionally on the frequent over-distention of the stomach with food; and it is only in the later periods that it can be attributed in any great degree to the increased volume of the glands themselves, or to peritoneal effusion. An habitually prominent abdomen is considered very generally by the vulgar as one of the strongest characteristics of the disease; but the value of this sign has, perhaps, been much overrated. Considerable projection of this part is the natural condition in young children, owing chiefly to the size of the liver and colon being, relatively to the other parts of the body, greater than at a later period of life, and likewise to greater flatulent distention being permitted by the less degree of tone possessed by the intestines at this tender age. Guersent declares explicitly that children in whom this part is even unnaturally large, have not, according to his experience, been more liable to the disease than others. Such a phenomenon has, in some cases, seemed to depend merely on increased gaseous secretion connected with weakness of the digestive organs, diarrhoea, &c.; and, on the other hand, he has frequently on dissection found the mesenteric glands diseased, though no such distention had existed during life. The mucous vomitings and other gastric symptoms attributed to tabes, as likewise the argillaceous and otherwise unnatural stools, are truly referable only to the complications,—namely, to the co-existence of irritation or inflammation of the mucous membrane. To the milkiness of the urine given in the *Dictionnaire des Sciences Médicales* as one of its symptoms, Guersent attributes just as little importance, as it occurs in many other infantile affections, and generally wherever the urine is diminished in quantity, or has been long enough retained in the bladder to become loaded with the earthy phosphates. In short, after a full review of the subject, the distinguished writer just named feels himself obliged to acknowledge that it is chiefly by negative symptoms, or the process of exclusion, as it is called, that we can come to have a well-grounded suspicion of the existence of the disease.

Amongst the rarer occurrences in the progress of the disease is that mentioned by Sir Astley Cooper, where one of the suppurated glands contracts an adhesion to the parietes of the abdomen and discharges its contents externally. In such cases he has observed the opening to take place more particularly at the navel, and communicate at once with the cavity of the intestines and with the diseased glands; and although an artificial anus was thus induced, the case has terminated favourably. In this case poultices were applied until the inflammation was reduced and the matter all discharged, and adhesive straps subsequently employed so as to approximate the edges of the opening and thus gradually obliterate it.

Schmalz alludes to the occasional appearance of pus in the stools, and attributes it to the evacuation of the suppurating glands into the

intestinal canal. The same author has likewise made mention of ischuria renalis as an occasional occurrence in the course of the disease. "The diseased lymphatic glands may lead to morbid changes of the parts which surround them," says Andral, "either by compression or by the irritation and inflammation which they excite. Thus, in the abdomen, by their enlargement and pressure on the pylorus, they have simulated many of the symptoms of scirrhus pylori; if accumulated around the biliary ducts, they have impeded the flow of the bile and induced jaundice: the ureters have in like manner been compressed by them, as has also the vena cava, and dropsy of the inferior extremities has been the result."

Complications.—Tabes mesenterica, as has been already said, is a disorder which rarely exists in a simple form. Much of the obscurity in which it is enveloped, and of the vagueness of the descriptions of it to be met with in medical authors, depending on the very frequent co-existence of other maladies, it is necessary to say a few words here of the diseases with which it is most commonly complicated. Of these, phthisis, or tubercles seated in the lungs, is indubitably the most frequent. Guersent has met with this complication in five-sixths at least of the cases of tabes occurring amongst children in hospital; and out of the four cases of the disease in which dissections were made by Baumes, pulmonary tubercles, crude or suppurating, were discovered in three. In the abdomen, the co-existence of inflammation of the serous or mucous membranes is very common. The peritoneum is often found in a state of acute or chronic disease, and minute tubercles very frequently exist in the cellular membrane beneath it, as likewise in the liver and neighbouring organs. Inflammation of the mucous membrane of the intestines, and especially of the lower part of the ileum, is so apt to occur as to have led to its being held by many, and more especially by the disciples of Broussais, as almost the sole and invariable cause of the enlargement of the glands. Worms are sometimes observed in the stools, and though probably merely a consequence of the weakened state of the digestive organs, are frequently mistaken for the cause of the illness; but the perseverance of the disease after their removal by appropriate medicines shews how trivial a complication they constitute. Tabes mesenterica sometimes exists in combination with rachitis, and also with scrofulous disease of the vertebræ or spinal cord;* and hydrocephalus, as we have already seen, not uncommonly sets in during its course.

The following case, given by Andral in the fourth volume of his *Clinique Médicale*, affords a good example of the various complications which dissection sometimes detects, and of the difficulty or impossibility of disentangling their symptoms during life. A tailor, of about twenty-five years of age, entered La Charité with

* Louis, *Mémoires Anatomico-Pathologiques*, p. 417.

all the symptoms of incipient phthisis, cough of four months' standing, emaciation, previous hemoptysis, &c. The cervical glands were enlarged, the abdomen swollen but not painful even on pressure, the stools natural, pulse frequent, no perspirations. About a month before his death, which occurred in six weeks after coming into the hospital, the abdomen began to swell more rapidly, and fluctuation was perceptible. Some time afterwards diarrhoea set in for the first time, accompanied with hectic and rapid sinking, and it occurred at intervals till death. On dissection, enormous lymphatic glands were discovered enveloping the trachea within the chest, and the bronchi. A few crude tubercles were found at the apex of the left lung, whilst the upper portion of the right lung was occupied by tubercular matter in a state of incipient ramollissement. The abdominal cavity contained a bloody effusion, the peritoneum was inflamed, and the concave surface of the liver and the spleen were covered with a thick false membrane, in which tubercles were likewise observed. The mesentery was transformed into an enormous tumour resulting from the agglomeration of tuberculated glands, many of which were individually as large as an orange. The mucous membrane of the stomach and small intestines being pale throughout, afforded an additional proof that a tubercular affection of the mesenteric glands may exist unpreceded by any obvious inflammation of that portion of the mucous membrane from which the lacteal vessels take their rise. The internal lining membrane of the large intestines presented some red patches, connected, no doubt, with the recent diarrhoea. The same excellent observer gives another case, occurring in a lad of nineteen, which ran a very similar course, terminated fatally in about three months, and presented analogous morbid appearances on dissection. Along with the enlargement of the mesenteric glands, there co-existed also phthisis, ascites, chronic peritonitis, and inflammation and ulceration of a scrofulous nature in the mucous membrane of the intestines.*

Morbid anatomy.—On dissection, the glands of the mesentery are found in various stages of disorganization, according to the duration of the disease. In the earlier stages they appear red, and are somewhat increased in size and density. Subsequently to this, tubercular matter is deposited either within their substance or on their surface; and this morbid production, at a still later period, comes not merely to occupy the place of the entire gland, (the true glandular structure becoming gradually absorbed and eventually disappearing,) but increasing in quantity, and being agglomerated and consolidated, it constitutes tumours of considerable magnitude, which have been compared to a heap of peeled chestnuts, to which, by their dull white colour and firm consistence as well as form, they often really bear considerable resemblance. In a number of cases, constituting perhaps the majority, the tubercular matter

seems to be immediately deposited, without any previous inflammatory stage, the glands being pale and unaltered in density even in what appears to be the incipient stage of their degeneration. With regard to the deposition of tubercular matter, the following are the opinions of Meckel and Andral, which will be found in some degree to substantiate the statements just made. "The glands," says the former of these distinguished pathologists, "appear enlarged, but they are not always really so; their substance does not itself degenerate, but the tubercular matter is deposited in it: this process," he continues, "may commence in the centre of the glands, yet frequently it begins simultaneously in several spots."—"The lymphatic glands," says Andral, "are one of the parts of the body into which tubercular matter is most frequently secreted. It may exist either in a state of infiltration, or it may occupy isolated patches, or the whole of the gland. Such glands sometimes afford evidence of previous inflammatory action, being enlarged and red generally, whilst the tubercular matter occurs disseminated in points throughout the congested structure. But it must be acknowledged that in other instances there is not the smallest evidence that the tubercular deposition has been either preceded or accompanied by hyperemia of the part." Boeker, a German anatomist, has always found it possible to inject the diseased glands with mercury, their lymphatics being quite permeable; and hence he concludes that in the majority at least of the diseases of the lymphatic glands, the principal seat of the alteration is in their cellular structure alone. The tubercles, whilst in their indolent state, are of a dull white or yellowish-white colour and firm consistence; at a later period, when irritation has been excited around them, they pass into a state of ramollissement and suppuration, and contain that softened caseous matter, usually considered characteristic of scrofulous disease, mixed up with pus.

The tumours in the mesentery, says Portal, are of all sizes, from that of a pea to that of the head of an infant.* In such gigantic specimens of the disease as the latter constitute, Portal supposes that the scrofulous matter does not occupy the glands alone, but that it is effused between the laminae of the mesentery, as he has found also the mesocolon and mesorectum thus similarly obstructed and distended. In two or three cases he has met with erosion of the peritoneum, the puriform fluid which had been contained between the laminae of the mesentery being effused into the cavity of the abdomen. Cowper, as quoted by Morgagni, speaks of a child extremely emaciated, in whom two of the mesenteric glands were found greatly enlarged and compressing the receptaculum chyli. In strong contrast with this is the case given by Fabricius, of a woman who died in a state of great emaciation in consequence of the obliteration and disappearance of the mesenteric

* Clinique Médicale, vol. iv. p. 616-621.

* Tulpius, Lieutaud, &c.

glands, "*lente tabe extincta cujus viscera omnino nihil exhibuerunt nisi quod glandulæ mesenterii penitus evanuerunt*," which, if we are to believe Ruysch, is no infrequent cause of atrophy in the aged, in whom these glands are usually found very much diminished in size. The mesenteric glands occasionally contain a dry calcareous matter, such as is sometimes found in other tuberculated organs, and it is conjectured to be here, as in the lungs, the result of a salutary conversion effected by the powers of nature.

The peritoneum frequently exhibits unequivocal evidence of inflammation in the existence of adhesions and effusions of fluid into its cavity. Minute tubercles are often observable, as stated in a preceding paragraph, beneath the peritoneum, on the surface of the liver, and in the substance of false membranes caused by previous inflammation. The intestines are frequently found distended with air, as the tympanitic state during life would lead us to expect; and the mucous membrane, and especially that of the ileum, is often inflamed, and the mucous follicles enlarged: ulcerations, moreover, very commonly exist, and occasionally present on their surface minute depositions of tubercular matter. The existence of inflammatory appearances in the mucous membrane in cases of enlargement of the mesenteric glands, is, however, by no means an universal occurrence; and as such ulcerations, on the other hand, frequently exist without any alteration in those glands, their invariable existence in the relation to each other of cause and effect, though it has found such strong advocates, cannot, we think, be admitted. In the parallel case of the enlargement of the cervical glands, we have sufficient evidence that the lymphatic ganglia are capable, as might have been anticipated, of becoming primarily diseased.

To the very frequent, we had almost said invariable, coincidence of tubercles in the lungs or bronchial glands in fatal cases, we have already alluded. Sauvages speaks of hydrothorax as well as ascites being occasionally detected on dissection, the effusion of serum taking place, as he supposes, during the agony just before death. In other cases an effusion into the abdomen, giving rise to manifest fluctuation, has taken place at an earlier period, and yet, as in a case of Broussais, no water has been discovered on dissection, it having been to all appearance taken up by the absorbents immediately before the fatal termination.

Theory.—It was formerly supposed that the remarkable wasting of the body in this disease, notwithstanding the use of the most nutritious food, was attributable solely to the obstruction in the mesenteric glands being carried to such a pitch that little or none of the nutritive matter elaborated in the stomach and small intestines could find its way into the thoracic duct.* To

this theory of mechanical obstruction, the researches of Soemmerring, Boeker, and other modern physiologists, have been fatal, as they proved experimentally that these glands were rarely if ever altered by disease so universally and completely as to be impervious even to their anatomical injections. Moreover, it is an indisputable fact that children, in whom these glands have been plainly felt through the walls of the abdomen, have continued to live for years in this state, and eventually died of some other totally different disease; and Cruikshank, long ago, when referring to the possibility of children and grown persons having ever died of such obstruction, which he was not prepared absolutely to deny, said, "but in such enlargement of the glands, if it ever takes place, we should meet with the stagnation of the chyle in the first set of lacteals; yet I never saw such stagnation on any occasion whatever."

A knowledge of these facts renders it necessary to look to some other source for an explanation of the phenomena; and as it would seem that so long as the glands continue in an indolent state no very evident symptoms are produced, and as it is only on certain changes tending to their softening and suppuration being set up, that they induce great emaciation and hectic fever, it becomes highly probable that these symptoms depend on sympathy with the irritation and inflammation which, like foreign bodies, the tubercles eventually excite. All that we know of tubercles in other parts of the body tends to confirm this view of the subject. The hectic symptoms were once, indeed, supposed to depend on the absorption of their purulent contents; but as abscesses, even on a much greater scale, in which absorption is constantly going on, do not necessarily give rise to any such symptoms, this supposition must be abandoned.

The frequency of the co-existence of disorder or disease in the gastro-intestinal mucous membrane must not be lost sight of in our attempts to explain the symptoms of tabes mesenterica, as in such a state of these organs it is natural to suppose that the chyle will be imperfectly elaborated and only partially absorbed, in consequence of which the circulating fluid must be materially altered in regard to its nutritive powers, and an appearance of general cachexy and an increase of the scrofulous diathesis will be the result. The morbid condition of the mesenteric glands themselves must likewise be supposed to render them in some degree incompetent to their functions, which consist, doubtless, in working up or modifying the chyle in its passage through them, in some manner hitherto imperfectly understood. "It has been disputed," says Dr. Thomson, in the work already cited, "whether scrofula be originally a disease of the solids or of the fluids. When it arises from an improper or indigestible food, it may certainly be alleged to have its origin in the fluids; and it may even be doubted whether

* "In tabes mesenterica," says Cullen, "the emaciation depends on an obstruction of the mesenteric glands, through which the chyle must necessa-

rily pass to the thoracic duct." Thomson's edit. of Cullen, vol. ii. p. 562.

it may not be directly produced in the glands of the mesentery by the irritation of an ill-assimilated and probably acrimonious chyle." Thus the opinion of Gui-de-Chauliac, alluded to in a former part of this article, though the result of an exaggerated generalization, was not, perhaps, altogether without some apparent foundation in truth.

Diagnosis.—The difficulty of accurately diagnosing an affection of the mesentery is, for reasons already detailed, often extremely great. Fortunately, however, many of the diseases with which it co-exists, or for which it might be mistaken, require a mode of treatment very similar with itself. The diseases with which it is most liable to be confounded are, chronic or scrofulous peritonitis, inflammation of the mucous membrane of the intestines, infantile remittent or irritation of the same membrane, worms, constipation and the consequent presence of scybala in the great intestines, tubercles of the bronchial glands or in the lungs themselves. For the most probable means of distinguishing *tabes mesenterica* from some of these diseases, we must refer to former parts of this article, and more especially to the section on symptoms: we shall here add a few general remarks, in the hope of still further facilitating this object. A readiness in detecting the scrofulous habit will sometimes aid us materially in our investigation of a suspicious case. "All scrofulous diseases," says Nacquart,* "are accompanied, even in their earlier stages, with a degree of puffiness of the features and a sickly yellowish white, or waxy colour of the skin, which, as the emaciation proceeds, becomes in a manner transparent." From the exasperation of the symptoms in spring and autumn, and their amelioration in summer and winter, an additional insight into the nature of the case, when it runs a very long course, may sometimes, as already suggested, be acquired. Mesenteric scrofula, according to Sauvages, differs from the ordinary or external species, inasmuch as it attacks younger children, and is accompanied by a pallid countenance instead of a full and florid one. To the latter of these diagnostic marks, however, little value can at the present day be attributed, as glandular and all other varieties of scrofula are now known to occur as often in the sallow and pallid as in the high-coloured.

From chronic peritonitis Pemberton thinks mesenteric disease may be distinguished by pressure, which gives so much less pain in the latter affection, as well as by the absence of superficial pricking pains, and by the peritoneum as felt through the abdomen not imparting to the hand that feeling of being strongly bound down, on which he dwells so much as a sign of peritonitis. The occurrence of a regular evening exacerbation and the expression of the countenance, he conceives, will also afford us useful assistance in the formation of our diagnosis; and to this the absence of vomiting may likewise contribute.

It is, says M. Roche, chiefly by negative signs that we can hope to succeed in diagnosing tubercles of the mesentery in their earlier stages. The presence or absence of other tubercular affections, and an investigation of the exciting causes, may, however, assist us in our endeavours to detect it. As to the general symptoms by which it is accompanied, it possesses most of them only in common with other diseases. Thus tumefaction of the abdomen, along with emaciation of the limbs, and derangement in the digestive functions, may be the result either of inflammation of the mucous membrane, or of tubercular affection of the mesenteric glands; but when the patient is scrofulous or phthisical, the skin blanched and habitually relaxed; when the diarrhoea, if any, consists of ill-digested food rather than of morbid intestinal secretions; where the ingestion of aliment is not followed by immediate inconvenience, and the nature of the diet does not sensibly influence the disease, animal food appearing to be as easily digested and with as little inconvenience as a farinaceous or milk diet; if there be no great thirst nor heat of skin, nor pain and tenderness on pressure in the abdomen, nor peculiar stools indicating mucous irritation, it becomes highly probable that the affection with which we have to deal is incipient mesenteric disease rather than a gastro-intestinal affection. Inflammation of the mucous membrane of the small intestines, on the contrary, will be recognised by the greater degree of pain and tenderness of the abdomen, thirst, mucous or greenish stools, a hot and dry skin, and a look of exhaustion and depression: the symptoms are, moreover, all exasperated immediately after taking food, especially if it be of a stimulating nature. But these nice distinctions are often unfortunately little available in practice, as the two affections in question very commonly co-exist, tubercular glands and inflammation and ulceration of the mucous membrane being collateral effects of the strumous diathesis of nearly equal frequency. Yet a knowledge of the exciting causes may even here be of considerable utility in serving to shew us which of these affections in all probability predominates. If the illness has come on after the use of too stimulating food or medicines, our attention will be particularly directed to the mucous membrane: if, on the contrary, the child has been suckled by a debilitated nurse, or fed on insufficiently nutritive food, whilst at the same time it has been living in a damp, dark, and unhealthy habitation, we shall be led to suspect the predominance of a morbid condition of the mesenteric glands. The effects of treatment may likewise serve to throw some light on these doubtful cases, antiphlogistics being found to relieve the former much more than the latter affection. The infinitely greater frequency of the intestinal affection than of the mesenteric must never be lost sight of in the formation of the diagnosis.*

* Dict. des Sciences Médicales.

* Dict. de Méd. et Chir. Pratiques, t. iv. 621.

"The inflammation of the mesentery and its glands," says Schmalz, "is for the most part difficult to recognize, partly because it lies so deep amongst the other viscera, partly because the inflammatory symptoms are very inconsiderable. It is seldom found to exist alone, being commonly complicated with inflammation of the bowels or peritoneum. We may suspect it when there is a deep-seated and firmly-fixed pain in the abdomen, which seems to come out at the back, and which is increased by firm pressure at the navel, by upright position, quick movement or shaking of the body and bending of the back. It is usually accompanied by swelling and hardness of the belly. The pain and fever for the most part are very slight; sometimes the patient complains of a sense of compression or tension deep-seated within the abdomen. The symptoms characteristic of the inflammation of any other organ are absent. When a child suffering under indurated or scrofulous mesenteric glands commits any error of diet, or is exposed to cold, there often arises a fever with slight pains in the belly, constipation, nausea, vomiting, itching of the nose, increased flow of saliva, enlarged pupil, and other symptoms, which are often attributed, though very erroneously, to worm fever."*

With regard to infantile remittent, or worm fever, as it is vulgarly called, we should never lose sight of the important fact that it is liable to pass into tabes mesenterica. It consists essentially in an irritation, and occasionally even inflammation of the mucous lining of the stomach and bowels. Being comparatively a much more manageable disease, the importance of its being early recognized and appropriately treated is obvious. For a somewhat extended account of this affection the reader is referred to the article INFANTILE REMITTENT FEVER, in a former part of this work; (Vol. ii. p. 239.) We shall here briefly recapitulate its leading symptoms, and which are fretfulness, frequent drowsiness, fever, restlessness, especially at night; acceleration of pulse and respiration, hot and dry skin, tongue furred and moist at the commencement, but soon becoming sore and red at the edges and dry at the point; thirst and preference for cold drinks, and especially for cold water; irritable stomach, bowels constipated in some cases, and diarrhoea in others, consisting of dark white, mucous, bloody, or otherwise unnatural stools. The child cries frequently, especially if the abdomen, which is hotter than the rest of the body and tympanitic, be touched. The extremities are often cold, even when the face is flushed. "Sometimes," says Dr. Mackintosh, "the child appears to be recovering for a few weeks and then relapses, and during the remission it even gains flesh and strength, but the abdomen remains tumid, and in this condition the child may remain, getting better and worse till the mesenteric glands become enlarged, or dropsical effusion takes place into the abdomen; the emaciation increases; there

is no fever, except at night; the appetite is occasionally voracious, and, in fact, the little sufferer presents all the symptoms of the disease usually known by the name of tabes mesenterica."*

The symptoms of mesenteric disease, according to the late Dr. Baillie, correspond in a great degree with those of the common round worm of the intestines. "In both diseases there is a tumid belly and emaciated extremities. They are chiefly to be distinguished by worms not being discovered in the one disease, notwithstanding the use of strong purgatives, while they pass off from the bowels in the other. The startings, the itchings of the nose, and the grinding of the teeth, may, perhaps, also form some ground of distinction—they occur very commonly in worms, but I believe very rarely where the glands of the mesentery are scrofulous. Some discrimination, likewise, between the two diseases may sometimes be derived from examining strictly into the nature of the constitution. If decided marks of scrofula shew themselves in an external part of the body, they will lead a practitioner more satisfactorily to the opinion that the mesenteric glands are affected with the same disease."†

In the advanced stage of tabes mesenterica the glands can generally be distinctly felt, unless chronic peritonitis with effusion into the abdominal cavity exist, so as to conceal them from the touch. They may be distinguished from collections of hardened scybala, as Guersent remarks, by means of pressure, which causes a slight pain in the former and none in the latter case; besides, the glands will be felt nearer the centre of the abdomen, whilst the indurated fæces will more commonly be found in the course of the colon, and more especially in the left iliac fossa. Diarrhoea, also, almost always exists in the latter stages of tabes; and in all doubtful cases we should take the precaution of clearing out the bowels by enemata and purgatives before we finally announce our opinion. Vogel, in his admirable little work on the mode of examining the sick, recommends that the examination of all such cases should be made early in the morning while the patient is still fasting. We have heard of instances where, in extremely emaciated subjects, the prominent bodies of the lumbar vertebrae were mistaken for tumours within the abdomen: such an error, however, is likely to occur only to very ignorant or very careless observers.—See ABDOMEN, EXPLORATION OF.

The state of the respiration, the presence or absence of cough and expectoration, and, above all, the stethoscopic signs, will generally enable us to recognise during life that species of phthisis which depends on tubercles in the lungs themselves; but as to that arising from a similar affection of the bronchial glands, we may often be left in perfect ignorance till after the fatal termination. The absence of all the

* Versuch einer Mediz. Chirurg. Diagnostik.

* Practice of Medicine.

† Morbid Anatomy, p. 209.

characteristic signs of disease within the abdomen and lungs may, however, sometimes enable us to suspect it. In a case of this kind recorded by Bichat, which from the general symptoms was mistaken for ordinary phthisis, it was remarked that pressure in the epigastrium induced a sense of suffocation, and that pressure on any part of the chest caused a general feeling of uneasiness through it, though there was no local pain. The child died in a state of frightful marasmus, and the bronchial glands were found greatly enlarged and converted into steatomatous matter.

To conclude the subject of diagnosis—where a child, more especially if of a scrofulous habit, is becoming gradually more and more emaciated, though the appetite may be good or even in excess, in the absence of all evidence of disease in the other abdominal organs, as well as in those of the chest and head, a careful investigation into the state of the several functions having been made, our suspicions will naturally turn towards the mesenteric glands; and if any enlargement in these can be detected, suspicion will be converted into certainty.

Prognosis.—In all cases of this disease, even the simplest, the prognosis must be very guarded, as the event is dubious, and the tendency to go on, though often by slow and almost insensible advances, to a fatal termination is very great; and this is more especially the case when one or more of the complications already alluded to as of so frequent occurrence, exist. In the absence, however, of all evidence of disease within the chest, and of inflammation and ulceration of the mucous membrane of the intestines, of inflammation of the peritoneum, scrofulous disease of the vertebræ, &c. the case is not to be given up as hopeless, even though the enlargement of the mesenteric glands should have already made such progress as to be distinctly felt through the abdomen. We have daily opportunities of observing the possibility of reducing scrofulous inflammation and enlargement seated in the external lymphatic glands, under the joint influence of judicious treatment, appropriate diet and regimen, and the advantage of a well-chosen place of abode. From the similarity of the structure of the glands of the mesentery there is every reason to expect, even prior to experience, that their diseases also should be within the reach of art. The earlier the disease is detected, the greater, of course, is the prospect of success. In the first stage of the affection, before the mesenteric glands had become much enlarged, or the fever continual, whilst the appetite was good and the digestion unimpaired, and no diarrhœa had taken place, Underwood often succeeded in subduing the morbid action. When the enlargement of the glands is already very great, and many of them are implicated, and when hectic fever has set in, the hopes of relief become very slight. Where colliquative diarrhœa, night sweats, extreme marasmus, effusion into the abdomen, and swelling of the limbs have come on, the case is near its fatal termi-

nation. In this, however, there is nothing peculiar to tabes. The supervention of colliquative diarrhœa in all scrofulous diseases, whether seated in the lungs, great joints, or other parts, renders their character all but desperate, inasmuch as it generally indicates the accession of extensive disease in the mucous membrane of the intestines. To whatever cause we may attribute this new complication, whether to sympathy with the previously suffering organ, or to the general excitement in the system kindling inflammation in the predisposed mucous membrane, or whether we consider it as a new and collateral development of the scrofulous tendency, (ulceration of the intestines being now well known to depend very frequently on this cause,) it is powerfully instrumental in accelerating the fatal catastrophe.

The older the child is at the period of attack, the better perhaps is the chance of recovery, as the functions of these parts are then no longer in that state of activity which the rapid building up of the body in extreme infancy imposes upon them. Such at least is the judgment which a combined consideration of the laws of physiology and of those which regulate disease would suggest; and the remark of Sauvages, that he has known children who had laboured for a considerable time under the disease, recover on approaching their tenth year, seems to confirm it. Pemberton likewise remarks that the younger the child the more dangerous is the case: in all instances, however, his prognosis was extremely cautious; for in the majority of cases, the pain being very slight, there is too much reason to fear that the disease may have become far advanced long before its existence has been even suspected. Its progress is very insidious, often almost insensible; the fatal event taking place at various periods, from three or four months to as many years. To afford us any chance of effecting a cure, says the last-mentioned author, the treatment should commence early, and before much emaciation or severe fever exists. Amongst the indications of a favourable termination he enumerates improvement of the colour and expression of the countenance, diminution in the length and severity of the evening accession of fever, reduction of the size of the abdomen, and the gradual recovery of flesh. The spontaneous occurrence of a very slight diarrhœa or of a cutaneous eruption has been thought by Gardien and some other practitioners to exercise a favourable influence over the disease.

Etiology.—The causes of the disease have by some writers been divided into two kinds, namely, those which tend to produce or develop scrofula generally, and those which act more immediately on the abdominal organs; but as many of them act at once in both these ways, we shall not here attempt their separation. Cold and damp places of abode shut out from the free circulation of air and from the light of the sun, a cold, moist, and changeable climate, uncleanly habits, deficient exercise, inadequate clothing, food of difficult di-

gestion or insufficiently nutritive, together with all debilitating diseases, are, when acting on a weakly habit of body, among its chief sources. From all this it is plain why the disease is especially met with among the children of the poorer classes living in the filthy, ill-ventilated, and crowded lanes and alleys of great towns. It is well known that tubercular affections can be induced at pleasure in the domestic animals by improper feeding and want of fresh air. Mr. Youatt, in his *Veterinary Lectures*, gives a remarkable exemplification of the influence of the latter of these causes in cows kept crowded together in houses where there is an inadequate access of fresh air. Those animals which are placed at the greatest distance from the door, window, or other apertures for ventilation, and which are consequently kept in the closest and most impure portion of the atmosphere, are much more liable to tubercular disease than even those which are subjected by their position to be immediately blown upon by the entering draught of cool air. The cows brought from the country into Paris, and kept there constantly shut up for the purpose of supplying the inhabitants with milk, are extremely apt to die of tubercular phthisis. Scrofula has been considered by some writers as a species of animal etiolation, and much stress has been laid upon the want of a sufficiently frequent exposure to the solar light as a cause of its production.

It has been supposed that spoon-fed infants, and those who have had the misfortune to have a nurse debilitated by consumption or some other exhausting disease, incapacitating her to afford milk in sufficient quantity or of sufficiently nutritious quality, as well as those children which have been nourished almost entirely on farinaceous food to the exclusion of animal matter, are peculiarly liable to the disease. But those who have seen the swarms of healthy children brought up in some parts of these countries on a diet almost entirely vegetable, and especially on the potato, the nutritious qualities of which by no means entitle it to a high rank even in this class of alimentary substances, will not feel disposed to attribute any great degree of importance to this cause, at least when the individual is placed in other respects in favorable circumstances, and especially in regard to the enjoyment of a salubrious air and abundant exercise. Where, however, these are wanting, as in the crowded parts of a great city, the importance of a certain portion of animal food is unquestionable. A singular explanation has been given us by Portal as to the manner in which the overfeeding of children with farinaceous food leads to the enlargement of the glands of the mesentery, &c. He supposes that partly by its bulk and partly by the gas which is extricated from such food, the stomach and intestines are habitually over-distended, and thus compress the neighbouring parts, impede the circulation of blood in the vena porte, and cause a general congestion of all the glands within the abdomen. Borden had a peculiar prejudice against the use of milk

in the case of children disposed to scrofulous affections. But the premature and entire substitution of other forms of animal food, whether in the shape of soups, jellies, &c., for the bland and highly nutritive fluid which nature has prepared for this tender age, however specious in theory, cannot fail to be injurious if adopted as a general rule of practice.

Whatever tends to induce irritation in the mucous membrane of the intestines, as coarse, stimulating, and ill-digested food, or the abuse of purgative medicines, must have a similar effect on the orifices of the lacteals, and eventually on the glands through which they pass. Many analogous instances are to be met with in the animal economy where the prejudicial influence of irritants applied to a mucous membrane is transmitted to the glands in its neighbourhood; and there is some reason to suppose that even where the primary irritation is low in degree, if it be long kept up or frequently renewed, the secondary glandular congestion ensues with no less certainty than if the cause were more acute; and in a scrofulous constitution long-continued glandular congestion and tubercular development are almost synonymous. On the influence of disorder of the digestive organs in the production of scrofula, Abernethy and his disciple Mr. Lloyd have dwelt much; and Dr. Mackintosh is persuaded that scrofulous affections generally, and above all that species of which we are now treating, depend on gastro-intestinal irritation or inflammation. "Judging," says he, "from the condition of the tongue, from the appetite, the increased thirst, the tumefaction of the abdomen, the degree of flatulency, the occasional pain in the belly, the irregularity of the bowels, and the appearance of the feculent matter, I persuaded myself, many years ago, that scrofulous affections were produced by disease in the digestive organs, and that that disease, whatever else it might be owing to, consisted principally in extensive irritation of the mucous membrane; but I had little notion that there were also extensive ulcerations till I was repeatedly convinced by dissection that this was the case." But though we have ourselves likewise in very many instances found ulceration in the intestines of subjects who had been carried off by scrofulous disease, we do not think that it has been yet made out to be an universal occurrence, which, to constitute it the absolute cause of this affection, would be necessary; nor has it even been proved in those instances where it does occur, that it is always the first link in the chain of morbid actions. Moreover, these inflammations and ulcerations are very frequently, perhaps generally, preceded by the deposition of minute submucous tubercles, which seem to owe their origin to a general tubercular diathesis, of which they are but one of the many local evidences. We possess drawings of such submucous tubercles about the size of the head of a small pin, the surrounding mucous membrane being in some instances still pale, and affording as yet no evidence of irritation or inflammation; whilst around others these effects have already been

produced, and the process of ulceration is commencing. M. Andral, whilst he admits, as we have seen, that disease of the mucous membrane often precedes that of the mesenteric glands, strenuously asserts that the latter are capable of taking on scrofulous action without any such preliminary lesion of the intestines.

It is partly from the general debility of the system induced, and partly from the inflammatory state of the mucous membranes which they leave behind them, that the exanthemata, and especially measles and scarlatina, as well as painful and tedious dentition and whooping-cough, are so apt to be followed by enlargement of the mesenteric glands and other scrofulous affections. The sudden disappearance of porrigio, itch, sores behind the ears, and other cutaneous affections, have been supposed to lead to a similar result; and this has been thought to take place most probably through the medium of an exacerbation of that inflammation of the mucous membrane which is known so often to complicate diseases of the skin.

The premature administration of bark in intermittent fever has been accused by some of inducing obstruction of the mesenteric glands, whilst by others this has been considered the effect of the ague itself, or rather of the irritation of the mucous membrane which often accompanies it. Broussais, in his "History of the Chronic Phlegmasiæ," has given two cases of enlarged and tubercular mesenteric glands with chronic peritonitis, occurring as the sequelæ of ague. The subject of one of these, a soldier twenty-six years of age, immediately after the aguish paroxysms had been subdued, began to complain of a slight pain and swelling of the belly and imperfect digestion. Marasmus and feverishness at length ensued, and the case terminated fatally about the end of the third month. The bronchial glands were found diseased as well as those of the mesentery, which were swollen, hard, and tubercular at their centre. The mesentery itself was considerably thickened, and peritoneal adhesions had taken place with deposition of tubercular matter in the effused lymph. The other case was very similar in its progress and termination. According to Broussais, the ague in both was merely symptomatic of a gastro-enterite, and the enlargement of the mesenteric glands, as well as the chronic inflammation of the peritoneum, were its collateral consequences. Enlargements of lymphatic glands, though so often a consequence of mucous inflammations, are, he thinks, never the result of serous inflammations. The evidence of inflammation of the mucous membrane in the cases cited is, unfortunately for his theory, any thing but convincing. In only one of these cases had any bark been given.*

Treatment.—The treatment of tabes mesenterica coincides in the greater part of its extent with that of general scrofula, and of this by

far the most important portion consists in giving the patient the advantage of good country air, abundant exercise, warm clothing, and nourishing food adapted studiously to the powers of the stomach and to the state of the intestines. The medicines, properly so called, which have at one time or other been used in this disease, are reducible to purgatives and aperients; alteratives, including mercurials, antimony, guaiacum, sarsaparilla, &c.; tonics, comprising the liquor potassæ, carbonate of soda, iron, bark, bitters, &c.; deobstruents, such as the muriate of barytes, burnt sponge, iodine, and cicuta. In addition to this list there have likewise been employed externally, leeches, tepid, sulphureous, and cold baths, electricity, stimulant and anodyne frictions or plaisters, or stronger counter-irritation by means of tartar emetic ointment, croton oil, &c.

"In the commencement of this disease," says Burns, "the steady and repeated use of mild purgatives with calomel, conjoined with some light bitter infusion, decoction of bark, tonic medicines, and gentle friction over the belly continued for a considerable length of time morning and evening, would appear to be of more service than any other plan of treatment. Copious evacuations in this disease are not required; it is sufficient that the bowels be brought into and kept in a regular state, which, in the incipient stage at least, sometimes requires pretty strong doses."* He was in the habit of giving a dose of calomel every second or third night, occasionally combining it with rhubarb, in order to prevent it affecting the constitution, or interposing from time to time a dose of castor-oil. Purgatives should, however, never be pushed the length of diminishing the strength, and are generally of very dubious propriety in the advanced stages of the disease. Many of the later French writers are very hostile to the employment of all medicines of this kind, as well as to tonics and to all substances which might in any degree irritate the mucous membrane. "The inflammation and enlargement of the lymphatic ganglia of the mesentery," says Reis, an ardent disciple of Broussais, "which so often occur after inflammation of the digestive passages, are merely sympathetic phenomena. Certain physicians, who will not give themselves the trouble to think what takes place in such cases, still persist obstinately in the practice of stimulating the mucous membrane of the intestines of patients labouring under mesenteric disease. What good result can they look for from the employment of tonics, deobstruents, &c., applied without intermission to a mucous surface already in a state of inflammation?" To all this it may be replied, first, that it is not by any means certain that the mucous membrane is still inflamed, were we even to grant, for sake of argument, that such inflammation necessarily formed a preliminary stage to the disease of the mesenteric glands; and, secondly, even though the mucous membrane

* Histoire des Phlegmasies Chroniques, vol. iii. p. 354—368.

* Principles of Midwifery, including the Diseases of Women and Children, p. 745.

were still in an inflamed state, this inflammation being frequently of a scrofulous character might itself perhaps be beneficially modified by the application of a gentle stimulus; such at least is often the case with external scrofulous inflammation, strumous ophthalmia, &c. Besides, the trivial ill effects of the momentary local excitement by tonics, &c., might be more than compensated by the improvement of the constitution at large; and the temporary irritation of the mucous membrane by a purgative might be much more than counterbalanced by the improvement of its secretions, the unloading of its vessels, as well as by a species of counter-irritation, which, by being spread over a *large extent of surface*, most of which is sound, can cause little risk, in prudent hands, of creating or exasperating local inflammation, whilst it tends at the same time to control the determination of blood to the congested glands, and to promote absorption. The bold, continued, and somewhat empirical employment of powerful purgatives by certain physicians of the new Italian school, even in cases of inflammatory diarrhœa, though a practice which we should feel little disposed to imitate, shews at least that the danger of their exhibition has been much exaggerated by the followers of Broussais.

As to the utility of tonics, such as bark and the various preparations of iron, there is still much difference of opinion in this country; few if any practitioners of the present day giving them credit for that specific power over scrofula which Fordyce, Fothergill, and other distinguished physicians of the last age, seem to have attributed to them; but as to the employment of mild aperients, nearly all the best English authorities are still in their favour. Dr. Pemberton recommends purging the patient twice a week with calomel at night and salts the next morning, a slight tonic and conium being used in the intermediate days. He admits, however, that we must be cautious in our mode of purging children, for, if carried to excess, it not only exhausts the general strength, but induces in particular such a weakness in the muscular fibres of the intestines that the abdomen soon becomes tympanitic. As a general rule, he lays it down that the more severe the evening accession of fever is, the greater is the necessity for purging, and the more caution is then required in the use of tonics; whilst on the other hand, as the fever diminishes in intensity, the more freely may the latter class of remedies be employed. Even after some impression had been made on the disease, he still continued to give half a grain of calomel every night for a week, and then intermitted its use for the same period, and so on alternately for two or three months.

The practice of Underwood consisted in giving a grain or half a grain of calomel twice or thrice a week, and small doses of the sub-carbonate of soda on the intermediate days, or an infusion of burnt sponge and senna, if there was considerable costiveness; and subsequently a light bitter and a chalybeate. These remedies, he asserts, will almost always succeed in curing

the disease if early employed, that is, "before the mesenteric glands become much enlarged or the fever continual, whilst the appetite continues, and the first digestion is little impaired, and no purging has taken place." If any additional purgative be requisite, or if there should be reasons for not employing calomel, he speaks highly of rhubarb and tartarized kali, or rhubarb with sal polychrest, which was so favourite a remedy with Fordyce, either of which medicines may be employed daily for many weeks with perfect safety; and after enumerating some other remedies, as diaphoretics, tonics, stimulant frictions, &c., he concludes, "but above all, purging is always the most essential to the cure of this dangerous disease;" and it is not to be omitted even though there should already exist frequent stools, as such spontaneous evacuations do not, he observes, reduce the swelling of the belly, whilst they but too often deter practitioners from the use of active or repeated purges. He was in the habit of giving, for a length of time afterwards, fractional doses of calomel with ipecacuanha and cicuta, and to these at a still later period of the disease a little calumba was added. Mr. Abernethy, whose chief aim in this as in most other diseases was to improve the general health through the medium of the digestive organs by well-regulated diet, sea-air, and alterative doses of mercury, very commonly gave half a grain of calomel with three grains of rhubarb, and a small quantity of ginger every second night; and Mr. Lloyd, in his treatment of scrofulous affections, acts upon the same principle, trusting chiefly to blue pill and laxatives followed up by the compound decoction of sarsaparilla and Plummer's pill long persisted in. Sir Astley Cooper, in addition to the use of highly nutritious food, in order to compensate, as he says, for the small quantity of chyle which passes through the mesenteric glands, uses tonics and alteratives together with a stimulant plaister applied all over the abdomen, or frequent frictions with the hand to excite the action of the absorbents. The internal medicine most frequently given by him is a tincture composed of one grain of the oxymuriate of mercury dissolved in two ounces of the tincture of bark, or of tincture of rhubarb if costiveness prevail, the dose of this solution being a tea-spoonful twice a day. It is given with a view merely to improving the secretions of the liver and intestines, and producing one stool daily. The hydrargyrum cum cretâ with rhubarb is likewise occasionally employed by him as an aperient, or a purgative of rhubarb and calomel is given about once a week, if necessary, in order to restore the secretions. These medicines, together with a tonic powder consisting of rhubarb and subcarbonate of iron, or of carbonate of soda, rhubarb, and calumba, are, along with flannel clothing, tepid or sea-bathing, and a dry warm atmosphere, his chief resources in scrofulous diseases. The dropsy which sometimes comes on in the course of tabes mesenterica is, according to Sir Astley, susceptible of relief from paracentesis; the

advanced period, however, of the disease at which this complication usually presents itself, will, we believe, deter most practitioners from having recourse to it. "In the mesenteric fever of infants," says Dr. A. T. Thomson, "we have found the following powder, aided by daily long-continued frictions of the abdomen with soap liniment, of great efficacy,—viz. ten grains of the sulphate of potass, with six of powdered calumba and three of rhubarb, given twice or thrice a day." Rhubarb is likewise a favourite medicine with Baumes in this disease; and Herz speaks of curing a case in the space of a month by the sole use of rhubarb and acetate of potass, eight grains of each being given night and morning to a child of three years old.

Portal was a decided advocate for the use of mercury in mesenteric disease. Its employment in scrofulous affections was likewise strongly urged by Bordeu, and it was administered in such cases long before his time by Baillou and other distinguished French practitioners. Mr. White made much use of calomel in diseases of this kind, and Mr. Farre brought mercurial frictions of the abdomen into temporary repute. Cullen, on the other hand, pointedly condemns the employment of mercury; and according to the best practitioners of our own days, it is only as an alternative or aperient that it should be exhibited. Where pushed so far as to affect the constitution and induce salivation, it may be productive of the worst effects in strumous habits; and even its use as an alterative and aperient, if repeated at short intervals and long-continued, in irritable states of the mucous membrane, is of very questionable propriety. To its employment as an occasional purgative when the tongue is furred, the stools deficient in bile, or the secretions of the mucous membrane of the intestines much vitiated, there can be no objection.

Where we have reason to apprehend irritation or inflammation of the mucous membrane, or chronic peritonitis, the application of leeches to the abdomen, along with fomentations, the hot bath, the mildest aperients, and a bland diet, are proper; and counter-irritation on the surface should be subsequently effected by means of stimulating liniments, or the ointment of tartrate of antimony, or daily frictions with a few drops of croton oil persevered in till an eruption appears. Such counter-irritation will tend likewise to exert a beneficial influence over the enlarged glands, and form a very material part of the treatment, even where the disease is supposed to exist in its simplest form. Leeches also may occasionally be employed with advantage even in the latter cases, provided that great emaciation and debility have not yet taken place; and more especially at that moment when irritation and inflammation begin to be set up in and around the enlarged glands: the difficulty of detecting this precise period will in practice, we are aware, often be found very considerable, and the frequent repetition of local depletion, in a disease so eminently cha-

racterized by debility, can rarely if ever be admissible. To the principle itself, however, no fair objection can be made. Even if we hold the disease to be of a decidedly scrofulous nature, there is still no inconsistency in striving to subdue the local inflammation by topical bleeding, whilst we are at the same moment endeavouring to support the strength and improve the general tone of the system. Such is the practice to which Girtanner's theory of the disease, one of the best hitherto proposed, naturally leads; for according to him scrofula depends, not, as Bordeu would have it, on mere weakness of the lymphatic system, but also on an augmentation of its irritability. To reduce this irritability, those measures which tend gradually to strengthen the constitution are known to be the most effectual: such at least is the result of experience in regard to external scrofula where we have ocular demonstration of the efficacy of this plan of treatment. But until this desirable result has been obtained, and it requires some time, we should endeavour by topical antiphlogistics to reduce those local inflammations which are so easily called into existence in such habits, and which re-act so injuriously on the already debilitated constitution.

Cicuta still enjoys a kind of dubious reputation in this and other diseases of obstruction, as they used to be called. It may possibly sometimes be beneficial by diminishing local pain and moderating constitutional irritation. Perhaps, however, Dover's powder, in most cases where a narcotic is called for, and where the state of the bowels admits of its employment, will be preferable, as it tends not only to produce the effects just alluded to, but also at the same time to relax the skin, which is so generally, in the earlier stages at least, harsh and dry. The muriate of barytes, notwithstanding the high character which it for a time enjoyed in England, France, and Germany, has now fallen into pretty general disuse. Dr. Ferriér some years ago made trial of it in several cases, and published, in the first volume of his *Medical Histories and Reflections*, the results of his experience, which are very unfavourable to its supposed virtues in scrofulous diseases. In two instances only out of all those in which he employed it, did it appear to be in any degree serviceable, and even in these the good effects were not very remarkable. "I cannot help suspecting," he adds, "that the only benefit to be expected from it must arise from the action of the acid, either not completely saturated or not destroyed as a tonic, by this mineral. Several patients whom I now attend for scrofulous complaints, are taking the acid alone with apparent benefit, who had used the muriated barytes without experiencing the smallest alteration in their health." Dr. Thomson's evidence is much to the same effect. In the hands of Pinel, Hébréard, and some other French practitioners, in doses of one grain dissolved in two ounces of fluid, and repeated every second day, it seemed occasionally to resolve scrofulous indurations; but

it not unfrequently produced very alarming effects, super-purgation, choleric, pain in the chest, inflammation of the throat, &c. The danger of its use, especially where there is any phthisical tendency or inflammation of the mucous membrane of the stomach or intestines, is obvious.

The use of burnt sponge by Underwood and others has been already alluded to. It has, however, latterly been little employed, as we now possess in iodine and its various pharmaceutical preparations the active principle of the sponge in a much more concentrated and yet more manageable form. These preparations may be used either internally or externally, or both. In a case of Dr. Roots lately published, we have an example, as well of its energetic and beneficial agency, as of the great caution which its exhibition demands.* The patient, a boy six years old, of a strumous constitution, having enlarged cervical and inguinal glands, laboured under all the usual symptoms of tabes, viz. great emaciation, feverishness, dry, harsh, and shrivelled skin, abdomen enlarged, tense, and knotty, uneasy rather than painful on pressure, voracious appetite, furred tongue, &c. Half a drachm of the liquor potassæ hydriodatis of St. Thomas's Hospital was ordered to be taken thrice a day,† and half a drachm of the unguentum iodinii of the same hospital, containing a drachm of pure iodine to an ounce of lard, was rubbed into the abdomen night and morning. The warm-bath was used daily to restore the cutaneous secretion, and bile being deficient in the stools, three grains of the hydrarg. cum cretâ were taken nightly, occasionally interposing a small dose of castor-oil. Under the use of these measures, aided by a milk diet and a small mutton-chop daily, the abdomen soon began to diminish in size. The dose of the liq. pot. hydriod. having now been increased to one drachm, induced, after being continued for a fortnight, mucous and bloody stools, and the abdomen became painful on pressure, especially in the left iliac region. The internal and external use of iodine, as well as of the mercurial preparation, was immediately suspended, and local depletion substituted. Two applications of leeches, together with counter-irritation by means of a few drops of croton-oil rubbed on the abdomen till an eruption of pustules appeared, and the use of mucilaginous drinks, completely removed the dysenteric symptoms, and permitted a return to the external use of iodine. Of an ointment composed

of one drachm of the ioduret of lead to one ounce of lard, half a drachm was rubbed into the enlarged inguinal and cervical glands night and morning; and this quantity was after some days increased to a drachm. Under this treatment the improvement was remarkably rapid, the belly becoming soft and natural in size, the stools regular and of healthy appearance, the limbs stout and firm, and the skin soft and pliant, while the external glands likewise were diminishing. Dr. Roots, believing, with M. Lugol, that the ioduret of lead is capable of exciting absorption more quickly than any of the other preparations of iodine, expresses great confidence in its efficacy in cases of enlarged mesenteric glands, provided the mucous membrane be neither ulcerated nor inflamed. Should irritation of the mucous membrane be induced by this substance, we must instantly substitute, as was so judiciously done in the above case, an antiphlogistic treatment, of which the most important part consists in local depletion, assisted by fomentation, warm bath, a demulcent diet composed chiefly of milk and mucilaginous fluids, an occasional opiate, and active counter-irritation. When we have reason to apprehend from the state of the external glands or otherwise, that those of the mesentery have passed into the inflammatory or suppurating stage, the use of iodine in any form is out of the question, as it would probably only accelerate the destructive process. Though the above and a few other cases which might be cited seem in favour of the employment of iodine in mesenteric disease, it has not yet been tried on a sufficiently extensive scale to enable us to decide positively on its value. De Carro of Vienna, so honourably known to the medical world for his zeal and activity in the investigation of the value of all new and promising remedies, speaks very favourably of its use in scrofulous affections. He has been chiefly in the habit of using Coindet's tincture of the hydriodate of potash, and has administered it in doses of from five to ten drops even to very young subjects, without ever having found it in any way injurious; and he thinks its advantages have been rather under-stated by Coindet,—a fault which cannot often be laid to the charge of those who introduce a new medicine into practice. Formay of Berlin has likewise used it with safety and benefit. Majendie and Guersent, on the other hand, have pronounced it useless in scrofula, and the latter in particular thinks it altogether inefficient in mesenteric disease as well as in enlargements of the external glands, even when very freely employed. Carminati accuses it of producing painful affections of the chest, stomach, and intestines, and in particular habits nervous symptoms, convulsions, &c. Amongst the ill effects sometimes induced by it, are acceleration of pulse, palpitations, dry cough, insomnia, emaciation, debility, trembling, headach, numbness of the arms, swelling of the legs, diminution of the breasts, &c. In very large doses it causes violent inflammation of the mucous membrane of the

* London Med. and Surg. Journal, March 2, 1833

† If the strength of this solution be correctly stated, viz. three and a half grains of the hydriodate to each half drachm of fluid, the dose is much larger than that usually given at the commencement of the exhibition of this medicine. The ordinary dose of the hydriodate is one grain gradually increased to three, dissolved either in an aqueous or a spirituous menstruum. Coindet's solution consists of thirty-six grains to one ounce of alcohol, of which from five to twenty drops and upwards may be given thrice a day.

stomach and intestines. In mentioning these occasional ill consequences of the abuse of this medicine, we are far from wishing to discourage further trials of it in the disease under consideration, but think it right, in a practical work of this kind, to show the caution which its use demands, and the necessity of constant watchfulness during its employment.

Antimonials, though by the majority of practitioners not considered very powerful auxiliaries in the treatment of this affection, have yet their advocates. The incipient stage of mesenteric disease may, according to Dr. Hamilton junior, be cured by them in conjunction with the nightly use of the warm-bath, light nourishing diet, and diligent frictions with an opiate liniment. "In some cases," says he, "even after the hectic symptoms had appeared for several weeks, this plan has succeeded."

Bitters and alkaline medicines, especially the liquor potassæ, have occasionally appeared to be of service in the earlier stages. The anti-scorfulous elixir of Peyrilhe, a medicine of this kind, enjoys some popularity in France in scrofulous diseases. According to the formula in Ratiér's "*Pharmacopée Française*," it is a tincture composed of one ounce of gentian, and three drachms of carbonate of soda, to two pounds of alcohol, digested together four days and then strained. In another formula which we have seen, a drachm and a half of the carbonate of potass is substituted for the soda, and brandy for alcohol. The dose for young children is about a tea-spoonful sufficiently diluted, given thrice a day, just before each meal. That so stimulant a medicine cannot be administered without considerable risk if much irritation of the mucous membrane exist, is obvious. Small doses of the sulphate of quinine in the early part of the disease sometimes exert a beneficial influence, apparently by improving the tone of the digestive organs. Chalybeates, especially mineral waters, are occasionally useful where there exists no indication of an inflammatory state of the glands or intestines, and cold sea-bathing may sometimes under the same restriction be advantageous; but if there be frequent pain and a distinct paroxysm of evening fever, if the tongue be much furred or very red at the point and edges, along with thirst and a quick pulse, the tepid bath must be substituted, and is, perhaps, in all stages save that of advanced convalescence, not only safer but more beneficial.

The diet is, as Pemberton has remarked, at least as important as medicine. That which he recommended consists of milk, dressed vegetables, gruel, and other farinaceous food, to which, if the child were above three years old, he added a small quantity of animal food every second day: of all kinds of fermented liquors he disapproved. Sir Astley Cooper, on the other hand, in addition to allowing animal food in small quantities frequently in the course of the day, together with rich broths, arrow-root, &c., approved of giving a little wine-and-water at dinner to stimulate the action of the stomach

and of the absorbents. In the majority of cases, however, we should be inclined, with Pemberton, to exclude all vinous drinks through the apprehension of exciting that irritation the supervention of which we have so much reason to dread.

When the disease, in spite of every remedy, has run on to its last and fatal stage, it only remains for us to palliate the symptoms, to moderate the colliquative diarrhœa by the cautious use of opiates, Dover's powder, lime-water, anodyne injections, and blisters to the abdomen, and to support the strength as long as possible by a plentiful supply of bland unstimulating and nutritious sustenance, such as asses-milk, rennet, whey, sago, salep, Iceland moss, &c. Jellies, soups, and other forms of animal food, and even a little wine-and-water may be added, if they are not found to increase the fever or exasperate the symptoms of gastro-intestinal irritation. For the various stages of this and of all other scrofulous disorders, no one absolute rule of diet can be laid down, as the kind and quantity of food proper for the patient must always depend on the actual state of the complaint, and particularly on the condition of the digestive organs. The most nutritive substances, if given in defiance of such considerations, can have no other effect than that of adding to the excitement already existing, and thus infallibly increasing the debility.

As to the prevention of the disease, most of the necessary information may be deduced from what has been said above of its causes. Good country air, a mild climate, proximity to the sea, abundant exercise and nourishing food, the use of flannel next the skin, and sea-bathing in summer and autumn, together with attention to the state of the stomach and bowels, and a judicious treatment of the exanthemata and other febrile disorders, are amongst the chief points demanding our attention. If a child is born of scrofulous parents, says Pemberton, it should be suckled by a healthy nurse for at least a year: after this the food should consist of milk and farinaceous substances: "by a perseverance in this diet for three years, I have found that the threatened scrofulous appearances have certainly been postponed, if not altogether prevented." Even a greater protraction of the period of lactation by means of a succession of good nurses, will, perhaps, in the case of very delicate children, be advisable.

(W. B. Joy.)

TEMPERAMENT.—Temperament, or *cra-sis*, meaning mixture or tempering of elements, was in the old physiological notion a certain combination of four principal qualities, or, rather, of four corresponding entities, which were supposed to constitute, with some variety of proportion, the substance of living bodies. The four qualities are, in the abstract, hot, cold, dry, moist; in the concrete, fire, air, earth, water. "An animal or a plant," says Galen, "cannot be entirely hot—that is, con-

sist wholly of fire ; nor can it be wholly moist, as is the element of water : there must necessarily be a mixture or tempering of qualities, and the individual temperament is designated from that quality which superabounds.* This, however, is not exactly the Hippocratic doctrine of temperaments, though coming near to it. Hippocrates supposed the bodies of all animals having blood to consist, the fluid parts of them at least, of four secondary or compound elements, which are, blood, phlegm or pituita, and the two kinds of bile, yellow bile and black bile or atrabilis.† These principles of living bodies are compounded of the simple elements or qualities of nature thus : hot and moist produce blood ; cold and moist, phlegm or pituita ; hot and dry, yellow bile ; and cold and dry, black bile. Bodies in which blood superabounds are of the sanguineous temperament ; if phlegm is in excess, the phlegmatic temperament is developed ; if bile, the choleric ; if atrabilis, the melancholic or atrabilious temperament. Thus a speculation merely hypothetical gave origin to a fourfold division of constitutions, or, as they were termed, temperaments. It happened, likewise, that in the inhabitants of Greece, as of other countries under similar climates, there were four striking varieties of external appearance. There are two very different complexions, one fair and the other dark : when light flaxen hair and a fair skin are combined with a florid colour and other signs of a strong circulation and vigorous health, and, on the contrary, with a cold, pallid skin, and the indications of languor and weakness, we have two very different aspects displaying themselves in fair persons ; and the dark complexion undergoes a similar variation when black hair and a swarthy skin are combined with a ruddy hue and the signs of strength and vigour, or, on the other hand, with the appearances which betoken a low degree of physical energy.

Physicians at an early period imagined a connexion between these four varieties of external character and the four supposed conditions of excess or superabundance of particular elements in the temperament or constitution. They assumed that fair persons with flaxen hair and florid complexions have more blood than other men ; that fair individuals with pallid skins and light hair have a superabundance of phlegm ; and that dark-haired men abound respectively in yellow bile or black bile, according as they differ in a corresponding manner from each other. It is needless to conjecture the reasons which led the ancient physiologists to adopt this fanciful distribution.

The following are the descriptions generally given of the four temperaments thus constituted.

The *sanguine* or *sanguineous* temperament is distinguished by red or light brown hair, blue eyes, a fair florid complexion ; the arteries and veins are large and superficial, and the pulse full and frequent ; the skin soft, thin, and de-

licate ; the body often large and tall, and inclined in the middle period of life to obesity.

The *phlegmatic* temperament is distinguished by light, sandy, or whitish hair ; light grey eyes ; a pallid, unhealthy whiteness of skin, which is almost bereft of hair ; small blood-vessels ; a weak slow pulse ; cold surface ; general defect of energy in the functions both of animal and physical life.

The *choleric* temperament is marked by black curling hair, dark eyes, a swarthy, and at the same time ruddy complexion, a thick, rough, hairy skin, and a strong and full pulse.

The *melancholic* temperament is also noted for black hair and eyes and a dark complexion ; but the hair is lank and straight, and the skin of a leaden and unhealthy hue ; the pulse is slow.* It is observed, likewise, that persons of this temperament are tall, have long necks, narrow shoulders, flat breasts, long narrow heads laterally flattened, with expanded foreheads, well-proportioned countenances, small acute features, thin lips, and that they are slow and sedate in their manners and habits.†

To these varieties of bodily constitution and external aspect, certain peculiarities of mind, of temper or disposition, were supposed to be superadded. The connexion of mental or psychical qualities with those of physical organization constitutes an essential part of the theory of temperaments ; but we shall defer this consideration for the present, in order to enter upon it hereafter separately in a more suitable manner.

Many late physiologists have been inclined to doubt whether the external characters associated with the four temperaments are real and constant signs of diversity in bodily structure, and enable us to distinguish the principal varieties of constitution which exist. Divers attempts have been made accordingly, to define in a more satisfactory manner the peculiarities of organization and the resulting varieties of predisposition, which are chiefly interesting with regard to pathology. Hoffmann and Cullen have, indeed, retained the old division, supposing that the theory of the ancients, as to the peculiarities of constitution, was founded originally upon facts, though subsequently combined with an erroneous theory. But Haller opposed the doctrine of temperaments as connected with an erroneous and obsolete pathology ; and Darwin endeavoured to establish a division of constitutions in reference to the vital actions of the system : these in his theory are of four kinds ; the actions of irritation, sensation, volition, and association. The doctrines of the Zoonomia, however ingenious, were not calculated to take a firm hold on the opinions of correctly thinking persons, and the only attempt to improve upon the Hippocratic theory of temperaments which has been at-

* Gregory's Conspectus Medicinæ Theoreticæ. Richerand's Physiology.

† Sammlungen für die Heilkunde der Gemüthskrankheiten, von Dr. Max. Jacobi. Bd. 2. s. 200.

* De Temperamentis, lib. i. cap. i.

† De Natura Hominis.

tended by any degree of success or general approbation is that of Dr. Gregory, who retained the four original divisions and added to them a fifth, which he designated as the nervous temperament.* The objection to this attempt, or, rather, the obstacle which stands in the way of its success, is the circumstance that only four strongly marked diversities of external character present themselves to observation: the nervous temperament is not so distinguished, and as this is an essential part of the original scheme for the distribution of temperaments, the improvement here proposed is lame and defective. If we dispense with this part of the system, we may multiply indefinitely the varieties of constitution or natural tendency, but this would be comparatively of little advantage without any distinguishing characters by which they may be recognized.

If we take, then, the classification of temperaments as it comes to us, since it does not appear to admit of much extension or improvement, we shall still find that the four varieties of external character really indicate, more or less constantly, well marked differences of constitution, and likewise of morbid predisposition. There is no doubt that persons having the complexion and other signs of the sanguine temperament, are more liable to certain classes of disorders than the phlegmatic or melancholic, while the latter have their own peculiar tendencies. The sanguine having a fully developed vascular structure, and therefore a vigorous circulation of blood, a warm skin, and a high degree of organic sensibility, are more liable to sudden and powerful impressions from external agents than those of more languid vital functions. They are subject, in a greater degree, to severe inflammatory disorders, and disorders of this class are in them more acute: they bear, however, better than persons of more languid habit, evacuations of blood and the other measures which are found to be the proper remedies for these diseases. The greater fulness of bloodvessels, of those at least which are near the surface, the greater warmth of the skin, the florid complexion of the sanguine, afford reason to believe that the designation given to this temperament is not wholly unfounded. We likewise find that sanguine persons are more subject to hemorrhages, to those at least which are termed active, as arising from excess in the force of circulation through the arteries. Individuals of the phlegmatic temperament are predisposed to disorders arising from, or connected with, a low degree of vital energy. Local congestions of blood existing independently of general excitement come under this category. Glandular and tubercular diseases take place in bodies weak in the structures connected with the vital functions, and are perhaps more frequent in the phlegmatic than in other temperaments. Inflammatory complaints,

when they attack the phlegmatic, are less acute and more disposed to terminate in chronic diseases than are those of the sanguine constitution, when at least the latter have been treated by appropriate remedies. The relations of the choleric to the melancholic temperament are similar to the relations which the phlegmatic bears to the sanguine; the former displays greater vigour, both in health and in disease, than the latter. The choleric and sanguine, when affected by disease of the nervous system, have complaints of greater violence and acuteness: mania or raving madness belongs particularly, according to the observations of M. Esquirol and many others, to these constitutions. The melancholic temperament is most prone to monomania, attended with depression and melancholy illusions. Hypochondriasis much more frequently affects the phlegmatic and melancholic, though we have occasionally observed it in persons who had some of the external characters of the sanguine temperament. The most severe cases of hypochondriasis, and those which approached most nearly to the character of melancholia, have certainly occurred in individuals of a dark leaden complexion, fixed and sullen aspect, and lank coal-black hair.

Origin of temperaments. Causes which give rise to these diversities.—It appears from what has been said that the four temperaments, considered as varieties of complexion and external character, reduce themselves to two principal ones. The phlegmatic temperament in this respect is nearly related to the sanguine; or, rather, it is the light-haired or xanthous variety of the human species with a less full and perfect development of the structures essential to the vital functions, than what belongs to the sanguine temperament. The melancholic is a constitution bordering on disease, or at least marked by deficiency in the vigour of physical life, and bearing nearly the same relation to the choleric temperament as the phlegmatic bears to the sanguine. We shall at present make no attempt to determine the particular circumstances through the influence of which some bodies come to be endowed with a more perfectly developed vascular system than others. It is common to refer such phenomena to the infinite variety of nature, as a general fact, the observation of which throws, however, no light upon the productive causes. Another inquiry into which it may be more proper to enter after reducing the varieties of temperament, at least those of external character, to two, viz. the swarthy and the xanthous, will relate to the causes which give rise to these most remarkable diversities. On this subject we shall venture to offer a few remarks, as it has an extensive bearing on several parts of physiology, and particularly on the theory of external agencies on living bodies.

It has been conjectured that these and other analogous varieties of external character depend merely on original difference between distinct races of men. A great part of the population of Europe is supposed to descend from the mixture of two great tribes or nations,

* For a fuller account of the modifications which the doctrine of temperaments has undergone, we must refer to Dr. Bostock's *Elements of Physiology*,—a work which ought to be in the hands of every person who devotes himself to the study of the animal economy. See vol. iii. p. 310. First edition.

the Celtic and the German stock; and it has often been asserted that families of light complexion and red or flaxen hair inherit these peculiarities from Gothic, Danish, or Scandinavian, that is, from German ancestors; while those who are swarthy and dark-haired derive their complexion from forefathers who were of the Celtic race. However frequently this notion has been maintained, it is in our opinion certainly erroneous; and this will be allowed if we can show that the facts from which it has been inferred have been assumed without adequate proof, and even in opposition to all the evidence of which such matters of inquiry are susceptible. The descendants of the Celtic people in the present age neither are, nor were their ancestors in former times, if we may credit historical testimony, a black-haired and swarthy race. If any person who travels through the middle parts of Wales or the western districts of Ireland, where a population of Celtic origin is to be found, if any where, unmixed or comparatively little intermixed with the offspring of a different stock, will make observation on the complexion of the inhabitants, we will venture to assert that he will not find more black-haired persons, in proportion to others, than in the central parts of England or the heart of Germany. This, at least, is a conclusion to which the writer of this article has been led after inquiries and observations continued or repeated during many years. Now, when we refer to ancient testimony, we cannot find one writer of antiquity who ascribes to the Celts as a general character a dark complexion or black hair. Tacitus, indeed, says that the Silures had curled hair and darkened countenances—*torti crines et colorati vultus*; but he mentions this very circumstance as a probable reason for supposing that that tribe was of Iberian rather than of Celtic origin, though on the whole he did not believe this to have been the case. This passage, instead of supporting the opinion that the Celts were a swarthy people, is in direct opposition to it. We have abundant testimony from other writers which leads us to adopt the very reverse of that opinion. Strabo declares, in more than one passage, that the Gauls and Germans differed little from each other in form, stature, and complexion. He says that both nations were equally fair and yellow-haired or xanthous.* Diodorus† ascribes to both the same characters; and Ammianus Marcellinus, whose authority on this point is, as M. Niebuhr has remarked,‡ quite conclusive, since he resided many years in Gaul, has assured us that nearly all the Gauls were of high stature, fair complexion, and red hair.§

As this hypothesis will not bear the test of examination, we must look for some other way

of accounting for the varieties of complexion and temperament.

The sanguine temperament, or the habit of body of which a fair, florid complexion and light hair are the distinguishing features, appears to be a variety or deviation from the more ordinary characters of the human race, which rarely or sparingly displays itself in tropical or in hot countries, but springs up frequently in tribes migrating from these into cold or temperate regions, such a change constituting the origin or germ of a new stock, which is in many respects better adapted by its peculiarities of structure for the local conditions of its new abode. When this variety, which for the sake of distinction we term the xanthous variety, of our race, is to be found in hot climates, it is chiefly, as by many analogies in the animal and vegetable kingdoms we might be led to expect, in cool or temperate districts, where the warmth of the atmosphere is rendered moderate, or even cool by mountainous elevation or by shady forests. Facts which establish the truth of these remarks may be found in every part of the world. The sanguine complexion is in no instance characteristic of a whole tribe, but may be observed to make its appearance occasionally in almost every nation or race of men. We may exemplify this remark in the Semitic race, of which the Hebrews, as well as the Arabs and the eastern Abyssins, may be reckoned as branches. The ancient Israelites appear, from various passages in the sacred scriptures, to have been of the same complexion which is now prevalent in Palestine, marked by black hair, with a white or light brown skin. The modern inhabitants of that country are so described by travellers.* The Arabs of Yemen, of the interior of the Peninsula, and on the borders of the Persian Gulf, are, according to Niebuhr, De Pagès, Fraser, and other travellers of accurate observation, of a darker colour: they are said to be of a deep yellow or brown complexion, while “the tribes who inhabit the middle of the desert, have locks somewhat crisped, extremely fine, and approaching, as De Pagès declares, to the woolly hair of the negro.”† In many districts bordering on Egypt the Arab tribes are described by Burchardt as quite black: these people have straight hair, a circumstance which seems to forbid our imagining that they owe their dark complexions to intermixture with negroes. In Tigré the Abyssins, who speak a dialect cognate to the Arabic, are of an olive colour; and in Dixan, a part of Tigré, according to Mr. Salt, they are nearly black.‡ Springing up in the same race and within the same regions, we find the xanthous or sanguine complexion, but it is in elevated districts. “In the mountains of Ruddua near Yambo, in Yemen, the inhabitants,” says Bruce, “are exceedingly fair.” These are high craggy

* Strabon. Geog. lib. iv. item lib. vii.

† Diodor. Bibl. lib. v. c. 28.

‡ Niebuhr's Roman History, vol. ii.

§ “Celsiores stature et candidi penè Galli sunt omnes, et rutili, luminumque torvitate terribiles, avidi jurgiorum, et sublatius insolentes.”—Ammian. Marcell. lib. xv. 12.

* Dr. Russel's Hist. of Aleppo. Volney's Travels in Syria. Brown's Travels in Africa.

† Fraser's Journey to Khorasan. Niebuhr's Description of l'Arabie, p. 58. De Pagès, Voyage autour du Monde.

‡ Salt's Narrative in Lord Valentia's Travels.

mountains abounding in springs and verdant woody spots, where water freezes in the winter. "Some of the people," he adds, "have red hair and blue eyes, a thing scarcely ever to be seen but in the coldest mountains in the east.* But the Jews, a branch of the same Semitic stock, have migrated from the land of their fathers; and it has often been observed that they have acquired great diversities in different countries. The Jews of Portugal are a strikingly different people from those of Poland.† The Jews of Germany are in many places very fair; and in several towns in that country it is a fact well known that they are remarkable for strong, bushy, red beards. Here, then, we find the xanthous variety springing out of a dark-haired race, in one instance, under a hot climate, but in tracts of considerable elevation; in the other, under a northern latitude.

Another widely spread race, whose immemorial abodes have been in climates nearly parallel to those inhabited by the Semitic nations, are the Lybian or Berberian tribes of northern Africa. To this stock belong the Berbers and Shellahs of Mount Atlas, whose language, the *Amazigh*, is allied to the *Showiah*, spoken by the Kabyles of the highlands behind Tunis, and to the dialect of the Tuarics dispersed through the Great Desert of Zahara. Of these tribes, who are proved by their idiom to be of cognate origin, the Tuarics are in many places of a dark-brown colour, while the complexion of the Kabyles approaches to white, but with black hair. In the high mountains of Aures, however, according to Dr. Shaw and other travellers, tribes of the same Kabyles are of fair and ruddy complexion, and their hair is of a deep or reddish yellow.‡

The natives of India furnish parallel observations. Some tribes in Malabar on the coast are nearly or quite as black as the natives of Guinea: the highlanders of Maharashtra are of a lighter colour; they are frequently of a tawny yellow, and Tippoo used to call them *bamboos*, from the hue of their skin. Farther northwards than Guzerat, the Kattees, who are a tall and vigorous race of Hindoos, are of a much fairer colour, and have occasionally light hair and blue eyes.§

Among the negro nations of intertropical Africa we should expect to find the xanthous variety of the human species making its appearance but rarely and under peculiar circumstances. What the peculiar external conditions are under which this variety springs up in the African races, we have unfortunately no accurate information, but that it does now and then display itself we know on good authority. White negroes are looked upon as great curiosities in Africa, and they are often collected by the black kings, and are kept as objects of wonder or ornament. Some of these white

negroes are Albinos, having red eyes and white hair; but a great many of them, as we know from various travellers and naturalists who have minutely observed them, have blue or brown eyes, and red or yellow hair, and these doubtless belong to the xanthous variety: they have the external characteristics of the sanguine temperament.*

Three other great divisions of mankind may be mentioned as displaying among them, under peculiar local circumstances, the same variety, though these nations have in general a swarthy or copper-coloured skin and straight black hair.

1. The people of the South-Sea Islands allied to the Malays of Malacca and Sumatra are in general of a dark tawny colour, with straight black hair; but in the Marquesas, Otaheite, Otaha, and several other islands, many individuals are of fair complexion, with auburn and sometimes even with red hair.

2. The native American race is generally considered as one of nearly uniform complexion under a variety of climes. That such a representation is a very erroneous one, the writer of this article has endeavoured to prove in another place, and the present occasion scarcely affords a fit opportunity for entering on a citation of numerous testimonies. It may here only be remarked that the scientific men and other travellers who in late years have explored many regions in the interior of America, by order of the government of the United States, and who have in several instances published reports of their observations, which reflect high credit on the authors and on their nation, assure us that several tribes in the high countries towards the Stony Mountains and the upper parts of the Missouri, have fair complexions and light hair, and that the hair is in some individuals of a flaxen hue, with a tint of dusky yellow.†

We shall mention but one more instance of the origination of the xanthous variety or sanguineous temperament. It occurs in the races of northern Asia, who form a strongly marked and distinct groupe of nations, distinguished by a peculiar shape of the skull, which Blumenbach has termed Mongolian. To this class of nations belong the Mongoles and Kalmucs, the Mantschoos or Tunguses, the Chinese, and several of the Tartar tribes properly so termed. A Mongole, except in colour, is, according to Pallas,‡ more unlike an European than is an African negro. The complexions of adults are dark, and even the children are born with hair of a shining or glossy black. In this and many other respects they resemble the Indians, so termed, of Ame-

* Pallas, *Novæ Species Quadrupedum*. *Winterbottom's* Sierra Leone. *Buffon's* Supplement, tom. iv.

† Account of the Physical History of the Nations of the Missouri, chiefly from the Notes of Mr. Say, in James's History of the Expedition to the Rocky Mountains under Major Long.

‡ Pallas, *Voyage en Sibirie*; likewise an essay by the same writer, "über die Mongolischen Völkerschaften," of which a French translation is inserted in the xviiith volume of *Mémoires du Muséum d'Histoire Naturelle*.

* Bruce's Travels to Abyssinia, vol. i. p. 246.

† Dr. Maximil. Jacobi's *Sammlungen für die Heilkunde der Gemüths-krankheiten*.

‡ Dr. Shaw's Travels in Africa. Hornemann's Travels, and Mr. Marsden's Appendices, &c.

§ Remarks on Kattivar and its Inhabitants by Lt. J. M. Murdo. Bombay Trans. vol. i.

rica. Yet this is not invariable. Pallas saw one Kalmuc girl, who had the perfect character of the race, but with flaxen hair; and we are assured by Mr. Barrow that many of the Mantschoos, a nation closely resembling the Chinese and the Kalmucs, are extremely fair, of florid complexion, with light blue eyes, brown hair, and bushy beards.

The sanguine temperament seems, on the whole, to owe its origin or its frequent prevalence to a law of adaptation in the animal economy, which provides for changes in the constitution of organized beings of such kind as to fit particular races for external circumstances, and adapt the breed to the physical agencies under which it is destined to exist. That the constitution of body connected with the xanthous variety of our species is peculiarly adapted in many ways to temperate and comparatively cold climates, is obvious. A full, vigorous circulation of blood, increasing animal heat; a skin much less disposed to transpiration, and therefore to the cooling process, which is so salutary in hot climates, contributes to this end. The sanguine suffer much from heat in tropical countries; but they bear cold temperatures well. It is reported by Von Buch and other travellers, that the Finns in the north of Europe sustain much less inconvenience from the cold season near the Arctic circle than Laplanders inhabiting the same district.* The former are generally a people of sanguine complexion, which is of rare occurrence among the latter.

There is no variety of constitution in the human species more evidently adapted by its peculiarities to the climates in which it exists than that of the negro, or we should rather say that of black tribes in general, for the remark includes many nations very remote from the people of Africa. If we look round the globe between the tropics, we shall find black and woolly-haired tribes in every part of it, at least among the older inhabitants of the hotter regions, and in those tracts in which the characters of the tropical clime do not occur in so intense a degree, we find races nearly of the same colour, with straight hair. If two lines are drawn across the African continent under the tropics, they will be found nearly to include between them the region in which the true characters of the negro are prevalent; to the southward of this space we discover Caffres and Hottentots, but not negroes; to the northward are tribes still more unlike the tropical African races. In the Isle of Madagascar the genuine Malecasses have black skins and crisped hair, though in their forms taller and more handsome than the negroes. Passing over the ocean eastward to the Indian continent, we discover the natives of Malabar nearly black, and the Cingalese in Ceylon of a hue almost equally intense, though neither of these races is at all woolly; but in the Andaman Isles in the Bay of Bengal we again find negroes nearly similar to those of Africa. Pursuing thence the same direction through the intertropical space to the urther continent, we find, under the names of

Samang and Bila, black races with woolly hair in the hilly tracts behind Malacca and Penang. Likewise in the interior of all the great tropical islands of the Indian Archipelago, wherever woody and inaccessible tracts defend the oldest races from the intrusion of Malayans and other colonists, the Papuas, black and with long frizzled hair, are still the sole inhabitants. Beyond the Indian ocean lies the continent of New Guinea, immediately under the equinoctial line. Here again, together with other productions of the equatorial clime, a black variety of the human race displays itself, woolly, like the negro tribes of Africa: they are the chief inhabitants of the extensive region above-mentioned, as well as of the great adjacent islands of New Britain and New Ireland. Still further to the eastward the insular groupes of Louisiade, Solomon's Isles, Santa Cruz, and the New Hebrides, are occupied by tribes of a similar description. Here the woolly-haired people cease to be found: the natives of the more distant islands are of later origin or dispersed, as their still similar dialects prove, at a comparatively recent period. Passing over to the shores of the new world, we find no trace of woolly-haired races; but the people of California* and of Brazil, the hottest regions in America, are nearly as black as the Africans, and differ in a striking degree from the tribes inhabiting the north and south, as well as from the natives of the high plain of Anahuac.

We have made this survey in order to establish a fact which has often been denied,—namely, that the production of those physical peculiarities which belong to the negro, and of which a black skin and woolly hair are the most conspicuous traits, is in some way connected with the local circumstances of a tropical climate. This fact affords a presumption that the temperament or constitution of races thus distinguished is peculiarly fitted for the regions which they inhabit, and other observations seem to prove this to be the case in a greater degree than we can fully explain. Europeans and their descendants bear with extreme difficulty an abode in Africa as well as in most other countries between the tropics. The coast of Zanguebar has been visited by navigators from the earliest times, and trading colonies have been established there and on various parts of the African shores; yet between the tropics these colonies have never maintained themselves, and now among the Portuguese at Goa an exile to Mozambique is considered as almost equivalent to a capital punishment. Even in the West Indies Europeans are supposed to be incapable of labour, and this opinion gave origin to the introduction of negroes. On the other hand negroes and black people in general seem to be under a corresponding disability to thrive and multiply in Europe. In cold climates they are always unhealthy, and are particularly subject to scrofulous and tuber-

* La Pérouse says, “the colour of these Indians (Californians), which is the same as that of the negroes, and a variety of objects, presented the appearance of a plantation in St. Domingo.”

* Von Buch's journey to the North Cape.

cular diseases. It is not so easy to determine what are the peculiarities of structure on which these differences depend. "The skin of the negro," as Dr. Winterbottom observes, "is always cool and remarkable for its velvet-like softness." Linnæus terms it, "*cutis nolosericæ*." The head of the negro in his native region is covered with a thick dense mass of oily wool, which protects him from sustaining injury under the vertical solar rays. "The negroes," says Major Long, "so far from suffering any inconvenience, are found to labour with most alacrity and ease to themselves in the very hottest part of the day. The chillness of the morning air in Jamaica seems to cast a damp upon their spirits, and renders them for a time feeble and torpid: one sees them creeping slowly out of their huts, bundled up with thick clothing, shivering, and uneasy; but as the day advances, they grow more and more active and alert. The openness of their pores gives a free transpiration to bad humours, and they would enjoy robust health under the hardest toils if they were less prone to debauch. They love warmth in the night, and never sleep without a fire in their huts."* Mr. Jefferson has given a similar account of the negroes of Virginia. He says, "they secrete less by the kidneys, and more by the glands of the skin, which gives them a very strong and disagreeable odour. This greater degree of transpiration renders them more tolerant of heat, and less so of cold than the whites. They seem to require less sleep. A black, after hard labour through the day, will be induced by the slightest amusements to sit up till midnight, knowing that he must be out by the first dawn of the morning. Their griefs are transient. Those numberless afflictions which render it doubtful whether heaven has given life to us in mercy or in wrath, are less felt and sooner forgotten by them. In general their existence appears to participate more of sensation than of reflection."† This philosophical and republican owner of slaves endeavours to prove the negro to be of a species inferior to the white race. In the opinion that the negro is inferior in natural capacity, this writer is contradicted by the most intelligent and unprejudiced observers.

The xanthous or fair variety of complexion, and the black and woolly haired, mark the strongest diversities of temperament to be found in the human species, with respect to the adaptation for particular local circumstances. The red-skinned races seem to hold an intermediate place between these two extremes. To this class belong most of the native American nations, for among the latter there are, as we have seen, contrary to the assertions of many, both blacks and whites. To the class of red races belong also many tribes in the interior of Africa, whose native regions are chiefly elevated countries near the tropic of Cancer. The most remarkable nations of this stock in Africa are the Foulahs, the Red Poules, of Mollien and Golberry, who issued, about half a century ago,

from their ancient abodes near the sources of the Rio-Grande, and spread themselves over the interior countries of Africa, where they have nearly conquered some of the most powerful of the negro states. To the same division of mankind we must refer the Barabras on the Upper Nile, and some of the native tribes of Abyssinia; likewise the old Bedjas, according to Macrizi, the ancestors of the Ababde and the Bisharein, red tribes to the eastward of the Tacazzé, as well as the old Egyptians. The physical constitution belonging to these tribes of men is in many respects different from the temperament of whites, as well as from that of blacks. They have less sensibility and irritability: the physical functions are not so actively performed: the pulse is slow. Dr. Rush states that out of eight Indians whose pulses he examined, the arteries had not in one more than sixty-four strokes in a minute. The secretions are scanty, but the muscular system is endowed with great strength and fortitude. These nations are patient of fatigue, and capable of enduring want of food and other privations. Females have the catamenia but sparingly, and they cease at an early period. All writers inform us that their labours are remarkably quick and easy. This is the case among all the American tribes with whose physical history we have been made acquainted. Ælian informs us that the ancient Egyptians were remarkable for the same peculiarity. The reader will find information with respect to the physical characters and constitution of the American nations in the work of Dr. Rush, already cited; in the Physiological Memoir of M. Rollin, surgeon to the expedition of La Pérouse; Keating's narrative of a journey to the source of St. Peter's River; the Report of Edwin James, botanist to the expedition from Pittsburgh to the Rocky Mountains; in Don Felix de Azara's work on Paraguay; and in those of Baron A. Von Humboldt on various parts of South America.

Of temperaments in relation to qualities of mind.—We have surveyed the most remarkable varieties of constitution or temperament in several points of view, with regard especially to their origin and the external conditions under which they take their rise. But there is another subject connected with the doctrine of temperaments to which we have only adverted. This is the relation between the physical characteristics of particular constitutions, and the qualities of mind supposed to be associated with them. Although we shall not venture to occupy so much space as might be requisite for entering at large into all the inquiries connected with this subject, we must not conclude an essay on temperaments without touching upon some of the most important questions involved in it.

The relation of mental peculiarities to corporeal structure has been observed by medical authors of every age, and it has been stated and explained in different ways. Hippocrates said that "the soul is the same in all men, but that the body is different in different individuals. The soul," he adds, "is ever like to itself, and undergoes change neither in greater

* Long's History of Jamaica.

† Jefferson's Notes on Virginia, p. 233.

nor less, by nature nor by necessity: the body is subject to continual alterations." "The affections of the mind depend upon the body: there are many states of the latter which sharpen, and many which obtund it."* And Democritus, in a letter said to have been addressed by him to Hippocrates, asserted that "the intelligence of the mind depends greatly on the body, the diseases of which obscure the mental faculties, and draw the latter into consent." In the writings of Galen there is a treatise expressly composed to prove that the characters of men depend upon their temperaments. But it is in the works of modern writers that we find this doctrine most fully developed, and made a foundation for a division of human characters. According to Hoffmann the choleric temperament by peculiarity of organization disposes men to precipitate and impetuous conduct, to anger, audacity, impatience, temerity, quarrels, sedition and the like. On the other hand the slow progress of blood through the vessels of the meninges, which is the result of its crassitude in melancholics, renders such persons timid, slow in business, anxious, suspicious, with difficulty of forming or uttering opinions. The sanguine by a happier temperament are rendered cheerful and free from care. A too abundant serosity causes the phlegmatic to be lazy, somnolent, and torpid. Certain temperaments qualify men for particular situations in life. Melancholic men, says Hoffmann, should be the king's ministers and counsellors; choleric persons should be appointed generals, foreign ambassadors, orators, conductors of all business requiring energy and dispatch. Sanguine men are fit for courtiers, but individuals who have the misfortune to be of the phlegmatic temperament, being quite incompetent to any elevated condition, must be made common soldiers or labourers, and condemned to the lowest employments.† The same writer applies the doctrine of temperaments to nations, and explains by it their peculiarities. It is wonderful how ready a belief was given to notions so ill-founded, and to what an extent they were carried. The very learned Abbate Hervas finds a sufficient reason in the difference of temperaments for the conquests which northern nations have so often made in southern countries.‡ The English, however, says this sensible but occasionally quaint writer, though belonging to the stock of colder climes, have become—"dal troppo bere liquori gagliardi"—in tempera-

ment unlike the other inhabitants of the north.

It is extremely improbable that an opinion should have held its ground for so many ages among men of observation, especially on a subject requiring no abstruse research, without some foundation at least in fact. The doctrine of temperaments is true to a certain extent, and has ever been confirmed by an appeal to experience. In order to be convinced of this, let any person compare individuals who display the characters of the sanguine temperament in a high degree, with others who have strongly-marked signs of the melancholic. There is no doubt that among the first will be found many in proportion who have a lively and cheerful temper, great sensibility, excitable if not strong passions; and among the latter, persons who are, if not sullen and dejected, (for such qualities are morbid extremes,) yet calm and disposed to seriousness and reflection rather than to mirth and gaiety, at the same time tenacious of impressions once excited in their minds, and capable of fixed and steady attention. These characteristic differences may be referred to greater or less degrees of sensibility, or to a more or less excitable condition of the nervous system, depending, perhaps, in the first place, on the circulation of blood, the apparatus for which is, as we learn from the greater vigour with which the function is performed, more fully developed in the sanguine than in the melancholic. No facts are more familiar in physiology than the intimate connection between organic sensibility and a free circulation, or than the increase or diminution of feeling which results from warmth and increased vascular action, and from coldness and torpor and the retirement of blood from the surface of the body and the organs of sense. States of the mind are so connected with affections of the body, that it is impossible for any person who considers these and the many other analogous facts which present themselves, to doubt that with each temperament particular mental qualities must be associated, although it is manifest that many writers have indulged their fancy on this subject, and have gone into more full and minute details than experience will establish.

The somewhat vague speculations of which we have given a specimen, on the connexion of mental qualities with varieties of temperament, have given way to theories of a more precise and definite character. The observations of medical and physiological writers were strongly directed by the publication of Sömmerring's works on the brain and nerves, and by his treatise on the seat of the soul, to inquiries which have been pursued with much zeal, respecting the brain and the relations which mental phenomena bear to its functions and organization. The opinion that this organ is the immediate instrument of reason and perception has become generally prevalent, and all the phenomena of intellect have been supposed to depend entirely on conditions of the brain and nervous system. By later physiologists, to whose opinions we shall advert in the sequel,

* Hippocrates, lib. i. de diætâ, §. 21.

† Hoffmann, de temperamento fundamento morborum, §. 10.

‡ The work of Hervas, in nineteen quarto volumes, contains an epitome of human knowledge. It is entitled, "Idea del universo, che contiene la Storia della vita del uomo, elementi cosmogranici, viaggio estatico al mondo planetario, e Storia della Terra." (Cesena, 1760.) Natural philosophy, physiology, anatomy, and other physical sciences; history, politics, statistics, are treated of in turn with a prodigious extent of information. The last volumes of the work consist of treatises on philology, and contain much original information on the history of languages not elsewhere to be found.

the moral and active powers have been referred to the same organization. Thus the whole mind is represented as depending, at least instrumentally, on movements in organized parts, and therefore deriving not only some of its predispositions, as the old doctrine of temperaments represents it to do, but all its particular states and modifications from circumstances connected with the body. By this view of the relations between the mind and the brain, the influence of temperament on constitutional peculiarity of organization is greatly extended, the theory of these varieties becomes still more important than it formerly appeared, including as it does the whole modifications of which mind is susceptible, the conditions of structure on which these are dependent, and the external characters by which both are indicated in the form and outward appearance of the individual. We shall trace in a rapid sketch the history of these speculations.

Sömmerring, in his celebrated treatise on the organ of the soul, takes it for granted that the object of his research is to be found within the cranium, and directs all his endeavours to discover the exact portion of the encephalon which may seem to present the highest claims to be the seat of animation. It is well known that he traced several of the nerves of sense to the parietes of the ventricles, and concluded at last that the serous fluid contained in those cavities is the intermediate vinculum between the soul and body, the instrument by which the former receives impressions from the apulses of gross material particles.*

Reil, so justly celebrated for the accuracy of his researches into the anatomy of the brain and nervous system, lays it down as undoubted that the brain and nerves are exclusively the organ of the soul, the centre of every man's personal existence—"den leib unseres ichs."

P. F. Von Walther, in his "*physiologie der menschen*," maintains that the soul uses the brain as the organ of all its manifestations, is connected with it as is the "idea with the workmanship in the performance of an artist." "The cerebellum," he adds, "is the organ of animal instincts, among which the sexual is the principal. The lobes of the cerebrum which lie over the tentorium approach to the same general character: they contain the organs of the affections." The more tenderness and affection a man is endowed with, the more developed are the posterior lobes of the greater brain."

Majendie in his physiology maintains that the brain is the organ of the understanding; that the manifestations of the intellect must be looked upon as the results of the organization of the brain. In like manner he concludes that the passions are connected with actions carried on in the brain and nervous system: "a great assemblage of facts and investigations prove that the brain is the organ of thought."

The contents of Gall's voluminous works

are summed up in his last publication "*Sur les Fonctions du Cerveau*." He there concludes that "the instincts, the inclinations, the sentiments, the intellectual faculties, the distinctive characters of humanity, owe their existence and their modification solely to the brain." "Sans cerveau, point de perception, point de sensation, point d'idée, point de jouissance, point de souffrance, point de moi."

Rudolphi observes that the brain is the "seelenorgan," the "soul's organ," "*sensorium commune*, πρῶτον αἰσθητήριον."† "The seat of the soul," he says, "cannot become an object of philosophical research; but this we know, that the soul acts only through the medium of the brain, as its organ, on our bodies, as on the higher animals through the medium of the nervous system."

Similar conclusions have been adopted by Neumann, Carus, and Hartmann, whose remarks have been cited to that purport by Jacobi.‡ The most distinguished writers in this country and in France have agreed with those of Germany as to the general inference that the manifestations of intellect depend upon the instrumental operations of the brain for their existence in a sound state, and are liable to be affected by morbid changes in those operations; such affections constituting the so termed diseases of the mind. The principal difference of opinion that now exists with reference to this subject turns upon the question whether we have proof that the organs of intellect and of psychical phenomena in general are many in number, according to the doctrine of Gall; or ought rather, in the defect of such evidence, still to regard the brain as performing its office with one energy and undivided action; the continuity of structure rendering this the most probable opinion, unless anything can be proved to the contrary. The celebrated system of Gall has eclipsed all other attempts to theorise on the functions of the brain, and the question which is now agitated with respect to that organ is whether its *modus operandi* has been discovered or not; it being taken for granted that there is no other speculation on this subject which can come into any competition with that of the renowned author of phrenology.

So much has been said of late years with reference to this dispute, that we would gladly have abstained, if the subject had not fallen inevitably in our way, from all allusion to a controversy in which it is difficult if not impossible to bring forward anything new. The arguments which have been thought to bear upon it have been long since urged and repeated in various forms, until most persons are tired of the subject, and seem scarcely to expect any new evidence on the one side, and much less anything novel in the objections of those who oppose the statements and reasonings of the phrenologists. In fact nearly all that

* Rudolphi, Grundriss der Physiologie, bd. 2. abth. 1. p. 29.

† Sömmerring über das organ der Seele. Königsberg, 1796. Compare C. A. Rudolphi Comm. de ventriculis cerebri. Gryph. 1796.

‡ Sammlungen für die heilkunde der gemüths-krankheiten; zweiter band. Elberfeld.

has been said of late by English writers on this side of the question was advanced many years since in the most forcible manner by the author of a critique in the Edinburgh Review. Similar objections are still frequently repeated, though most persons have become, or might have become, aware of their inconclusiveness. It must, for example, be evident to those who reflect upon the subject, that the arguments against phrenology founded on the difficulty of applying measurements to particular portions of the brain, is no objection at all against the truth of the doctrine itself, or the principle on which it is founded. With equal justice might the obstacles arising from the imperfection of instruments, or from states of the atmosphere which interfere with the observations of astronomers, be urged as invalidating the most noble of human sciences. Not less ill-judged have been the attempts of those who have argued against the speculations of the phrenologists on the ground of their dangerous tendency, and the alleged fact that they lead to fatalism and destroy moral responsibility. The pernicious results to be deduced from any new and specious doctrine are not reasons for shutting our eyes against the evidence on which it rests, but ought rather to render us more anxious to sift the matter to the bottom. If the thing be true, let this be known: "*fiat justitia; ruat cælum.*" The real merits of the case will sooner or later be made apparent, and the sooner the better. It is vain to tell the phrenologist that his doctrine is at variance with the moral sentiments of mankind. His appeal is not to sentiments, but to lines and measurements. If it be a fact that thieves and homicides labour under what may be termed a morbid growth of cerebral substance above or behind their ears, the use of the halter and the gibbet should at once be laid aside for more scientific operations. Phrenology, however, does not go further than does Philosophical Necessity, that favourite doctrine of some theological professors, in destroying moral culpability, and proving that actions, by men termed crimes, are mere misfortunes, and the proper objects of pity and commiseration. There is, however, this difference between the two schemes which support such an inference, that whereas philosophical necessity can never be proved or refuted, but can only be re-asserted without producing the assent of mankind, phrenology certainly admits of proof or disproof, and would obtain it if the measurements of a sufficient number of heads, and those belonging to persons of marked qualities of mind, could be accurately and indisputably known. Another immense privilege is, in the meantime, in the hands of the phrenologist. He has the whole *terra incognita* of the brain at his disposal. Whenever a new fact presents itself in the intellectual or moral constitution of man, whenever it is judged expedient to add one to the list of knowing faculties or active principles, he finds space enough where to locate the new claimant, and furnish it with a domicile and suitable neighbourhood. Nor can any one reasonably object to his mode of sharing out

his domain, or plead with effect that such or such a piece of medullary matter is too small to be competent to a wish or a volition. But lest we should be thought decided partisans of craniology, it behoves us to pay some regard to the arguments of those who, on more rational grounds than some of our countrymen, have hesitated in admitting the conclusions of Dr. Gall. We shall advert to the opinions expressed at different times on this subject by various writers on the continent, partly French, but chiefly in the country of the author. Among the latter this subject has not been given up, as it has been in a great measure among ourselves, southward of the Tweed at least, to dilettanti: it has been carefully examined by men of science, and if we could collect the general opinion of Germany, it might perhaps be regarded as conclusive of the ultimate fate of phrenology.

To the well-known report presented to and adopted by the National Institute of France,* we shall only advert in order to express our wonder that no attempt has ever been made to counteract its effect by procuring some decision of equal weight and authority in opposition to it. It will be recollected that this report had reference solely to the anatomical researches of the phrenologists, and to the new facts discovered or asserted by them respecting the structure of the brain;—that the individuals deputed by the Institute dissected the brain repeatedly in conjunction with Gall and Spurzheim, who readily communicated their observations and method of proceeding;—that the same persons afterwards examined by themselves the structures respecting which doubt existed in their minds, "endeavouring for a time to adopt the new manner of viewing the subject, and to give a clear and precise abstract of it," which was submitted to the phrenologists that they might be satisfied whether their ideas had been comprehended. After such an investigation the unfavourable tenour of the report drawn up by such a committee on the validity of the anatomical facts asserted, could not fail to be a stumbling-block in the career of the new science. Attempts have been made from time to time by the advocates of phrenology to lessen this unfavourable influence by imputing unfaithfulness to the members of the committee. They were desirous, it has been said, of gaining favour with Napoleon by giving an unfair report on a discovery made by foreigners. But this suspicion cannot be entertained by any person who knows that the individuals deputed to this task were Cuvier, Tenon, Portal, Sabatier, and Pinel: it is impossible that men so distinguished by high reputation as men of science and unblemished moral integrity, could commit so foul an act of treason against the majesty of truth. The anatomical discoveries of the phrenologists have never since the period of this report un-

* Report on a Memoir of Drs. Gall and Spurzheim, relative to the Anatomy of the Brain, presented to and adopted by the Class of Mathematical and Physical Sciences of the National Institute.

dergone a similar investigation: they are upheld, indeed, by declared partisans, but they have never been admitted by any number of competent judges like the committee above referred to, not self-constituted, but selected on the ground of eminent qualifications for the task confided to them.

The members of the French Institute already mentioned confined their objections to Gall's system, or rather their denial of his statements to the principal facts which he asserted or discovered in the anatomy of the brain. Since the publication of that report, the new doctrine has been considered in all its bearings by some of the most distinguished anatomists and physiologists of Germany: Ackermann, Carus, Hartmann, Rudolphi, Nasse, and Jacobi, are thought by many to have refuted the most important of the positions on which it rests; and the arguments brought forward by these writers are allowed to be worthy of consideration even by those who do not hold them to be conclusive.

It must be observed, before we can enter into the general reasonings on this subject which some of the authors above-mentioned have advanced, that the most important difference between Gall's theory and that of other physiologists, in respect to the functions of the brain, does not refer to the point of view in which the intellectual faculties are considered by him as lodged in particular organs rather than exercised by the whole cerebral structure. His views of animated nature are much more extensive: they comprehend not only the powers of sense and cognition heretofore referred to the brain, but regard as necessarily belonging to the function of cerebral structures all those which in the aggregate are termed psychical phenomena, including the whole properties of animal life, of feeling and instinct, of action, whether resulting from external impressions, or arising from internal impulses towards particular ends. This is a much wider view of the province of brain and of nervous structures in general, than former writers have taken. Sensation, memory, imagination, have been referred perhaps by most to nerves and brain in man, and the properties resembling these faculties in the lower animals have been supposed to reside in corresponding structures. Muscular action has likewise been attributed to nervous energy, in the first instance at least, by one class of physiologists. But with Gall originated the attempt to discover in the brain the local seats of all those properties which constitute the principles of action, the whole psychical nature of all tribes of animated beings; to trace the social, domestic, personal characters of man within his cranium, and to find corresponding parts with which the phenomena of animal life peculiar to each lower tribe, all their wonderful instincts and specific habits, are equally connected. Gall has assumed as an universal fact that every active and conscious principle in man and in lower tribes of the creation originally resides in a given part of the bodily structure; that the manifestation of every psychical characteristic

is the immediate result of a peculiar organization in some part of the brain or the medullary chord; that the very existence of such properties is necessarily dependent on corresponding cerebral organs. The main principle of the whole theory, to which we are continually in express terms or by implication referred, is the assumed fact that these properties and structures are everywhere co-extensive with each other. Now if the proof of the dependence of such properties upon corresponding cerebral structures is the universality of the connexion or the co-extensive existence of the structures and functions, we may expect that this relation will be shewn to prevail through all departments of animated nature. Those who maintain this arrangement to be so fundamentally interwoven with the very constitution of living beings, are bound to shew that the observation is limited to no particular department; but that, wherever certain psychical endowments are undoubtedly displayed in animals of whatever tribe, corresponding organs really exist in the cerebral or nervous structure belonging to that tribe. Should it, on the other hand, appear that similar manifestations of animal life, of instinct, appetency, feeling, or tendency to action, exist in any two tribes for example, and that, in one, organs are discovered to which they may be thought referable, while corresponding organs are totally wanting in the other, the very foundation of the doctrine will be shaken; the universality of the law on which chiefly our admission of its claims is demanded, will be broken; the co-extensive relation of properties and structures can no longer be asserted; and we shall require some distinct proof arising out of every particular example, before we can be expected to admit the asserted relation in single instances.

It has been observed by Jacobi, that although we should allow for a moment that the Gallian doctrine is applicable to the higher classes of the animal kingdom; or rather, if we for a time abstract ourselves from the consideration whether it is so applicable; on directing our inquiry to the insect tribes, and to all the orders of animals which are below them in the scale of organized beings, we find that the fundamental principle of the system fails entirely in its application to these great departments of nature. "The attempt to display any correspondence or analogy between one or more of the knots or ganglia situated at the upper part of the œsophagus in insects, and the cerebral organs in mammifers and birds, can scarcely be spoken of as seriously undertaken or as worthy of regard; and when we find that Gall has tacitly assumed such a correspondence in the structure of these parts without proposing to bring forward any proof of its existence by the usual and only method of anatomical demonstration, we are struck at once by the extreme inconsistency of this proceeding, and should feel astonished at the boldness displayed in thus erecting hypothesis upon hypothesis, if we were not accustomed to such deviations from correct reasoning in the writings of the phrenologist." It is a fact that among

insects, if we take collectively the different tribes, manifestations of all the psychical qualities observed in mammals and birds, regarding here also as a whole the properties divided between particular departments, may be recognized in the most strict analogy. Attention, memory, the faculty of combining means to obtain ends, cunning, the desire of revenge, the care of offspring, and all other psychical qualities which have been traced in the former classes of animals, are likewise to be discovered in the latter, as typical or characteristic phenomena, sometimes in one, sometimes in another combination, or in different groups, sometimes more strongly, at others more feebly expressed. Now if this be proved, and if we really find in those animal tribes which are considered as the lower orders, as for example in insects, the same phenomena of animal life, which in mammalia, in birds, fishes, and amphibia, are comprehended under the term psychical powers, whatever relation these last may in reality bear to those properties in human nature with which they are generally compared, it hence results that the conditions of organization on which such faculties depend in insects, and by analogy in tribes placed still lower in the scale, are different from those which are assumed in the higher classes of animals to be essentially connected with the development of similar phenomena.

"Nor can it be maintained on any solid ground that phenomena so analogous depend on different causes, as metaphysicians formerly asserted when contemplating the psychical qualities of animals in general, and comparing them with the intellectual and moral attributes of the human species. We are not allowed to assume that the lower tribes are under the guidance of mere mechanical impulses while their activity displays effects parallel to the manifestations of animal life in the higher orders. For what essential difference can we point out in the principle of action, when we observe the young bee in its first flight from the maternal hive hasten straightways to the nearest meadow or sunny bank, and return home laden with wax and honey, and when the colt of the river-horse, foaled upon the land, after his mother has been killed rushes from the spot and betakes himself to the water which he has never seen; or when the young goat in the first hours of his life hides himself in the clefts of rocks, which nature already points out to him as his dwelling-place? Does psychical life display itself under a more limited or doubtful character in the flights of grasshoppers and dragon-flies, than in the marches of lemmings, so closely bound by the impulse which directs the course of their wanderings that they even attempt to gnaw through rocks which lie in their way rather than go round them, and they follow each other troop by troop, to their certain destruction, into the deepest rivers or widest lakes? Does not the earth-worm secure himself against the pursuit of the mole, provided with a well-formed brain, by making his way along the surface of the soil, where the latter cannot further trace him, with as much cunning as the fox and

the beaver display in acts which are typical or characteristic of their kinds? I will ask again what difference is there between the skill with which the ichneumon or the ant-eater procure for themselves the same food, between that of the diving-spider or the corpse-beetle, and the acts displayed by so many birds and mammals impelled to similar pursuits? Are not like phenomena repeated in the economy of the ant and the bee, and in that of the beaver or of the Alpine marmot? And if we must refer to manifestations of a higher and freer sphere of agency, in what tribe of sucking animals does such a power display itself more wonderfully than in the wars of conquest carried on by different races of termites, in which the subdued become vassals to the victorious tribe, and serve their lords in laying up for them their stores, and watching and protecting their young?

"In what relation to organic structure shall we consider these phenomena, as well as the manifestations of analogous powers, which display themselves in tribes generally ranked in a still lower station in the scale of organized beings, and in which the existence of nerves has never been demonstrated? Have we not also a right to ask how birds and reptiles nearly if not wholly destitute of many cerebral parts, the importance of which in mammalia can never be sufficiently extolled, yet collectively displaying not less than insects similar psychical phenomena to those of mammals, come to be possessed of such faculties without the organs supposed to be necessarily connected with their manifestation?"

Without attempting to draw from these observations a more extensive inference than the data entitle us fairly to deduce, we may be allowed to conclude that, if they do not disprove, at least they throw a strong shade of doubt on the assumed universal relation of psychical qualities, and corresponding organic structures. It cannot, indeed, be demonstrated that the instincts of the ant or of the bee are not organically dependent on some infinitesimal parts of the ganglia discovered in those animals, but there is no degree of probability in such a supposition, nor are we led to it by a single well-established fact or analogy.

It may be thought by those who are accustomed to entertain the opinions of the phrenologists, or have imbibed what may perhaps be termed their prejudices, that every phenomenon of animal life must have its local commencement; that the origination of instinct or internal impulse to action, whether in insects or in the higher animals, cannot be conceived but as taking place in some appropriate organ;—that if such organs are not to be found in the nervous system, of insects for example, they must be sought elsewhere. In this, we must observe that a *physiological principle* is assumed on mere conjecture, on no ground whatever of fact, since nothing is known as to the nature of instinctive impulses which entitles us to conclude that they have a local seat in particular organs. A spontaneous tendency or aptitude to such acts as are needful or favourable to individual preservation, is well known to be an universal

property of organized beings. Even plants, although they cannot be said to have instincts, yet display movements typical of particular species or tribes, and though without consciousness, directed towards certain destined ends. Can such tendencies be thought with probability to reside in any particular part of an organized being? Again, to what part of the conscious organized being or animal are we to refer the universal instincts, such as the desire of pleasure and the shrinking from pain? Are they not properties of the whole being rather than of any particular texture?—and where is the proof of their excitement by the agency of any appropriate organ? The instincts are of two kinds; one more immediately connected with states of the body—namely, the animal appetites; the other having some outward object and direction, as the instincts to build nests and to provide for young. As the former are connected with states of the body, their activity depends upon certain physical conditions which are temporary states of the natural and animal functions, and these may be more or less limited to certain structures. Hunger and thirst, for instance, are felt under particular circumstances of the whole system, but more especially of the digestive organs: there is no proof of the additional intermediate agency of any cerebral or other corporeal organ endowed with the office of exciting a desire of food or drink. The sexual appetite seems to obey similar laws as to circumstances of its excitement; and no farther reason can here be assigned than in the former case for conjecturing the existence of an intermediate organ of instinct. In this point of view the appetites or bodily instincts have a relation to particular structures, or rather to particular states. Less connected with any local organization appear to be the instincts properly so termed, and contradistinguished from the bodily appetites; as, for example, the instinct of self-preservation, or the impulse to shun the danger of individual destruction, the disposition to avoid pain, and seek pleasure or gratification. The attempt to localize all these universal principles of animated nature is a work of supererogation; the opinion that such laws of animal life are brought into operation by a particular organism like the mechanical movements of a watch, is at present altogether a gratuitous assumption. We cannot venture to determine any thing on such a subject, but there is, unless we greatly mistake the matter, more of probability in the supposition that the instincts or active tendencies proper to every tribe, typical of it, and varying with the diversities of organic structure,—that is, with the diversities of the whole organization of bodies,—are principles of action impressed on the entire being, and not inherent essentially or mainly and initially seated in any particular organ. The brain, except as the seat of the common sensorium, is perhaps unconnected with the origination of these impulses; though in the conscious and voluntary actions which ensue, the brain, the nervous and muscular systems come into operation more or less as subservient instruments.

If the advocates of phrenology should give up the universality of connexion which they assume between psychical manifestations and particular organs, and allow that nothing of this kind can be proved, or even by analogy inferred, to have place in those which are termed the lower orders of animals, they may still maintain their position on a more confined scale,—namely, in respect to vertebrated animals. Here, however, these physiologists lose all the advantage to be derived from general analogy; they represent one department of nature as in opposition to another, even in respect to fundamental laws of its constitution. Negative reasoning is extremely difficult in such a case, yet Jacobi has suggested some considerations which in this point of view are not unimportant. He has observed that within the limits of particular species, referring now to the higher animals, psychical phenomena vary with all the varieties of organization, and even with the temporary condition of bodies, and this under circumstances which, in some cases at least, as we shall shew, preclude the possibility of assuming previous or simultaneous variations in cerebral structures. The animal qualities of the horse, for example, according to general experience, assume a variety of modifications, and these varieties in every instance correspond with peculiarities of structure: in connexion with changes in the form of the skeleton, in the muscular system, in the texture of the skin, proportional differences manifest themselves in the vigour, spirit, courage, speed, and whole disposition of the animal. In dogs likewise the most striking varieties are found in the instincts of particular races, and every where in coincidence with the diversities of organization, in the organs of sense, in the form of the body, and the capabilities of action thence arising. Domestication produces changes in the bodily structure of other tribes, and it gives rise at the same time to corresponding changes in the dispositions. The elephants of Ceylon are distinguished from those of the neighbouring continent as well by superior beauty in the colour and figure of their bodies, by greater strength and swiftness, and particularly by their remarkably tractable temper, their courage, patience, freedom from violence, and susceptibility of instruction. The buffalo, the goat, and many other animals which are more or less domesticated, exhibit great alterations both in the form of their limbs, and in their instincts and dispositions. It seems to have been ascertained by an extensive series of observations, that wherever any changes have been induced in the psychical qualities of animals, wherever those dispositions which are typical of the race or species have deviated from their usual and natural character, a corresponding degradation, or at least a proportional change, may be found to have taken place in the structure of the body, in the form of the limbs and the bony fabric, in the organs of sense, the texture of skin, hair, or feathers, and in the whole organization. As these changes bear an uniform relation to each other, we have all the proof that can be expected of their intimate connexion and mutual

dependence. The numerous observations of Lavater, on the correspondence of external peculiarities of form with the qualities of mind, might serve as a ground-work for more comprehensive inquiries. Of Lavater's works, it is to be regretted that those parts only which refer to the face and skull have excited general attention. The same attention directed to other parts of the corporeal structure points out a relation every where certain and demonstrable between the form, measure of development, and natural aptitudes of particular parts as well as of the whole bodily fabric, and the psychical qualities which are connected with, and are therefore indicated by, such organic variations.

Now, unless it can be shewn by the phrenologists that all such corporeal modifications are dependent on previous changes in the cerebral structures, (and the supposition is so improbable that we think it will scarcely be assumed,) we shall find in the correspondences above described a proof that psychical phenomena vary according to relations which are not dependent on the brain or nervous system.

Changes in the habitual state of the disposition and feelings, and in the temporary condition of the senses, and of the instincts and tendencies to action, induced by manifest causes affecting the physical or organic functions, lead us perhaps still more clearly to the same result. The states of the digestive organs influence the temper in a very sensible manner. Hunger or long fasting exasperates the ferocity of beasts of prey; the effect of a full meal is well-known to modify the disposition in a reverse way: the inclinations are changed by the influence of wine and stimulants; cowards become valiant, and the timid and reserved loquacious. Nothing is better known than the influence which the sexual system exerts in the animal economy, on the psychical manifestations. How decided an alteration in the disposition is produced by emasculation! Two animals can scarcely be found more different from each other than an ox and a bull. At the period of life when the sexual system becomes developed, a new character seems to be formed: the inclinations undergo a marked change, not only in respect to habits immediately associated with the functions of that system, but in others more remotely or in no perceptible manner connected with it. When this natural development is impeded or retarded by disease, morbid symptoms are consequent not only in the state of the body, but in that of the mind also. An artificial change induced in the human species by design, gives rise to effects not less striking in the whole character than the corresponding results above adverted to in the inferior tribes. Here, indeed, the phrenologist brings in his doctrine as to the function of the cerebellum; but without reverting to the general views of the animal economy which render it improbable that the instincts are called forth by any such system of organism as this doctrine implies, we may remark that the particular arguments on which it rests have been proved by Rudolphi to be inconclusive and even nugatory. The cerebellum, as this writer has observed, is found to lessen

rapidly in its proportional development as we descend in the scale of animated beings, without any corresponding diminution, and perhaps even with increase in the propensity which Gall connects with it. How remarkably powerful is this instinct in birds, and yet how small is the cerebellum in these compared with its size in mammals, and even in the latter when we consider the magnitude which the same organ attains in the human species. We observe those tribes of animals in which the cerebellum nearly or entirely ceases to be found, obey, nevertheless, the impulsion of instinct as blindly or devotedly as other kinds which have the organ remarkably developed. When we consider the great amplitude which the cerebellum attains in man in comparison with its size in lower animals, we cannot fail to imagine some relation between this circumstance and the transcendent superiority of the human intellect compared with the psychical powers of brutes. Other observations lead us to a similar conclusion. Cretins, in whom the cerebellum is defective, display more or less of idiotism or defect of intellect, but no corresponding deficiency in the sexual instinct, which on the contrary often exists in such unhappy beings in the greatest intensity, and impels them to furious excesses. Again, injuries of the posterior part of the head are observed to be followed by stupor and loss of memory, indicating the function of the cerebellum to be connected with the exercise of the mental faculties rather than of animal propensity. The assertion made by Gall that the cerebellum undergoes a change in the rutting season is entirely without proof, for the swelling of the neck which has been observed at that period has no connexion with the state of the brain, and is a phenomenon of quite a different kind. On the whole, it would perhaps be scarcely too much to say that not only positive evidence is wanting to support the doctrine of Gall respecting the cerebellum, but that, whatever evidence on the negative side of the question the nature of the subject is likely to suggest, has actually been adduced. The only structures in animal bodies, the development of which is manifestly associated with the phenomena of instinct, so strangely referred to the cerebellum, are those immediately connected with the process of reproduction. With the temporary as well as the more permanent conditions of these particular structures, the animal instinct is connected as immediately as is the appetite for food with the state of the digestive organs. We have here one instance among many which indicate that nature has associated appetites and tendencies to action with conditions of structure, in such wise that the aggregate of these phenomena coincide with the whole attributes of organization, and that the modifications of the former keep pace with changes in the latter, and this on a system more comprehensive and less subject to exceptions than that suggested by the theory of the phrenologist.

The preceding survey of psychical phenomena in various classes and tribes of animals furnishes many general facts which are perhaps

scarcely reconcilable with the phrenological theory: they seem, in the first place, to show that the relations which in it are assumed as prevailing, through all nature are at any rate subject to vast and numerous exceptions, and as the main proof of this doctrine is the alleged universality of such relations, or the co-extensive endowment of psychical phenomena with certain peculiarities of structure, the exceptions appear fatal to the system in its general bearing. In a more limited view, confined to the sphere of vertebrated animals, it has been shewn that variations in these phenomena take place without any evidence of corresponding changes in the structure of cerebral organs, but in strict correspondence with changes in the general organization of the body, both in tribes and in individuals, and even with changes in the temporary state of individuals. This last consideration may be thought to invalidate if it does not overthrow the more limited argument advanced in support of phrenology.

Still the advocate of this doctrine will probably rest on his alleged experience of uniform coincidences in the human species between qualities of mind and the amplitude of cerebral parts, and within this sphere the phenomena would establish his inference if they were decidedly in its favour. If proportional amplitude in a given region of the brain were always coincident with a given quality of mind, the constant connexion would prove a relation between the two phenomena. The phrenologist need not go beyond the human species in order to establish his doctrines on the basis of experience, but then this experience must be uniform and unquestionable. It is not enough to have a few chosen coincidences brought forward by zealous partisans who go about in search of such facts in favour of this doctrine, and pass by or really cannot perceive the evidence that ought to be placed in the opposite scale. The application of the main principle of the system ought to hold throughout. This, however, is not pretended by the phrenologists, who, aware of numerous and striking exceptions, elude their evidence by asserting that when a certain portion of the cranium and brain is greatly developed, while the faculty there lodged has never been remarkably distinguished, it nevertheless existed by nature, though the innate talent, through the want of cultivation, has failed to be displayed: the predominant organic power bestowed by nature was never discovered by the owner, though according to the fundamental principle of the doctrine, the natural preponderance of talent and propensity is alone sufficient to determine the habitudes of the individual, and communicates of itself a strong impulse to particular pursuits. When, again, a strongly marked propensity or decided talent has been manifested without the corresponding amplitude of structure, it is in like manner pleaded that by sedulous exercise and cultivation a natural deficiency has been overcome. But should it even be admitted that some few exceptions to general observations may thus be accounted for

and allowed not to overthrow the whole system, this concession can no longer be claimed if the exceptions are numerous. If, for example, we should examine a hundred monomaniacs, in all of whom certain feelings and propensities have been developed even to morbid excess, and it should be discovered by a person competent to form a judgment on the subject, that no evidence displays itself in the craniotomy of so many individuals tending to support the doctrine, we should hold that it ought in all fairness to be abandoned. Some hundreds and even thousands of such persons have passed a part of their lives under the inspection of M. Esquirol, who possesses most extensive resources for elucidating almost every subject connected with the history of mental diseases, and has neglected no inquiry which could further the attainment of that object. The result of his observation will be allowed to be of some weight on the decision of this question, in which the appeal is principally to facts of the precise description of those with which he has been chiefly conversant. At his establishment at Ivry he has a large assemblage of crania and casts from the heads of lunatics, collected by him during the long course of his attendance at the Salpêtrière and at the Royal Hospital at Charenton, which is under his superintendence. While inspecting this collection, the writer of the present article was assured by M. Esquirol that the testimony of his experience is entirely adverse to the doctrine of the phrenologists: it has convinced him that there is no foundation whatever in facts for the system of correspondences which they lay down between certain measurements of the heads and the existence of particular mental endowments. This observation by M. Esquirol was made in the presence of M. Mitié, physician to the Salpêtrière, and received his assent and confirmation. There are few if any individuals in Europe whose sphere of observation has been so extensive as that of M. Esquirol, but testimonies to the same result may be collected from unbiassed witnesses whose evidence taken collectively may have nearly equal weight. Among these there are men unscientific though capable of correct and unprejudiced observation, as well as anatomists and physiologists. In the number of the latter is Rudolphi, who declares that he has examined many hundreds of brains without finding any thing that appeared to him favourable to the phrenological theory.* In opposition to evidence apparently so strong and bearing against this doctrine in various ways, it might be thought difficult for the phrenologist to defend his ground; but he avails himself of the double method of elusion above described;—his position, like the cave of Philoctetes, affords him an escape on either side, and in one direction or another he contrives to baffle all the address of his opponents.

An inquiry may here present itself strictly in connexion with the subject under consideration, and this is the last point of view in which

* Grundriss der Physiologie, b. ii. abt. I. §. 37.

we shall contemplate it: whether there are any conditions in the size, form, and structure of the brain, and in the measurement and external shape of the skull, which are connected with and tend to strength or weakness of understanding, or any other mental peculiarities of individuals: shall we go so far as to deny this connexion so much insisted upon altogether, or how far may it be admitted on sure and certain grounds? As the brain is the organ of the mind, in several at least of the intellectual processes, it can hardly be doubted that with a perfect structure of this organ, a relative state of the intellectual faculties will be associated. But by what external signs is perfection or imperfection of structure denoted? If we were at liberty, with an ingenious French writer,* to assume that in every instance the amplitude of particular organs indicates a relative energy in their functions, there would be no longer any room for hesitation on the subject; large heads would denote at once great intellect; but neither is this general principle established, nor will facts support its application. We might, indeed, assume that a very contracted volume of brain, indicating that some circumstances affecting the original growth and organization of the body have prevented that organ from attaining its usual and natural development, would be found connected with a proportional weakness or even a total failure in its function; and this opinion is confirmed by facts, a congenital idiotism being generally combined with a very small and contracted brain and head. It does not hence follow that a brain unusually large either in its general development or in particular parts, must indicate more than ordinary power of understanding. It would rather seem probable that the state of interior organization from which the highest degree of energy in its appropriate action may be supposed to result, would be found in a brain the volume of which, both generally and in its parts, has the medium degree of development, or is neither greater nor less than the average dimension. As far as our experience and observation reaches, it bears out this presumption: the individuals whom we have known possessed of the greatest intellectual powers have been those in the form and size of whose heads, compact and of moderate volume, nothing remarkable presented itself. We are inclined to suspect that deviations from this middle form and size partake more or less of the nature of imperfection and disease. Hydrocephalic or rachitic, or other morbid predispositions, are perhaps the most frequent occasions of those unusual developments from which great and noble qualities are so frequently auspicated by the sanguine votaries of phrenology.

(J. C. Prichard.)

TETANUS.—See SUPPLEMENT.

THROAT, DISEASES OF THE. The throat in the ordinary acceptation of the term includes all that region which extends from the posterior opening of the mouth to about midway down the neck. In this region there are a number of parts, the integrity of which is essential to the functions of deglutition, the voice, and of respiration.

The *pharynx* communicates with the mouth through the isthmus faucium, which is bounded above by the velum pendulum palati and uvula, on each side by the folds called pillars of the palate, between which are the tonsils, and beneath by the root of the tongue and epiglottis.

The *velum* or soft palate is a compound membranous septum, composed of mucous membrane, loose cellular tissue, submucous glands, and muscular and fibrous membrane: it seems to perform a valvular office in preventing the ascent of food and other ingesta, in the process of deglutition, to the upper part of the pharynx, and thus hindering the ingesta from passing into the posterior nares.

The *tonsils* consist of a number of deep mucous follicles or crypts surrounded by and deposited in cellular tissue, arranged in somewhat of a circular form, and situate on each side of the isthmus faucium between the pillars of the palate. They are largely supplied with blood from the pharyngeal, palatine, and labial arteries, some of the ramifications of which are of great size; they lie in the immediate vicinity of the internal and external carotid arteries.

The pillars of the palate bound the tonsils in front and behind: they are folds of mucous membrane containing muscular fasciculi: the anterior extending from the velum to the tongue surrounds the *palatoglossus* muscle; the posterior commencing at the same point is lost upon the lateral part of the pharynx, and involves the *palatopharyngeus*.

The *epiglottis* is connected to the root or base of the tongue by three folds of mucous membrane, which pass off from the anterior surface of the former to the dorsum of the latter; it is a triangular lamina of cartilage with curvilinear base, covered by mucous membrane, and tied below by a ligament prolonged from its apex to the angle of the thyroid cartilage; behind it is connected to the arytenoid cartilages by folds of mucous membrane, which pass off from its lateral margins, (the *aryteno-epiglottidean* folds.) These folds form the lateral boundaries of a triangular opening that leads into the larynx; it is the false glottis, so called in contradistinction to the true glottis or rima glottidis, which is bounded laterally by the chordæ vocales. Below and behind the false glottis the pharynx communicates with the œsophagus.

When the posterior wall of the pharynx is slit up, the following parts are brought into view proceeding from below upwards—the posterior part of the larynx, the glottis, the epiglottis and a small portion of the root of the tongue, the isthmus faucium, the velum, the posterior nares.

We shall arrange the diseases of the throat according to the parts in which they are particularly seated.

* Physiologie des Tempéramens ou Constitutions, nouvelle doctrine applicable à la Médecine Pratique, à l'Hygiène, &c. par M. Thomas. Paris, 1826.

I. INFLAMMATION OF THE THROAT.

To the various forms of inflammation of the throat several names have been given by nosologists. Hippocrates described them under the term *paristhmia*, from *παῖς* and *ἰσθμῖς*, the literal meaning of which is *morbus faucium*, or disease of the throat. The Greek writers after Hippocrates employed the terms *cynanche*, *synanche*, *paracynanche*, (from *κυν*, a dog, and *αγγω*, to suffocate or strangle,) from the circumstance of dogs being supposed to be subject to it. Latin writers have adopted the term *angina*, (from the Greek word *αγγω*, to strangle or suffocate,) while English authors have invented the name *squinsy*, *quinancy*, and *quinsy*. Dr. Mason Good proposed to vary the Greek term to *paristhmitis* in accordance with the terminology of the various forms of inflammatory diseases.

1. *Aphtha anginosa*.—A species of sore throat to which this name has been given is sometimes prevalent in the autumn, when the season is cold and damp. It is generally accompanied by slight feverish indisposition, the throat feels rough and painful, and on examining the fauces, the tonsils, velum, and uvula, are of a dark red colour, which extends along the margin of the tongue, the body and root of which is coated with a white fur. In a day or two after, small white specks or aphthæ form on the throat and tongue, and disappear in a few days, though in some instances they leave small superficial ulcerations in places where they have coalesced. The duration of this affection is various: it is generally short, but occasionally successive crops of aphthæ appear and protract it for a week or two. It has been sometimes observed in persons attending those labouring under the more malignant forms of fever, small-pox, or scarlatina. It requires very little treatment; mild aperients, bland diet, cooling drinks, and saline medicines being generally sufficient to remove it. The mouth and throat may be frequently washed with a gargle composed of mel boracis and almond emulsion.

2. *Pharyngitis*.—Simple inflammation of the mucous membrane of the throat is a common disease in moist variable weather, and frequently epidemic in the spring. It is in general a mild disease, and troublesome principally from its liability to recur from very trivial causes, such as exposure to cold or sudden variation of temperature. The inflammation may be seated in the mucous membrane which covers the isthmus faucium, velum, and tonsils, or exclusively in the pharynx. When it occurs in the former situation, the symptoms are dryness of the throat, with frequent and painful attempts to swallow. If the inflammation extend to the Schneiderian membrane, there is, in addition, a sensation of dryness of the nostrils with frequent sneezing, succeeded by slight increase of the nasal secretion, which generally relieves these uncomfortable feelings. If the patient cannot breathe through the nose, but is obliged to keep the mouth open during sleep, the mucus which is secreted by the inflamed membrane

becomes dry and adherent, so that on awaking there is some difficulty in dislodging it. When the inflammation extends to the glottis and larynx, in addition to the other symptoms there is frequent cough with hoarseness.

On examining the throat, the membrane covering the velum, uvula, and tonsils, appears redder than natural and slightly swollen, and the tonsils are often covered with grey mucus, and sometimes with thin white concretions.

This form of pharyngitis generally terminates in a very few days by spontaneous resolution or by mild treatment, though in severe cases sometimes by suppuration, an abscess forming either in the velum or in the uvula: when it forms in the uvula, it is known by the increased size, while abscess of the velum is easily distinguished by the difference in the size and shape of the two halves, the one being depressed and convex, the other raised and of a concave or semilunar form. Besides, the sensation of a tumour or of fluctuation on the introduction of the finger will often indicate the existence of matter.

This affection sometimes assumes a chronic form, commonly termed relaxed sore throat, which is troublesome from its being easily induced, as well as from the uneasiness in swallowing and feeling of dryness in the throat with which it is accompanied.

When the inflammation is seated in the posterior pharynx, either in the superior or inferior part, the symptoms are very similar to those just described. It is to be distinguished chiefly by examination of the throat, when the upper and posterior surface of the pharynx opposite the superior cervical vertebræ appears red and injected, and covered with adherent mucus. In some cases, however, the membrane, instead of being covered with mucus, becomes more dry than natural, and continues so while the inflammation lasts. This form of pharyngeal inflammation generally terminates in resolution, rarely in suppuration, though we have seen one case in which an abscess formed in the inferior part of the pharynx quite out of sight, and destroyed the patient by its pressure on the glottis. Guersent mentions two similar cases, but in both the abscess burst and the patient was immediately relieved.

The treatment of the milder forms of pharyngitis is in general easily accomplished, the remedies which are commonly resorted to in common catarrh being in slight cases sufficient to remove it. When the inflammation is more considerable, and the throat consequently very painful, it is necessary to apply leeches under the jaw or behind the ears, and to apply afterwards a large warm fomentation or an emollient poultice, which answers the double purpose of promoting the bleeding and of resolving the inflammation of the throat. The inhalation of the vapour arising from warm water to which a portion of vinegar is added also conduces much to the same end, and is preferable to the employment of gargles. The bowels are at the same time to be freely opened, and if the skin be warm, the ordinary saline diaphoretic medicines are to be administered. If these measures

fail to remove the inflammation, or when a chronic form supervenes, a blister may be applied to the external fauces.

When an abscess forms in the velum or uvula, or in the posterior pharynx, it in general bursts spontaneously; if it do not, and more especially if it be seated in the submucous cellular tissue of the posterior pharynx, it should be opened by the throat lancet. In some cases the abscess is situated so low in the pharynx that it cannot be seen, as in the instance which occurred to us: under such circumstances the danger of fatal consequences from pressure on the glottis may render an opening into the larynx or trachea expedient. For some excellent practical remarks on abscess in the neighbourhood of the larynx, we refer the reader to Mr. Porter's valuable work on the Pathology of the Larynx and Trachea.

A more severe form of pharyngeal inflammation is that which is accompanied by the formation of a false membrane, (*angina membranacea*.) In this affection, though the mucous membrane is intensely inflamed, it is evident that the membraniform exudation forms an essential constituent of the disease, and is not altogether the result of the intensity or duration of the antecedent inflammation, since it has been generally found to be less under the control of bloodletting, but more successfully arrested by local stimulants or escharotics.

This peculiar disease has been minutely investigated by Bretonneau, a physician at Tours, and subsequently by Guersent, physician to the Children's Hospital at Paris. It raged epidemically in 1818 and for three succeeding years, in Tours, where it first made its appearance among some troops who had recently returned from the island of Bourbon: in the beginning it assumed the character of scorbutic affection of the gums, and was treated with antiscorbutic remedies, but without the least benefit. The application of the hydrochloric acid, however, at once removed the disease. About the same time the *angina maligna* appeared at Tours—an affection which very few practitioners had ever witnessed in that situation. At the beginning of the epidemic, which attacked both children and adults, the death of the former was generally ascribed to croup, from the suddenness of the seizure and its being attended with the usual symptoms of that disease; in adults the fetor of the breath and the livid appearance of the throat, gave a strong suspicion that the disease was *angina maligna*. Bretonneau, however, ascribed the fetor of the breath and gangrenous aspect of the fauces to the putrid condition of the false membranes, and not to gangrene of the affected structures; and conceiving that the redness of the mucous membrane without swelling or thickening of its tissue, accompanied by a concrete membranous exudation, to be so remarkable as to deserve the name and character of a specified inflammation, he designated this phlegmasia by the term *diphtherite*, from *διφθερά, pellis, exuvium, vestis coriacea*. Under this term, he has included not only the acute

and gangrenous varieties of pharyngitis, both of which are accompanied by exudation of a false membrane, but also inflammation of the trachea; and contends that this peculiar disease (*diphtherite*) and croup are identical, arising from the same causes, and requiring the same mode of treatment. To this we by no means agree, though we admit he has great merit in the diligence and zeal with which he has investigated the morbid anatomy of this peculiar affection.

The state of the question appears to be this. In true tracheitis or croup there is inflammation of the mucous membrane, generally followed by exudation of a false membrane, but the disease is limited to the trachea and does not extend to the throat. In the pellicular pharyngitis (*angina membranacea* or *diphtheritis*) the inflammation commences in the pharynx, and in particular cases, or during an epidemic, the inflammatory action involves not only the pharynx, but dips into its several apertures, and in this way, a false membrane of greater or less extent may be formed in the trachea. The constitutional symptoms and treatment of the two diseases are essentially dissimilar. In croup the local symptoms denote active inflammation of the trachea, and the symptomatic fever is inflammatory, requiring vigorous antiphlogistic treatment; whereas in *angina membranacea* though the accompanying symptoms, general as well as local, often denote an acute disease, yet in many cases, and even during an epidemic, the tendency of the local inflammation is to assume a gangrenous character, the type of the accompanying fever is typhoid, and the treatment tonic and stimulant. In short the only similarity between the two diseases is, that in both there is inflammation of a mucous surface which terminates in the formation of a false membrane, the one commencing in the pharynx and in some cases extending to the trachea, the other originating in, and in its progress being confined to the trachea. We find the same membranous inflammation occasionally in the symptomatic *angina* of scarlatina, in which disease the throat is sometimes covered with a false membrane extending into the glottis and trachea, and giving rise to symptoms of croup.

In the description which has been given of this disease, the same circumstances which are observed in inflammation of mucous membranes in general are recognized. The same anatomical appearances of the membrane, as well as the exudation of lymph on its surface, occur in gastro-enteritis for example, or in inflammation of the internal lining of the uterus. The more remarkable circumstance is in the two opposite states of the system with which the local disease is associated; the one acute or sthenic, the other low or asthenic. We see, however, no necessity for distinguishing inflammation of a mucous membrane with membranous exudation by a particular name, merely because it occurs in a particular region of the body; it tends to multiply our nomenclature, and in some degree to abstract the mind from

those general appearances which disease presents in tissues of the same class.

In the commencement of angina membranacea, the symptoms are very similar to those of common inflammation of the throat. If the patient be old enough to express the feelings, the first indications are stiffness in the neck and sense of heat and pain in the throat: some degree of swelling of the cervical glands with feverish indisposition is often at the same time perceptible. So far the progress of the symptoms resembles other forms of inflammatory sore throat; from which, however, the angina membranacea or diphtheritis is soon distinguished by the false membrane with which the throat is covered in the course of the next day, or sometimes within a few hours of the first feeling of indisposition.

In the early stage, the first appearance is the greater vascularity of the mucous membrane of the throat, which exhibits a number of red points or streaks over the inflamed surface, but without sensible tumefaction. The redness is soon succeeded by a number of white spots, which are at first distinct or isolated, and apparently confined to the mucous follicles, but they gradually increase in number and size, and finally coalesce so as to form a layer of various extent and thickness. In some cases, there are several distinct patches exhibiting intervening portions of inflamed mucous membrane; in others, a considerable portion of the mouth and throat is covered with a continuous layer of false membrane attached to the subjacent mucous membrane by processes which dip into the lacunæ or follicles; or in still more severe examples, they extend from the mouth and throat into the nasal fossæ, (and according to Guersent, as far in some instances as the frontal sinus, but seldom reaching the external openings of the nostrils,) into the œsophagus, air-passages, and, as in one case observed by Bretonneau, into the Eustachian tube. In two infants, a membranous tube was found lining the œsophagus down to the cardiac orifice of the stomach. These false membranes vary in form as well as consistence; they are sometimes so thin as to be transparent, but often acquire considerable tenacity, and when they descend into the air passages assume a tubular form. When they are thrown off, the surface from which they have been detached is red, but there is no abrasion; and the process is often renewed several times unless arrested by means to be afterwards noticed.

The colour of these false membranes is not always uniform. When the aspect of the symptoms denotes an acute or inflammatory disease, they are white, or of a pale cream colour; but when the local and constitutional symptoms assume a typhoid form, the throat acquires a dark red or livid hue, and the exudation a light grey colour, or when blood is exhaled from the surface of the membrane, it becomes of a dark grey or ash colour. This appearance of the exudation, and the fetor which it acquires under such circumstances, renders it liable to be mistaken for sloughing of the mucous membrane. There is,

however, the most perfect integrity of the membrane beneath these concretions, except in some very few instances, in which slight erosion has been discovered.

In former times, when the nature of diseases was less frequently proved by morbid dissections, it is no wonder that this affection should have been considered a gangrene of the throat. Even Bretonneau was convinced of this error only by repeated inspections after death, and his testimony on this point is very strong. In comparing the morbid appearances found on dissection in fifty-five subjects of all ages, who in the space of two years had fallen victims to the epidemic angina, in no case, even of the most malignant nature, was there any thing like gangrene of the parts. Ecchymosis of small extent, with occasional slight erosion of those surfaces where the disease had longest existed, were the most severe lesions observed. In one instance only the false membrane was confined to the trachea; in one-third of the cases it extended to the great divisions of the bronchi; in six or seven it reached the ultimate ramifications of the bronchi; in the others it terminated at various depths of the trachea. Bretonneau avers that the mechanical obstruction of the breathing appeared to be the immediate cause of death in all.

There are two forms of this anginose affection—the *acute* and the *malignant*; the one differing from the other in the intensity of the local as well as of the general symptoms.

1. In the *acute angina membranacea*, the inflammation of the pharynx and the constitutional symptoms denote an acute or phlogistic disease. The exudation is limited to the throat, and does not extend to the different openings of the pharynx. It is preceded and accompanied by the usual symptoms of guttural inflammation; on examining the fauces the mucous membrane is of a bright red colour, and there are patches of false membrane on the tonsils, velum, or posterior pharynx; or in severe cases the throat is covered with a continuous layer of a white concrete substance. This is by no means an uncommon accompaniment of measles, scarlatina, or small-pox, but more frequently occurs as an idiopathic affection in children who are delicate, or who have been much reduced by previous disease, and in such as are ill-fed and live in crowded districts.

When the guttural inflammation is still more acute, the mucous membrane is not only of a brighter red colour, but there is considerable swelling of the palate and tonsils; the exudation appears in the form of masses of lymph on the surface of the throat, of a grey or yellowish white colour, and differs from the smooth continuous layers of the other forms of diphtheritis, in so far that the masses are soft, and may be easily detached by any hard body, or even by the point of the finger, without the least inconvenience; and when they are thus removed, they are soon reproduced. These crusts often appear on the pharynx, and occasionally form on the œsophagus, but never extend to the larynx. To this variety the term *angina pultacea* has

been applied, though there seems to be no necessity for giving a distinct appellation merely from the form or consistence of the false membrane.

In the acute form, the constitutional disturbance is in general moderate; the pulse is seldom frequent but full, the skin warm, the throat slightly painful, and deglutition gives little uneasiness.

In other and more severe instances, the membranous formation commences in the pharynx and extends to the larynx and trachea, and sometimes even to the bronchi, and to this extension of the false membrane to the air-passages is to be imputed the greater danger of this form of the disease.

When the exudation occurs simultaneously in the pharynx and trachea, the symptoms assume a mixed character. In addition to those which are observed when the pellicular inflammation is confined to the throat, the symptoms of croup are superadded—hoarseness, pain in the anterior part of the larynx and trachea, harsh dry cough, great difficulty of breathing, the inspirations being long, and the expirations short and accompanied with a hissing noise.

2. In the *malignant angina membranacea* which corresponds exactly with the affection described under the name *cynanche*, or *angina maligna*, the *putrid* or *malignant sore throat*; or the *angine gangreneuse* of the French writers, the local and constitutional symptoms evince a malignant disease. It has been clearly shewn, however, by Bretonneau, that the *angina maligna*, which is often epidemic, is not of a gangrenous nature, as had been previously supposed, but that it is a true pellicular inflammation analogous to croup, and that the crusts which were supposed to be sloughs are false membranes.

In the *angina maligna* there is from the beginning great prostration and disorder of the nervous system; the pulse is weak though not very rapid, and the skin moderately warm, or even cool. There is at first not much apparent affection of the throat, but the act of deglutition is very soon observed to be performed with great difficulty, so that liquids are often returned through the nostrils, which cannot be accounted for by the trivial degree of swelling of the throat; the submaxillary lymphatics become swollen and painful, the breathing hurried and laborious; now and then there is threatening of suffocation, and an acrimonious secretion, occasionally mixed with portions of false membrane, is discharged from the nose.

When these membranes are tinged with blood, and especially when at the same time blood exudes from the lips and gums, their dark or almost black appearance and intolerable fetor have frequently caused them to be mistaken for sloughs; the surface, however, from which they are detached is perfectly entire, the mucous membrane is not even softened, nor is there the peculiar odour of gangrene. When the false membrane has extended to the larynx and trachea, the breathing becomes laborious and often convulsive, the nostrils dilated, the veins

of the neck prominent, the cough frequent and harsh, and the sound of the voice croupal. Its extension to the bronchia is indicated by the increased dyspnoea, by the limpid mucous expectoration, occasionally mixed with shreds of false membrane, sometimes bearing the mould of the portion of air-tube from which it has been expelled, and by the mucous sound of the respiration on the application of the ear or the stethoscope.

When the patient is to be destroyed by the tracheal disease, the powers gradually become exhausted, the efforts to carry on the respiration are feeble and languid; the chest heaves, the countenance assumes a pallid hue, the eyes sink, and fatal coma supervenes, or sometimes the sufferer is carried off in convulsions. In other cases, the immediate cause of death may be traced to disease in some organ which has arisen during the progress of the affection. In the majority of instances, however, the general powers gradually, sometimes rapidly give way: delirium comes on followed by coma; the breathing becomes quick, the pulse very soft, and death takes place, often unexpectedly, in a day or two, sometimes within twenty-four hours after the first appearance of the symptoms.

On the dissection of those who die of *angina maligna*, the mucous membrane appears of a dark red or livid colour, and covered with a dark ash-coloured exudation.

In the epidemic described by Bretonneau, there seems to have been a remarkable uniformity in the morbid appearances. In every case he examined, with one exception, the false membrane was found covering the tonsils and pharynx, and extending to the larynx and trachea; in the solitary instance alluded to, the membrane was confined to the trachea. Precisely the same appearances were uniformly met with in the cases which came under the observation of Guersent. It is upon these facts that the French pathologists have founded their conclusions as to the identity of croup and *angina maligna*, but from which the majority of British pathologists dissent.

This more severe and fatal form of *angina maligna* prevails chiefly among feeble children, or those who have gone through severe attacks of acute diseases: it is not unfrequently epidemic in low districts, or in hospitals and work-houses.

From what has been stated, it is apparent that the appearances and symptoms of diphtheritic or pellicular inflammation are by no means uniform. This difference is in a great measure owing to the dissimilar circumstances under which the disease arises, and especially the state of the system at the time the disease appears. Thus when it occurs in children or in adults, who live in a salubrious air and are properly nourished, all those who have witnessed this disease agree, that the constitutional as well as the local symptoms present a very different aspect compared with those observed when it occurs in persons of a feeble habit, or in children who are ill fed, indifferently clothed, and who live in crowded districts or in low damp situations. In the one class of persons the sym-

ptoms indicate a phlogistic, in the other a low asthenic disease; the different character of the local and constitutional symptoms depending not so much on any peculiarity of the disease itself, as on the general habit or constitution of the patient, and the more or less favourable circumstances under which an individual or community may happen to be placed at the time it appears.

The prognosis of angina membranacea depends on the form or type of the disease. When the false membrane is confined to the pharynx, and the symptoms denote an acute disease, there is seldom danger, particularly if proper measures be early resorted to. But if the inflammation and subsequent exudation occur simultaneously in the throat and wind-pipe, or spread from the former to the latter, the danger is imminent, even under the most prompt and energetic treatment.

In angina maligna there is always danger; it proves fatal in a very large proportion of cases, as the records of epidemics give melancholy proof. To the affection of the throat and air-passages is superadded a malignant form of fever, either of which is sufficient to destroy life. There is no wonder, then, that so many children perish under the combined influence of local and constitutional symptoms of such severity, which apparently bid defiance to any mode of treatment hitherto proposed. Some epidemics are more fatal than others, the disease sparing, it would appear, no class of the community, but destroying indiscriminately those who enjoy the comforts of life and such as pine under privation of every kind.

Nothing has been ascertained with precision as to the causes of angina membranacea, either of the acute or malignant form. It prevails chiefly in moist situations in the spring months, and though adults be not exempt from it, it occurs more generally among children. The malignant form has often appeared in hospitals and workhouses; and it has been generally observed that when it broke out in such situations, it was confined to young children, and that the first cases occurred when the wards were crowded, under which circumstances it spread with frightful rapidity. There can be little question of its being occasionally propagated by contagion, though from its rapid and extensive diffusion, and the various types or characters it at different times assumes, it appears to be primarily induced by some of the obscure causes which influence epidemics in general, and of which little is known beyond the observation of their effects in the production of disease.

In the acute forms of angina membranacea (*diphtheritis*), should there be general excitement, it will be necessary to adopt vigorous treatment. General bloodletting, in spite of the opinion of Bretonneau and some other French physicians as to its inutility, is to be premised, followed by the application of leeches to the neck and under the jaw, or cupping on the back of the neck, and counter-irritation, according to the state of the local symptoms. The

bowels are to be freely evacuated, after which it has been recommended to administer emetics, especially the tartarized antimony, from time to time, unless some local inflammation render this class of remedies inexpedient.

Mercury, which seems to exert a direct and almost specific influence in inflammation of the mucous membrane of the throat and air-passages, has been highly extolled by the French physicians in the treatment of diphtheritis. It was first employed by Dr. W. Conolly of Cheltenham, then resident physician at Tours, and with such invariable success that the French practitioners, although with some reluctance, adopted it in their own practice.* To insure its success the full mercurial influence is necessary. With this object two grains of calomel are to be given every second hour, and should there be evidence of the false membrane extending to the larynx and trachea, so that a more rapid mercurial action is necessary to arrest the inflammatory process, mercurial frictions are to be at the same time applied to the neck, or to the chest and arms. As soon as the mercurial action is perceptible in the system, or when there is a visible improvement in the local disease, the calomel is to be given at longer intervals, or at once discontinued. Bretonneau speaks in extravagant praises of the efficacy of the mercurial treatment of diphtheritis, and gives in illustration several well-related cases in his work, to which we refer. Guersent also advises this treatment, but he gives the exhibition of the calomel in half-grain or grain doses, to prevent its purgative effect. If any local inflammation have arisen either in the brain, in the chest, or in the abdomen, it is obvious that appropriate treatment must be employed. In the severe cases of angina membranacea, these lesions frequently supervene and render the aspect of the case more formidable.

Bretonneau ascribed much of his success in the treatment of diphtheritic inflammation to topical applications. Of these the muriatic (hydrochloric) acid, first employed by Van Swieten, and subsequently by others, in sloughing phagedena of the mouth (*cancrum oris*), appears to be decidedly the most efficacious. When the epidemic angina maligna first appeared at Tours, it resisted the various remedies employed, but the application of this acid to the throat had an immediate and beneficial effect in arresting the progress of the disease. The first case in which Bretonneau employed it was in a child eight years of age, who had, for several days before she was brought to the hospital, well-marked symptoms of angina maligna. On examining the fauces, the throat appeared sphacelating, one of the tonsils was almost detached, being only suspended by some cellular tissue. There appeared no hope of recovery. A sponge dipped in hydrochloric acid was however applied to the throat; next day the symptoms were much improved, and the false membranes were de-

* London Medical Repository, December 1826, p. 499.

tached. The acid was again applied, after which the child rapidly recovered.

From the successful result of this case the acid was afterwards in many cases applied, and with similar good effects. The following is Bretonneau's method of applying it. A piece of fine sponge, securely fixed on the end of a probang, and bent to a convenient form, is to be dipped in concentrated hydrochloric acid. The sponge thus soaked in the acid is to be gently pressed on the surfaces to be cauterized, so that they be just moistened with it. Bretonneau thinks it best to let the first applications of the acid be energetic, and not too frequently repeated, and therefore advises the application of the undiluted acid at once, except in cases where the diphtheritic inflammation has extended further than can be seen. Under these circumstances, it may be diluted with honey, in the proportion of one-third of the former to two of the latter. The first effect of the application of the acid is to give the inflammation of the throat a more unfavourable aspect, the false membranes appearing to be increased in thickness as well as in extent. In twenty-four hours the action of the acid is completed, and if the false membranes do not seem to have extended, or if they are becoming detached, it is evident that the progress of the inflammation has been checked; the acid should then be applied somewhat diluted, and at such intervals as the progress of the local disease indicates, though it is seldom necessary to repeat this corrosive application more than two or three times.

It is quite evident, however, notwithstanding the successful termination of the cases treated by the application of the hydrochloric acid, as reported by Bretonneau, that when the false membranes have extended to the larynx and trachea, this or any other topical application, however powerful or corrosive, can have no influence in arresting their further formation, or in accomplishing their removal from the air-passages.

The only class of cases, therefore, to which the acid can be topically applied with beneficial results, is when the false membranes are limited to the pharynx, and do not extend to the air-passages. It is even possible that by checking the inflammatory action in the throat at first by this acid, the further progress of the disease may be stopped.

We can only allude to the employment of the hydrochloric acid fumigation, proposed by Bretonneau in cases where it was no longer possible to employ the concentrated or the diluted acid, in terms of disapprobation, as it was evidently on an unwarrantable principle,—that by exciting inflammation of the mucous membrane of the lungs, the specific inflammation might be modified, one less dangerous and more easily removed being substituted. This practice having in his hands completely failed, is now justly consigned to oblivion.

A more manageable topical corrosive application in diphtheritic inflammation is the nitrate of silver, which was first recommended by Mr.

Mackenzie of Glasgow.* He recommends a solution of lunar caustic, in the proportion of a scruple to an ounce of distilled water. By means of a large camel-hair pencil, this solution is to be freely applied to the mucous membrane of the throat, once or twice a day, according to the severity of the symptoms. In cases of croup, in which the fibrinous exudation commences in the throat, and ultimately spreads to the larynx and trachea, he has found this topical application successful not only in removing the false membrane from the throat, but he has been induced to ascribe the rapid alleviation and ultimate removal of all the other symptoms to this remedy, even in cases in which, from the severity and peculiar nature of the symptoms, he had every reason to believe that the larynx and trachea were covered with a false membrane.

When every remedy has failed, and when the patient must inevitably die from the false membrane in the trachea, it has been proposed to make an opening into the windpipe. Bretonneau performed this operation in several instances, and in one it was successful. When we consider the impossibility of discovering the depth to which this membrane in the trachea may extend, the probability of the tracheal inflammation being renewed or increased by this operation, and the necessary introduction of a tube to carry on the respiration, we feel little disposed to advise it, though we are aware that it has been several times successfully performed in this country in cases of croup.

In the angina maligna, in which the local and general symptoms exhibit a malignant aspect, the advantages of any mode of treatment are exceedingly doubtful. It is a very fatal disease, more especially when it occurs epidemically in a crowded district among the children of the poor. Even among the better classes it often destroys with astonishing rapidity; its victims, indeed, seem never to recover from the first shock of the disease. Any form of bloodletting, general or local, is inadmissible, and even injurious. Emetics are sometimes in the very beginning useful, unless there be much prostration, when they do harm. Blisters may be applied to the back of the neck or to the angles of the jaw, and the strength supported by strong broths, and wine with sago, according to circumstances. The carbonate, or the aromatic spirit of ammonia, or the quinine, may be exhibited with the same view. If the state of the mucous membrane of the bowels admit of the administration of calomel, it should be prescribed with the hope of arresting the inflammation in the throat and air-passages. If the local disease be complicated with gastro-enteritis, this remedy cannot be safely exhibited. Some practitioners speak highly of the oxymuriatic acid taken internally in liberal doses. With regard to topical applications, the diluted hydrochloric acid, or a solution of the nitrate of silver, applied in

* Edin. Med. and Surg. Journal, 1825.

the way already recommended, may be employed. It is, however, a discouraging reflexion that a large proportion of cases of angina maligna treated in the most skilful manner, are rapidly destroyed.

3. *Sloughing phagedena of the mouth, (cancrum oris—gangræna oris—necrosis infantilis—cancer aquaticus—water-canker.)*—Though this affection, from its commencing in the gums and cheeks, and spreading in many instances to the throat, be not strictly included in the class of diseases we are now considering, its importance and severity entitle it to particular consideration. It has been already mentioned, in the article MORTIFICATION, as a form of sphacelus from general debility. There are other forms of it, however, which, as well as that terminating in sphacelus, we shall now describe.

It occurs most frequently in infants about the period of the first dentition, though sometimes in children from three to seven years of age. Dr. Hamilton,* who has given the fullest account of this disease, mentions one case of a boy, eleven years old, which terminated fatally, and another of a married woman, twenty-two years of age: we have seen one case of a male at thirty-five years of age. In the milder forms, generally observed, according to Dr. Cumming,† in infants at the breast, before the upper incisors make their appearance, and in which the disease does not proceed beyond the ulcerative process, the first indication is a purple spongy appearance of the gum, either of the upper or lower jaw, but rarely of both at the same time. The ulceration gradually advances till it completely destroys the gums and exposes the teeth; the ulcerated surface being much disposed to bleed, by which the ulceration is often in some measure disguised. There is more or less feverish disturbance, the tongue is white, the mouth feels hot, the salivary discharge increased, and the bowels confined.

The disease in other instances assumes a much more formidable aspect, the ulceration of the gums passing into gangrene and sloughing, and extending rapidly to the cheek and lips. In these cases the diseased surfaces become dark and livid, the breath exhales a gangrenous odour, the alveolar processes become exposed and carious, the teeth drop out, the caries extends to the jawbone, the tongue becomes partially destroyed, the cheek perforated, and an acrimonious secretion from the diseased mass issues in considerable quantity, excoriating those parts of the skin to which it happens to be applied. The gangrenous inflammation occasionally begins first in the cheek or lips and extends to the gums; when it commences in the cheek, a shining, red, painful swelling is observed externally, the inner surface corresponding with this tumour presenting an irregular foul gangrenous ulcer. The local affection is always accompanied by irritative fever, and often by

purging; and at length the unhappy victim, sometimes in the course of a very few days, falls a prey to the disease, worn to a skeleton by the local and constitutional irritation.

This formidable variety of phagedenic ulceration of the mouth occurs generally in children from eighteen months to two years of age, whose pale, sallow, or bloated appearance shews the effects of living in an unhealthy crowded atmosphere, combined with scanty clothing and improper nourishment. It is often a sequela of remittent fever, or of measles, small-pox, and scarlatina. We have seen it occasionally in children during the progress of continued fever. It is always very dangerous and often fatal. Dr. Hamilton never saw it destroy children who enjoyed the comforts of life, and he had seen but one instance where it proved fatal in which the lower jaw only was affected. In this child, who had recovered from measles about a month, the disease was on each side, and she had pulled out several of the molar teeth, before her parents knew that there was any disease of the mouth.

The two following cases will give an idea of the occasional rapid progress of this disease. A child about two years of age, the daughter of a labourer in Lynn, whose habitation was on the banks of the reservoir, was brought to Dr. Hamilton. The gums of the upper jaw had been ulcerated some days, and were almost destroyed. The disease had proceeded with frightful rapidity, for in two days after, part of the lip under the nose was perforated, and in other two days, the lip was entirely gone. The nose and cheeks next became involved, the soft parts rapidly sloughed, and the maxillary bones were destroyed. In less than a week the child died.

In another girl five years of age, who had recovered three weeks from mild small-pox, the ulceration was reported to have existed only a week, though the disease had made great havoc. The ulceration had extended from the gums to the palate, which, as well as the plates of the maxillary bone, was destroyed, so that there was a large perforation into the nose, the cavity of which was involved in the disease, the septum and spongy bones being carious. The fetid acrimonious discharge from the mouth and nose produced ulceration of those portions of the skin with which it came in contact. In less than two days after, the cartilage of the nose was destroyed, and the disease had spread to the upper lip; it then continued progressively to involve hard and soft parts, until the nose, cheeks, eyes, and lips were successively destroyed. It had even extended to the brain, through the crebriform lamella of the ethmoid bone and orbits, before the unhappy child fell a victim to the disease, which occurred nine days after she was first seen by Dr. Hamilton. Before death all the soft parts, and even the bony structure, of the face were destroyed, a black eschar only remaining. The spongy bones, the plate formed by the maxillary and palate bones, which constitute the base of the cavity of the nose and arch of the mouth, were

* Observations on the Remittent Fever and Water Canker.

† Observations on an Affection of the Mouth in Children. Dublin Hospital Reports, vol. iv.—An excellent succinct account of this disease.

annihilated, and the tongue and throat exposed to view through the vast chasm which the nose and those other parts formerly occupied.

It is of great consequence to distinguish this dangerous affection in its early stage. It can scarcely be mistaken, if the circumstances which have been stated be attended to. It has very little resemblance to the infantile thrush, (*aphtha lactantium*), a vesicular disease which appears first on the edges of the tongue, or at the angles and inside of the lips, and often extends over the whole surface of the tongue, cheeks, palate, and pharynx. The vesicles break, and the exudation concretes into minute white specks, which become detached and leave the surface smooth and red, this process being repeatedly renewed, till the whole mouth and throat become covered with a white granular incrustation. The circumscribed nature of the phagedenic ulceration of the mouth, and the origin and progress of even the mildest forms, are sufficient to distinguish it from this aphthous disease.

It bears a much greater resemblance to scorbutic gangrene of the gums, though from this it may be also easily distinguished. Phagedenic ulceration of the mouth, or cancrum oris, generally appears in children, who are by no means so liable to scurvy as adults, besides that the usual external symptoms of scurvy are never observed in this disease. The appearance and progress of the local symptoms in the two diseases are also different. In the one, the ulceration or gangrene appears sometimes in the cheek or lips, but more frequently in the gums, but in whatever part it first begins, it is confined to one side of the mouth, and never extends to the opposite. In scurvy, the affection of the gums is not limited, but affects both upper and under jaw; the gums become tumid, and as the disease proceeds, livid and disposed to bleed; a fungus shoots up covering the teeth, which do not fall out as in cancrum oris, unless the sockets formed by the alveolar process become decayed. In both diseases the odour of the breath is extremely offensive, and in both the saliva is increased at first, but in cancrum oris the salivary discharge soon acquires a corrosive quality, which it never or very rarely does in scurvy. In the worst form of cancrum oris, there is caries of the bones of the jaw and face, which never happens in scurvy. Finally, the constitutional symptoms are essentially different. Cancrum oris is always, from the very commencement, accompanied with irritative fever, which never occurs at any stage of scurvy unless some accidental disease arise in its progress. The pale, bloated, sickly appearance of the face, the bluish or livid spots on the trunk and extremities, and the œdematous swelling which often succeeds in scurvy, are never observed in cancrum oris. The appearance of the blood, too, is characteristic. In scurvy it is fluid, of a dark red colour approaching to black, and when it stands little if any serum separates; in cancrum oris, though the blood be pale and its fibrinous principle be de-

ficient, it is florid and coagulates, abundance of serum separating from it.

Cancrum oris is almost exclusively confined to the children of the poorer classes who live in crowded districts, and consequently in an impure atmosphere. This circumstance, combined with improper and scanty food and insufficient clothing, seems to be a predisposing cause of the disease, by debilitating the system and favouring those changes in the blood, which favour the origin of this and other malignant diseases.

It appears, also, to be produced by some circumstances peculiar to certain localities, as we find, from Dr. Hamilton's account, that it is very prevalent in Lynn and its neighbourhood, which is low and marshy; he consequently conceives, that it is the endemic disease of a low, moist, fenny, or marshy country, as it is unknown in high and dry situations even within twelve or fourteen miles distance from the town. Instances of slight attacks were common in Lynn, and when early application for relief was made, were soon recovered from; yet those children who have been early attacked with it were frequently, sometimes yearly, liable to slight returns of the disease, which happened to some until they arrived at puberty. It has been observed to be most malignant and fatal in warm weather after a rainy season, or when epidemic diseases of a putrid cast, particularly the small-pox, measles, and angina maligna, have prevailed. It was frequently fatal in children recovering from either of these epidemics, although the preceding exanthematous disease was mild.

It appears to be neither epidemic nor contagious, for Dr. Hamilton states that, although the discharge from the ulceration be so virulent, and the fœtor so intolerably offensive, he had often seen one child in a family of many, singly affected with it, while the rest who lived in the same room, and probably ate and drank with the sick child, have escaped.

From the resemblance between this affection and that arising from the injurious effects of mercury on the mouth, a question has arisen how far the administration, or rather the injurious effects, of this mineral might contribute to the production of this disease. Though in many cases mercury might have been accidentally given in the early stage of the affection, from which suspicion may have arisen of some connexion between its administration and the production of this disease, yet in very many, if not the majority of instances of the very worst forms, not a particle of this mineral had been given; besides, the testimony of almost every writer against such a supposed origin at once sets this question at rest.

In the milder forms of phagedenic ulceration of the mouth, when the ulcerative process is confined to the gums, the treatment is generally easily accomplished. Aperient medicines, repeated according to the state of the bowels, are indispensable. After their operation, the fever and heat of the stomach abate, and the ulceration of the gums soon heals, often without any ex-

ternal application whatever. Should, however, the ulceration become indolent and indisposed to heal, the surface should be touched with the oxymel æruginis, tinctura ferri muriatis, or with a mixture containing one drachm of muriatic acid and one ounce of honey of roses. This acid was first employed by Van Swieten with the best success in this affection. It is necessary to attend strictly to the general health of the infant for some time after the ulceration is healed, as it is extremely liable to return, when from any cause the system suffers irritation.

When the disease assumes the character of sloughing phagedena, the constitutional treatment must depend on the acute, chronic, or malignant aspect of the symptoms. When the phagedenic ulceration is extending rapidly, and the local and general symptoms indicate sub-acute inflammation, the child should be moderately purged by occasional doses of calomel and rhubarb, and the concentrated extract of sarsaparilla, with minute doses of a solution of the chloride of mercury, afterwards given. The efficacy of these measures will be materially assisted by removing the child to a pure atmosphere, giving proper liquid nourishment, and cleansing the skin by the warm bath or tepid ablution with salt and water. In proportion as the general health improves, the ulceration of the mouth assumes a better appearance.

As local applications, the muriatic acid mixed with honey of roses, combined in the proportions recommended, is the most efficacious. The mouth may be rinsed in the intervals with a strong acidulated decoction of bark, to which, if there be much pain, a proportion of laudanum may be added. It is often difficult, indeed impossible, to get a child to use a gargle effectually. The mouth should, therefore, be washed frequently by means of a syringe, and a piece of lint soaked in the muriatic acid mixture kept constantly applied to the ulcerated surface. Dr. Hamilton, in the commencement of the ulceration, and before it had extended to the jaw, applied in the same way the black-wash, and often with great advantage.

Various other local applications have been proposed,—alum, sulphate of copper, nitrate of silver, butter of antimony, myrrh, verjuice, &c. but they are all inferior to the muriatic acid or black-wash.

When the teeth become loose, especially if they are encrusted with tartar, or carious, they should be at once removed, as they prove a source of additional local irritation.

In the most malignant form of the disease, in which there is gangrene of the soft parts and caries of the bones, the best directed measures seldom avail, and the child sinks rapidly. From the putrescent aspect of the general as well as local symptoms, a stimulant antiseptic plan of treatment is indicated. The strength of the child should be supported by strong broths containing sherry wine, and as large doses of sulphate of quinine as the stomach will bear, to which, as circumstances may require, the carbonate or the aromatic spirit of ammonia may be added. It is sometimes necessary to

tranquillize the child by narcotics, and with this view, the Lancaster black-drop or the muriate of morphia may be administered in small doses every five or six hours.

The local applications to the mouth adverted to may also be employed, though Van Swieten, who recommended the application of undiluted concentrated muriatic acid to the worst forms of the disease, acknowledged that he never saw any benefit from it when the bones had become diseased. It is proper, however, to cleanse the surface of the ulceration by the frequent use of the acidulated bark gargle, thrown into the mouth by the syringe; and to correct the horrible fetor, lint dipped in a solution of the chloride of lime should be kept constantly applied to the sore. This will not interfere with the occasional application of the muriatic acid, should it be deemed advisable to employ it.

Mr. Wallace* states that in many of the worst cases of this affection, he has succeeded in effecting a cure by the internal exhibition of the carbonate of ammonia, in conjunction with the application of pure nitric acid to the sore. The dose he recommends in the commencement is five grains of the carbonate increased to ten or even twenty, administered at longer or shorter intervals according to circumstances. We are aware that in some very bad cases, in which, besides sloughing of the soft parts, the jaw-bone was affected, recovery has taken place. Such instances, while they give encouragement on the one hand, even under the most unpromising circumstances, should not induce us to place too much confidence in any plan of treatment, since it is well known that in the worst forms of sloughing phagedena of the mouth, very few recover under the most judicious treatment.

II. DISEASES OF THE TONSILS.

1. *Tonsillitis*.—The clusters of follicles in the pharynx which are connected with cellular tissue, and form the tonsils, are liable to inflammation and its consequences. Inflammation of the tonsils, which is very common in moist variable weather, is announced by sensation of dryness, heat, and pain in the throat, with painful deglutition. The secretion with which the throat is lubricated becomes at first suspended, so that the throat feels dry; but it is afterwards increased in quantity and more viscid. In general the inflammation is not confined to the tonsils, but extends to the palate and uvula; the latter becomes elongated, and thus irritating the epiglottis, causes frequent desire of swallowing and more or less cough, by which the viscid secretion of the throat is expelled. When both tonsils are swollen, the act of deglutition is attended with extreme pain; hence to avoid such painful efforts, the saliva is allowed to flow from the mouth: in some cases, the swelling is so great that the patient becomes incapable of this effort, so that, from the resistance which is offered by the swelling of the throat, what is attempted to be swallowed

* Note to Dr. Cumming's paper in vol. iv. of the Dublin Hospital Reports.

is not unfrequently returned through the nostrils. Sometimes the inflammation spreads along the Eustachian tube and gives rise to pain in the ear, deafness, and sensation of obscure sounds; or from the pressure of the tonsils exerted on the windpipe, there is often considerable difficulty in breathing, accompanied with peculiar alteration in the sound of the voice, which is often alone sufficient to indicate the nature of the disease.

These local symptoms of inflammation of the tonsils are usually accompanied with full or hard accelerated pulse, heat of skin, pain in the head, redness of the face, and urgent thirst. When the throat is examined, which is often difficult in consequence of the pain occasioned by depressing the lower jaw, one or both tonsils, and the arch of the palate and uvula appear swollen, and the membrane covering them is of a bright scarlet or deep red colour, with masses of lymph appearing here and there on its surface.

Inflammation of the tonsils terminates either in resolution or in suppuration; the former and more favourable result may be spontaneous, or the result of the treatment employed.

When the disease does not yield to the measures pursued with the view of effecting resolution, suppuration will most probably be the consequence. The formation of purulent matter in the tonsils is announced by the pain of the early or acute stage becoming gradually more dull or obtuse, though from the increased tumefaction of the tonsils the difficulty of swallowing and of breathing is more considerable, and by the peculiar sound of the voice. As the abscess increases in size, the patient is often unable to speak, and can only make himself understood by signs or by writing. If the throat be examined at this stage of the disease by means of the finger, the existence of matter is placed beyond a doubt, by the evidence of fluctuation in the tonsil, or even by the pointing of the abscess, which at length bursts sometimes when the patient is asleep, or when some effort is making either to dislodge from the throat the viscid mucus, or in the act of coughing or of retching. The pus is always fetid, and the fetor is often the only announcement of the bursting of the abscess. Some writers allude to cases in which those abscesses have pointed and discharged by an opening in the neck: we have never seen an instance of this kind.

The progress of the inflammation is not always the same in both tonsils: sometimes an abscess forms in both, though more frequently only in one, the inflammation in the other terminating in resolution. Inflammation of the tonsils always leaves a great susceptibility to future attacks: these recurrences generally observe a similar progress, though there is sometimes great difference,—the symptoms and termination varying with each attack. When, however, the inflammation of the tonsils has ended in abscess, the most energetic treatment is often inadequate to prevent the same termi-

nation; indeed we have so repeatedly witnessed the rapidity with which under such circumstances, the inflammation has terminated in suppuration, and the inefficacy of the most prompt adoption of antiphlogistic treatment at the onset of the disease, that we commonly at once pursue the measures which are calculated to promote the process of suppuration.

Another circumstance to be noticed is, that although, in general, after the disease has subsided, the tonsils resume their natural size, and thus leave no trace of previous inflammation, still in some cases, these bodies remain for a long time enlarged, accompanied with chronic inflammation of the investing mucous membrane and relaxation of the velum and uvula.

The termination of tonsillitis in gangrene is exceedingly rare. Guersent has met with two cases, both of which proved fatal, though the gangrenous inflammation in both was only a concomitant of more serious disease. In one, the affection assumed the ordinary characters of severe inflammation of the tonsils, which appeared to be materially relieved by antiphlogistic treatment; soon afterwards, however, the tonsils and surrounding parts assumed a livid colour, accompanied with a gangrenous odour, and a secretion from the throat which resembled the lees of wine. Death took place on the seventeenth day. On examining the body, the tonsils and soft palate were softened and disorganized, and of a black or dark grey colour. One portion of the right lung exhibited a similar appearance and gangrenous odour. In the other case, the tonsils appeared very slightly inflamed at first, but in three or four days, they assumed a brown colour, the breath emitted a gangrenous smell, and when an incision was made into them no pain was felt. The strength declined gradually, vomiting came on, and though there was very little febrile disturbance, the patient died in consequence of intense gastro-enteritis of a low or adynamic form, (*gastro-entérite adynamique*.) On dissection the mucous membrane of the stomach and portion of the small intestine was found of a bright red colour; that of the stomach was covered with a false membrane, white, soft, and elastic.

Treatment.—In the early stage of tonsillitis the treatment is in general a matter of no great difficulty. If the local symptoms be severe and accompanied with smart symptomatic fever, there can be no question as to the necessity for general bloodletting to an extent which the symptoms demand. In the more mild forms, however, the employment of the lancet may be dispensed with, the local abstraction of blood being in general sufficient: indeed in all cases, whether the constitutional excitement demand the general detraction of blood or not, the local symptoms are much benefited by the application of leeches under the jaw, or by cupping behind the ears or on the back of the neck, which latter mode has the great advantage of abstracting more rapidly and powerfully from the seat of the disease. We have seen great relief from scarifying the tonsils. This operation,

however, should never be performed with a common lancet, but with an instrument constructed for the purpose, and furnished with a silver canula, which admits of the lancet being protruded to a regulated extent, so that if the patient make an unexpected motion of the head, no injury may follow.

After general or local bloodletting, the patient should be freely purged by any of the ordinary active cathartics, but especially the saline, dissolved in infusion of senna. Calomel should be avoided from the possibility of its producing salivation, which always proves a most distressing addition to the sufferings of the individual.

If there be considerable dry heat of skin with thirst, any of the common saline remedies,—solution of the nitrate of potash, the citrate of potash or ammonia,—with the addition of ipecacuanha or antimonial wine, may be advantageously given, the patient being at the same time kept cool, and, in short, treated on general antiphlogistic principles.

With regard to the local treatment, the inhalation of the vapour arising from hot water, to which the solution of the acetate of ammonia or even the acetic acid is added, should be frequently employed. Some practitioners prefer the use of astringent gargles, such as the compound infusion of roses acidulated with diluted sulphuric acid, or of a gargle composed of one part of the solution of acetate of ammonia and of rectified spirit of wine, and four of distilled water. In our own experience we have always observed greater benefit from the inhalation of the vapour of hot water, which can be most easily employed by Mudge's inhaler, the flexible tube of which is furnished with a valvular apparatus on the same principle as the poison syringe invented by Read.

If these measures prove ineffectual in subduing the inflammation of the tonsils, it is probable that it will terminate in suppuration, which is announced by an increase in the local symptoms, and especially by the evidence of fluctuation,—a soft tumour being generally perceptible when the tonsil is examined by the finger. The object is then to promote this termination by the application of emollient poultices, and by the diligent application of the vapour of warm water. If the abscess be large and threaten suffocation, or even if it should prove an impediment to respiration, it may become expedient to open it, though such an operation is only necessary under circumstances of extreme suffering and danger, as the abscess generally bursts spontaneously and the patient is speedily relieved.

In cases of impending suffocation it may be necessary to make an opening into the larynx. Such extreme cases are happily of rare occurrence.

2. *Hypertrophy of the tonsils.*—We have alluded to this disease as the effect of repeated attacks of inflammation of the tonsils; it is, however, in some instances congenital, and occasionally appears to be hereditary, and in such individuals it is often associated with traces of the strumous diathesis. The enlargement ge-

nerally exists without induration of the tonsil, more especially when it occurs in young persons: when it arises as a consequence of inflammation, and more particularly in elderly people, the enlargement is generally accompanied by induration. This state of the tonsils has been often pronounced to be *scirrhus degeneration*, though the tonsils appear to be remarkably exempt from scirrhus disease; it is, therefore, more consistent with pathological anatomy to ascribe those cases of supposed scirrhus of the tonsils to hypertrophy and induration alone.

Hypertrophy of the tonsils is a troublesome affection; impeding deglutition and often the breathing, and altering materially the sound of the voice. It also gives rise to inflammation of the mucous membrane of the throat, and thus renders the individual liable to constant sore throat, forming, as Andral states, an instance of the development of a tissue beneath a mucous membrane being a cause, instead of an effect, of an acute or chronic irritation of that membrane.

The treatment of this affection is chiefly local, and consists in endeavouring to reduce the size of the tumour by gargles composed of the more powerful astringents,—infusions of oak-bark or galls with the sulphate of alum, or the infusion of catechu with the tincture of kino. These, however, are seldom of much use. Iodine has been administered both internally and externally, though with uncertain success. The various counter-irritants have also been applied externally,—repeated blisters, the tartar emetic ointment, &c. All these remedies are, however, in most instances ineffectual in reducing the size of the tonsils, so that it becomes at length necessary to have recourse to the excision of the projecting portion of the diseased growth.

3. *Disease of the follicles of the tonsils.*—Besides inflammation of the follicles and the cellular tissue in which they are imbedded, (*tonsillitis*), the follicles themselves, as well as their lacunæ or orifices and the fluid contained in their cavities, are liable to alteration. The follicles in this situation are subject to the same diseases as those in other mucous membranes,—namely, inflammation, enlargement, induration, or softening. The fluid which they secrete may be converted into pus, or into a peculiar concrete substance resembling in consistence tuberculous matter, or into a calculous concretion, varying in size from a millet-seed to that of a garden-pea or even larger. These various morbid secretions may be contained in a single dilated orifice, or in a cavity formed by the union of several lacunæ. The fatty masses which are secreted by the follicles of the tonsils and pharynx, often in considerable quantity in persons in full health, have a general resemblance in colour and consistence to the granules of phthisical expectoration. From these latter, however, they may be at once distinguished by heating the substance on paper; if the secretion be derived from the follicles of the pharynx or tonsils, it is sebaceous and leaves a greasy

stain on the paper, which is not the case with pulmonary or tubercular granules.

III. VENEREAL AFFECTIONS OF THE THROAT.

The secondary or constitutional symptoms of syphilis are frequently exhibited in the throat, the interval of time between the appearance of the primary and secondary disease varying from six to twelve weeks; sometimes they are visible at a much earlier period, and even before the primary symptoms have disappeared. Indeed some writers affirm, that in some very rare instances, the constitutional symptoms of syphilis have appeared without the occurrence of the local or primary affection.

If the individual escape secondary symptoms three or at most four months after the primary symptoms have been contracted, he may, as a general rule, be considered safe, though there are occasional exceptions. Mr. Lawrence* confesses his inability to point out the limit in this respect,—to say what length of time may be considered as absolutely securing a person from a recurrence of the disease. If six or twelve months may elapse between the primary and secondary symptoms, or between two particular attacks, as he had in many instances observed, he does not know why several years may not,—it is a question of experience.

The late Mr. John Pearson considered it a mistaken notion that the syphilitic poison can remain in the system several years without discovering itself; if the patient be imperfectly cured of secondary symptoms, he may have a truce for a considerable length of time, and if, on a second, third, or fourth appearance of the disease, mercury be inefficiently administered, the symptoms may be indefinitely protracted. He had never, however, known the disease to lie dormant when no mercury had been used.†

Mr. Bacot, in his *Essays on Syphilis*, observes on this point,—namely, the time which usually elapses before the secondary affections make their appearance,—that formerly much greater latitude was accorded in this respect than we are now in the habit of allowing, and that within six weeks after the occurrence of primary sores, or even before they are healed, the patient's health will often begin to fail, nocturnal pains come on, and an eruption quickly follows; but this, he believes, chiefly takes place where no mercury has been administered: if that medicine has been employed inadequately, a longer space of time will usually elapse,—from four to six months being by far the most general period.

When the constitutional or secondary symptoms of syphilis occur, they generally appear in a determinate order, the throat, skin, periosteum and bones becoming affected in succession. There is, however, in this supposed and generally-admitted regular succession of symptoms great difference, the disease frequently preying exclusively on one part, and spreading to the contiguous structures without determinate order; and though one of these several affections generally appears alone, we sometimes

meet with a combination, and when this happens, there is more commonly ulceration of the throat with some form of cutaneous eruption. Ulceration of the throat may also succeed to gonorrhœa, though such cases are uncommon.

1. *Syphilitic ulceration of the throat.*—This form of ulceration of the throat is usually preceded by feverish indisposition, loss of flesh, and peculiar expression of the countenance. There is often considerable pain of the limbs, with lassitude, soreness of the throat, more or less pain and difficulty in swallowing. The ulceration is most frequently seated in the tonsils, of which there are three forms which have been well described by Mr. Bacot.

The first is the excavated ulcer of the tonsil, which exhibits the appearance of a deep hollow, as if a portion of its substance had been scooped out; the base is covered with a dirty ash-coloured pellicle, the margin is a little tumid and red, but there is little or no pain, only stiffness and uneasiness in swallowing. Mr. Bacot has found this more frequently as a solitary symptom than any other form of ulceration about the throat, though it is occasionally met with in conjunction with cutaneous eruption, as well as by iritis. He differs with Mr. Carmichael, who believes this sore to be only met with in combination with what he calls the true scaly venereal disease. It is very easily cured by mercury, which in general produces the most obvious effect upon its appearance as soon as the constitution feels its influence; nay, the local action of a mercurial gargle will often effect a rapid change in the face of the ulcer. There is seldom necessity for any local application, but if the ulceration make a rapid progress, Mr. Bacot recommends a gargle composed of the corrosive sublimate, in the proportion of one grain to six ounces of water or mucilage of quince-seed. The cure of this affection of the throat cannot be effected in less than six weeks, and if it occur in combination with a papular, or a small elevated tubercular eruption, a longer mercurial course may be required, for until desquamation has taken place in the former instance, or perfect cicatrization in the second, the patient cannot be considered safe. To insure the full action of mercury, he advises the inunction of the strong mercurial ointment in preference to the internal administration of the remedy. One drachm should be rubbed on the thighs night and morning for the first few days, diminishing this to one half the quantity when the gums become affected.

A more common form of syphilitic ulceration of the throat is that which is found to occur with papular eruptions on the shoulders, arms, and body, and which may occasionally occur as a solitary symptom. This form of ulcer also occurs most generally in the tonsils, but differs from the preceding in being neither large nor deep, but the edges are often irregular and indented, and lined apparently with coagulable lymph. The ulcerations sometimes appear like a mere fissure, and are generally, if not always, situated at the sides or on the posterior surface of the tonsils; in the latter case, the edge only

* Lectures on Surgery. † MS. Lectures on Syphilis.

can be seen. The tonsils are much enlarged, and of a deeper red than ordinary. In many cases the uvula partakes of the disease; it is enlarged and redder than usual, and has a stripe or two of ash-coloured appearance, as if the part had been touched with lunar caustic. The propagation of the ulceration to the uvula is to be considered, however, as by no means common. This form is attended with so little inconvenience, that the patient seldom complains of pain or difficulty of swallowing, often not until the question is put by his medical attendant.

A third form is the phagedenic ulceration of the throat, which is more formidable than either of the preceding. It is characterized by the more severe symptomatic fever, and great pain in swallowing from the beginning; in short, the general and local symptoms denote that the ulceration is accompanied by acute inflammation of the throat. It generally commences by a small aphthous spot upon the soft palate, surrounded by deep erysipelatous redness, and proceeds rapidly to involve the neighbouring parts, until the uvula, the arch of the palate, and tonsils become involved in one slough. It is often met with in a milder degree, but the great constitutional disturbance, the acute inflammation of the throat, and the insomnolence, at once distinguish it from the preceding forms. Mr. Bacot is inclined to think that it is connected with the peculiar habit of body of the individual, and though it is generally the consequence of the small aphthous sore, he has twice traced the symptoms to virulent gonorrhœa.

This form requires the early adoption of active antiphlogistic treatment to prevent the disease involving the palatine and nasal bones, and terminating in exfoliation and consequent deformity. Blood must be taken from the arm, and from the neighbourhood of the throat by leeches, the bowels freely evacuated by purgatives, and nauseating doses of the tartarized antimony exhibited. Mr. Bacot recommends as a local application to the throat, the inhalation of the steam of hot vinegar and water, or a gargle consisting of a scruple of acetate of lead dissolved in half a pint of water. By the adoption of these means, the pain, redness, and swelling of the throat generally subside in the course of two or three days, the fever abates, and the ulceration assumes a clean healthy aspect. Mercury always exacerbates phagedenic ulceration, whether primary or secondary, and must therefore be suspended, until the inflammation of the throat be subdued. It may then be given, not only with safety, but is indispensably necessary to destroy the syphilitic virus; for, though in Mr. Bacot's opinion the disease may be cured without one particle of mercury, yet it is only smothered, and after the lapse of a few months will become re-established upon the very spot where it originally appeared, and will thus continue to get well and break out again, until bone becomes implicated in the disease, and then, whatever plan of treatment be adopted, the bone must come away and deformity ensue.

It is therefore expedient, when the parts are healing and the system perfectly tranquillized, to have recourse to mercury in the form of the Plummer's pill, every night, with a pint of the decoction (or half an ounce of the fluid extract) of sarsaparilla during the day: if the remedy agree with the constitution, as it generally does, the quantity of mercury may be increased, so as to keep up an affection of the mouth for six or eight weeks. Mr. Bacot advises the course to be finished by mercurial inunction, and that the patient during the exhibition of the mercury be confined to the house, unless the process be going on at a season of the year, or under other circumstances, that will not forbid gentle exercise.

This treatment of course applies to the acute forms of sloughing phagedena of the throat occurring in young plethoric subjects. When, however, it occurs in individuals whose constitution is enfeebled by poverty, intemperance, or a dissolute mode of life, the active treatment just pointed out cannot be pursued. More benefit will be derived from the administration of sarsaparilla conjoined with quinine or nitrous acid, and liberal doses of opium, the best preparation of which is the muriate of morphia, while the sloughing of the throat is arrested by fumigation with the red sulphuret of mercury, of which half a drachm to a drachm may be employed once or twice a day, until the phagedenic ulceration be checked. If there be much pain, the vapour arising from an infusion of some of the narcotic plants—*cicuta* or *hyosciamus*—may be advantageously combined.

2. *Syphilitic ulceration of the larynx*.—When syphilis affects the throat, the ulceration may spread to the epiglottis, rima glottidis, and even to the larynx, and sometimes necrosis or partial death of the cartilages is the consequence. It is fortunate, however, that the extension of the syphilitic poison to the larynx is comparatively rare: when it does occur, it is very generally ultimately fatal. The symptoms are those of laryngitis, pain at the top of the larynx, especially on deglutition, irritating cough, hoarseness or loss of voice, with emaciation. The previous history of the case will materially assist the diagnosis of this affection.

It is little under the controul of treatment, but such measures as are calculated to remove chronic laryngitis give the most essential relief,—viz. local bleeding, counter-irritation, calomel and opium, with the inhalation of the vapour arising from decoctions of narcotic plants, as *hyosciamus* or *conium*; the dyspnœa, however, is often so alarming as to threaten suffocation, so that the attempt to apply any form of inhalation is nearly impossible.

Should œdema of the glottis supervene, in consequence of the extension of the inflammation of the mucous membrane surrounding the laryngeal ulceration to the epiglottis, the patient can only be saved by making an opening into the trachea below the seat of the disease.

3. *Gonorrhœal ulceration of the throat*.—Constitutional symptoms resembling the syphilitic

occasionally arise after gonorrhœa. By far the larger number of cases of gonorrhœa are not followed by any syphilitic symptoms, though it appears that in some rare instances, secondary symptoms do follow from gonorrhœal discharge. The most common form of constitutional symptoms from this source is ulceration of the tonsils; and eruptions very similar to those which are deemed syphilitic, and even nodes on the cranium and tibia, and pain in the extremities, sometimes accompany or succeed to the affection of the throat. The ulceration of the throat, when it succeeds to gonorrhœa, is not confined to the tonsils, but often extends to the velum and uvula. When mercury is administered, the symptoms often give way very speedily, but the ulceration soon reappears; and if mercury be again resorted to, caries of the bones of the palate and nose will probably take place.

This affection of the throat is to be treated by the exhibition of sarsaparilla; to which, if the powers of the patient be feeble, quinine should be added. The warm-bath is decidedly useful, and may be employed every second or third night. Mercury often produces a rapid and favourable aspect in the appearance of the ulceration, which often heals under its use in three or four days, but it soon makes its appearance again, and generally in an aggravated form. Though the full action of this mineral be decidedly injurious in the gonorrhœal sore throat, alterative doses are attended with decidedly good effects. A compound calomel pill may, therefore, be given every second night, or the eighth of a grain of corrosive sublimate three times a day, in addition to the sarsaparilla.

The throat may be washed with a gargle containing the corrosive sublimate in the proportion of one grain to eight ounces of a mucilaginous vehicle. It may, also, be occasionally touched with the muriated tincture of iron, or the linimentum æruginis.

A light nourishing diet, composed partly of milk, with regulation of the bowels, should be adopted. In very mild cases the gonorrhœal sore throat heals and disappears without treatment.

4. *Mercurial ulceration of the throat.*—When mercury is first administered to persons of a feeble constitution, especially females, it sometimes induces erysipelatous inflammation of the throat, which is generally, though not invariably, accompanied with superficial ulceration of the tonsils or uvula, sometimes extending over the entire palate. When this occurs, the mercury must be immediately suspended, and the quinine with acids, and nourishment, or even wine, if the system require it, administered. The throat should be washed with a weak solution of alum, or touched with the muriated tincture of iron. It will be necessary, at the same time, to purge the patient, to administer antimonial preparations, and to enjoin abstinence and confinement to the room. The sarsaparilla is, in such cases, a valuable auxiliary to the other measures. The affection will generally yield to this plan of treatment in a few days; after which the mer-

cury may be resumed without the same effects being produced; giving an illustration of another disease being induced by mercury, and when this supervenient disease is removed, of the syphilitic virus again coming into action, and being cured by the very remedy (mercury) which produced the former disease.

(A. Tweedie.)

TINEA.—See SUPPLEMENT.

TISSUE ADVENTITIOUS.—This term, which is synonymous with *accidental tissue*, has been applied to morbid productions in general, whether they be entirely new formations, or resemble any of the natural tissues of the body. The term itself is highly objectionable, as it includes several formations which are not organized, but as it is still retained by many pathologists, we are not disposed to invent another, so long as it is generally understood. The numerous and important diseases included under this term may be conceived, when it is considered that it comprehends the whole range of morbid productions, in fact, of the science of morbid anatomy. A dissertation on this subject, therefore, ought to embrace the consideration of the most important parts of pathological anatomy, and however desirable a general article embracing the various considerations of the causes, theory of formation, progress, and termination of morbid structure might be, so much space has been already devoted to this subject in the general pathological articles in this work, that we think a more extended disquisition in this place unnecessary.

Attempts have been made to classify or arrange the various forms of adventitious or accidental productions, but hitherto with little success. This has arisen in some measure, from the obscurity of their origin, the different characters they assume according to the tissue in which they originate, and the various appearances they exhibit in their progress.

They may be arranged, first, into such as are the effect of irritation, congestion, or inflammation: to this class belong the tissues of which callus, granulations, and cicatrices are composed; cellular, fibrous, fibro-cartilaginous, cartilaginous, and osseous tissues; serous membranes of cysts, mucous membranes of fistulous passages, and accidental synovial membranes. Another division comprehends those which are benign, such as the Colloid or Gelatiniform Matter of Laennec, melicerous, and encysted tumours, Tubercle, Cirrhose, &c. and those which are malignant, schirroid or hard Cancer, encephaloid or soft Cancer, and the fungoid or bleeding Cancer, and Melanosis. Some of the latter are encysted, others non-encysted.

A third class includes those morbid productions in which one tissue is metamorphosed, transformed, or converted into another. The transformations thus produced are the serous, cellular, mucous, vascular, including the erectile tissue, fibrous, cartilaginous, and osseous transformations.

For ample details on these various subjects, we beg to refer to the several pathological

articles in the work, and for information on the transformation of tissues to the article TRANSFORMATIONS.

TONICS.—See SUPPLEMENT.

TONSILLITIS.—See THROAT, DISEASES OF THE.

TOXICOLOGY. This term is derived from *τίξινον*, *venenum*, (itself derived from *τόξον*, a bow or arrow, by metonymy a poison,) and *λόγος*. In its most extended sense it would include the discussion of the natural history and chemical habitudes of all substances capable, when applied to the living body, of exerting effects injurious to or destructive of life; of their physiological action and pathologic consequences; and of the appropriate means for controlling their deleterious influence, whether by the exhibition of antidotes or other medical treatment. There are few substances of animal, vegetable, or mineral origin, which may not, under certain circumstances, prove inimical to life; so that toxicology, in its most enlarged acceptation, is a science of almost boundless extent, and would require, in order to its complete development, such an extensive acquaintance with many departments of natural knowledge as rarely falls to the lot of any individual. A treatise, however, upon such a plan would include a number of topics, in a practical point of view, entirely superfluous, and answering no other end than that of uselessly loading the memory, and thus embarrassing the progress of the student. For all useful purposes it is sufficient for the toxicologist to concentrate his attention upon those natural and artificial products which are distinguished by the extreme energy with which they act upon the animal economy. The range of his inquiries is thus materially narrowed, while the many advantages to society to be expected from them, such as the preservation of life and health, the protection of innocence, and the punishment of guilt, may be considered as equally well secured. Even with this limitation the subject is still sufficiently extensive, and the present article is undertaken with a deep sense of the difficulty of presenting an outline of the science of toxicology which shall at the same time be instructive, and of such dimensions as to accord with the general plan of the work of which it is to form a part.

The classification of poisons is a problem of considerable difficulty, and one which has engaged the attention of successive toxicologists. The arrangement, it is obvious, of the subject matter of a science should be regulated by, and rendered subservient to, its principal objects. In animal and vegetable anatomy, for example, parts are with propriety grouped together which possess an analogous structure and which perform similar functions; in chemistry, bodies are arranged according to their composition and properties, the great end of the science being the determination of the constitution and the affections of matter. Upon similar grounds, in toxicology, the principal aim of which is the investigation of the *modus operandi* of poisons with

a view to the counteraction of their deleterious effects, such an arrangement should, if possible, be adopted as would bring together substances which impress the system in the same way. An attempt at the arrangement of them on this plan has accordingly been made,* but the practical advantages which might be expected to flow from it have not been realized, partly because the manner of action of deleterious agents is but imperfectly known, and partly because the same substance frequently acts upon the animal body in different ways,—that is, has a *remote* as well as a *local* action.

The arrangement of poisons at present generally adopted originated with Foderé, and has been slightly modified by Orfila and Christison. It is based upon the effects which, when administered, they are observed to produce. Some corrode or inflame the parts to which they are applied; others produce delirium or coma; while others determine sometimes an irritating, sometimes a narcotic effect. All are thus reduced to three classes, (Christison,) the first of which includes the *irritants*, the second the *narcotics*, and the third the *narcotico-acrids*. This classification is adopted throughout the present article, not because it fulfils all the conditions of a philosophical division, but as being the least imperfect of those which have been hitherto proposed.

The following is a tabular view of the principal known poisons, founded on this arrangement. Those derived from each of the three great kingdoms of nature are classed separately, and the gases are placed apart from the other poisonous substances, as, from the identity of their physical constitution, and in consequence of the action of all being principally exerted through the lungs, it will be convenient to discuss them in conjunction.

I.—IRRITANTS.

1.—*Mineral.*

Aqua chlorinii.
Chlorides of lime and soda.
Iodine and hydriodate of potash.
Sulphur and alkaline hydrosulphurets.
Phosphorus.
Sulphuric, nitric, and muriatic acids.
Oxalic acid.
Potash, soda, and their carbonates.
Nitrate of potash.
Ammonia and its sesquicarbonate.
Muriate of gold.
Nitrate of silver.
Mercury.
Arsenic.
Copper.
Lead.
Zinc.
Antimony.
Bismuth.
Tin.
Barytes.

2.—*Vegetable.*

Euphorbia officinarum.
Jatropha curcas.

* Paris's Pharmacologia, vol. i. p. 242.

Momordica elaterium.
 Cucumis colocynthus.
 Bryonia alba.
 Ranunculus acris, &c.
 Anemone pulsatilla.
 Caltha palustris.
 Delphinium staphysagria.
 Daphne mezereon.
 Juniperus sabina.
 Convolvulus jalapa.
 Narcissus pseudo-narcissus.
 Gratiola officinalis.
 Stalagmitis cambogioides.

3.—*Animal.*

Cantharides.
 Poisonous fish.
 Poisonous serpents.
 Animal matter rendered poisonous by disease.
 Animal matter rendered poisonous by putrefaction.

II.—NARCOTICS.

Prussic acid.
 Opium.
 Hyosciamus niger.
 Lactuca virosa et sativa.
 Solanum nigrum et dulcamara.

III.—NARCOTICO-ACRIDS.

Atropa belladonna.
 Datura stramonium.
 Nicotiana tabacum.
 Conium maculatum.
 Cicuta virosa.
 Enanthe crocata.
 Cethusa cynapium.
 Aconitum napellus.
 Helleborus niger.
 Digitalis purpurea.
 Veratrum album.
 Colchicum autumnale.
 Strychnos nux vomica.
 Brucea antidysenterica.
 Cocculus indicus.
 Upas antiar.
 Camphor.
 Poisonous fungi.
 Ergot of rye.
 Alcohol.

IV.—POISONOUS GASES.

The morbid consequences of every variety of poison are obviously twofold ;—*local*, or those produced in the part of the body to which it is applied; and *remote*, or those which are observed to ensue either in some distant organ, or throughout the system generally. The local action of a poison is either to *corrode*, to *inflame*, or to *paralyse* the part with which it comes into contact. Now these effects are, *per se*, very seldom the cause of death; and, indeed, they never are so unless when the organ they affect is essential to life, and that its functions have been suspended or materially deranged. The influence, in fact, of poisons in destroying life must, in almost every instance, be traced to their remote effects. As a preliminary, therefore, to the individual examination of the several substances included in the preceding table, it will be necessary to inquire

into the manner of transmission of their remote action, or through what channel, when locally applied, their influence becomes extended to distant organs.

The earliest views which have prevailed in reference to this point were, that the remote effects of deleterious agents were due to the impressions which they make upon the sentient extremities of the nerves, which impressions are transmitted to the brain, and thence, by a reflex operation, to different parts of the body. In 1811, Mr. Brodie, in a paper published by him in the Philosophical Transactions, endeavoured to establish, that while some poisons, as the essential oils of almonds and tobacco, the juice of aconite, and woovara, *internally exhibited*, act by nervous impression, the same substances, with several others, when applied to wounds, pass by venous absorption into the circulation, in the course of which they are carried to the brain, whose functions they suspend or destroy by actual contact. Lastly, the old theory of the general action of poisons being the result of a sympathy between the nerves with which they come in contact, and the brain, has been recently revived by Dr. Addison and Mr. Morgan, who have adduced in its support several weighty arguments and some very ingenious experiments. That many substances of a noxious nature do, at least occasionally, pass into the blood, would seem established by satisfactory experiments. There are, however, numerous facts which negative the supposition of absorption being necessary to their poisonous action. Some, as strong prussic acid, kill with such rapidity that it is impossible to refer their action to absorption and cerebral contact; and, in the case of others which operate more slowly, analysis seldom enables us to detect the slightest trace of them in the blood; a fact, however, which can scarcely be considered conclusive against absorption, in consequence of the comparative defectiveness of our means for conducting such delicate investigations. A celebrated experiment of Magendie was advanced by himself, and is often quoted by others, in support of the views which we are combating here. This eminent physiologist having reduced a dog to a state of stupor by opium, amputated one of its thighs, and then re-established the circulation through the member by the intervention of quills attached by ligatures to the cut ends of the femoral artery and vein above and below. An incision was now made in the paw of the amputated leg, and a small quantity of ticanas* inserted in it: after the usual time the animal was found to labour under the influence of the poison. The symptoms, however, were arrested by pressure on the vein above the amputation, but again returned upon allowing the blood to move forwards. Here it is said, the limb having no connexion with the body, the hypothesis of nervous impression cannot apply, so that the action of the poison can only be referred to absorption and cerebral contact;

* An American poison, the nature of which has not been well ascertained.

a conclusion supported by the effects of obstructing by pressure the passage of the blood towards the heart. Such an inference, however, by no means necessarily follows. Mess. Morgan and Addison judiciously remark that all the experiment proves is, that the *tunicas* had passed into the circulation,—a circumstance the possibility of which they are not disposed to contest. Having once ascended beyond the quill connecting the amputated ends of the vein, its influence upon the system may be due to the impression which it makes upon the nervous fibrils which are distributed upon its internal coat, an impression which by sympathy is extended to the brain. The retardation of the symptoms also upon the application of pressure to the vein, admits of explanation by supposing that the functions of the nerves supplying the vessel were thus interrupted owing to a temporary paralysis.

The physiologists just quoted would really seem to have rendered it highly probable that the inner coats of the bloodvessels are extremely susceptible of morbid impressions, and that the influence of poisons, when thus applied, is developed without any cerebral contact. *Tunicas*, for example, introduced into the femoral artery of a dog, produced death in 108 seconds; and when inserted in the carotid artery was not fatal until after the same lapse of time, although in this case it must have been almost immediately conveyed to the brain. But that this poison may prove rapidly fatal without entering the blood at all, and of course without being conveyed to the brain, they established by the following decisive and well-contrived experiment.

Two large bull-dogs, each weighing about 40lbs., were the animals selected. The carotid artery of each having been laid bare on one side, and separated from its connexion with surrounding parts to the extent of three inches, temporary ligatures were applied above and below, and the arteries divided between them. Brass tubes were then attached to the extremities of the vessels, and the necks of the two animals being held and closely bound together, the divided vessels were so re-connected that the lower half of the carotid in the one animal became continuous with the upper half in the other. One of the dogs was then inoculated on the back with a concentrated preparation of strychnine, which had been found in previous experiments to produce death in such animals in about three minutes and a half. In three minutes and a half exactly, the inoculated animal exhibited the usual tetanic symptoms which result from the action of this poison, and died in about four minutes after. The arteries being secured by ligatures, the living was now separated from the dead animal; but neither during the progress of the experiment, nor at any subsequent period, did the survivor exhibit the slightest symptom of the action of the poison.

It is impossible to account for these results upon the hypothesis of *absorption*. Had such taken place, both animals would obviously have suffered equally from the influence of the poison; while, on the other hand, the immu-

nity experienced by one of them is in perfect accordance with the theory of nervous impression and cerebral sympathy.

It may also be observed that the doctrine here advocated is supported by analogy. When as in tetanus, the general system becomes deranged by the infliction of a local injury of a mechanical kind, the effect can obviously only be attributed to a sympathy subsisting between the sensorium and the nerves of the wounded part. Are we not, therefore, it may be fairly asked, justified, when similar effects follow the application of a poison to any particular part of the body, to conclude that the medium of its operation is the same, or that the constitution becomes generally affected by reason of the sensorium sympathizing with the nerves to whose sentient extremities the poison is applied?

From these and other considerations which it is unnecessary to adduce here, we are disposed to concur in the conclusion, that though poisons may occasionally enter the circulation, their deleterious effects are in almost every instance, if not all, to be ascribed to the impressions which they make upon the nerves with which they come in contact, which impressions are conveyed from them to the brain, and thence, by a reflex operation, to the different organs of the body. We wish, however, particularly to guard ourselves against being understood to deny the absorption of poisons. Many such have been detected by chemical examination in the blood, but almost invariably in cases where a considerable interval has elapsed between their administration and the death of the animal; and even in such instances the experiments of Addison and Morgan furnish the strongest grounds for believing that their deleterious influence was due, not to an immediate contact with the substance of the brain, but to their application to and the consequent impressions made upon the network of nervous fibrils spread upon the serous membrane which lines the entire vascular system.

The presence, in the excretions, of nitre, rhubarb, turpentine, and other substances, which have been introduced into the stomach, has been generally considered as establishing the theory of absorption; for such substances, it is argued, must have passed through the blood. This reasoning, however, is far from being conclusive. Wollaston* exhibited the ferropussiate of potash to animals, and though he was always enabled to detect it in the urine, he never could find a trace of it in the blood. Indeed, the rapidity with which certain substances introduced into the *primæ viæ* pass into the bladder, renders it very improbable that they should have reached their destination through the circuitous rout of the circulation; and Darwin, as is well known, was hence induced to attribute the phenomenon to what he denominated a retrograde action of the absorbent system. We are far from adopting this idea, but at the same time we are convinced of the facts which it was intended to account

* Phil. Trans. 1811.

for, and perceive in them new objections to the theory of the absorption of poisons as generally taught and understood.

Lastly, it may be observed that the action of the more energetic narcotics, which destroy life in a few seconds, must of necessity be explained by the direct influence which they exert over the nervous system, and, as it is unphilosophical to refer similar effects to dissimilar causes, strong probable grounds are laid for the universality of the principle for which Addison and Morgan contend. Should alleged exceptions be adduced, it will at all events be necessary that they be sustained by direct experimental evidence.

There is another topic closely connected with the *modus operandi* of poisons to which we shall now briefly advert. The derangement which follows upon their external application or internal exhibition is seldom the same all over the body. A poison will specially affect some particular organ or organs, while others appear to be little if at all disturbed. Thus the power of tobacco and the *upas antiar*, as was long since noticed by Mr. Brodie, is principally exerted upon the heart. Opium, prussic acid, and a number of other narcotic drugs, act chiefly upon the brain, while the influence of the different vegetables which include strychnia and brucia is chiefly directed to the spinal chord. The action of some, indeed, is pretty equally distributed over the entire system. Yet, even in the case of these, we may recognize a tendency to assail some in preference to other structures. The ravages, for example, of mercury and arsenic extend to every part of the body. The former, however, as is well known, acts most forcibly upon the glands, the latter upon the mucous tissues: nor are these two metals peculiar in this respect. Every substance possessing medicinal efficacy, and many such are poisons in an overdose, has been introduced into our pharmacopœias, chiefly in consequence of possessing this very property. The terms anodyne, purgative, diuretic, diaphoretic, sialogogue, &c., &c., owe their origin to, and at the same time attest, the knowledge which we have acquired from experience of the determination to particular organs of the virtues of medicinal agents.

A question suggests itself here which should not be passed over unnoticed. The fatal effects of poisons we have seen reason to ascribe to the sympathy of the brain with the nerves of the part to which they are applied. When the *upas antiar*, however, or infusion of tobacco, is used, the heart, as has been stated, appears the organ primarily affected, while the functions of the brain are undisturbed up to the instant of death. In such case is it not, it will be asked, more probable that the mischief is not done through the medium of the brain, but is the result of a direct sympathy between the heart and the structure subjected to the action of the poison? Such would certainly seem to be the most natural inference.

There is, nevertheless, an experiment of Brodie's which points to the opposite conclusion. Having decapitated a dog, and then in-

jected nine ounces of an infusion of tobacco into its stomach, the phenomena which were observed to follow were different from those which occurred in his previous experiments upon living animals. Thus, instead of suspending, it quickened the motions of the heart; and the voluntary muscles, instead of experiencing the usual paralysis, were affected for some time with strong convulsions. Its effects, in fact, in the living animal are of a sedative, in the decapitated animal of an exciting kind. These results, if they can be relied upon, would certainly seem to justify the conclusion that the *upas* and infusion of tobacco do not constitute any exception to the general rule, that the remote action of poisons is exerted through the brain.

Of the circumstances which influence the action of a poison, the nature of the structure to which it is applied is that most deserving of notice. Experiment demonstrates that deleterious substances act with an energy proportional to the absorbing power of the tissue with which they are placed in contact, and this fact has been quoted as an argument in support of a theory, as to their manner of action, which we have already seen reason to reject. This argument loses all force if we adopt, with Morgan and Addison, the opinion that the nervous fibrils distributed to the serous lining of the arterial and venous systems, are particularly susceptible of morbid impressions. Upon this hypothesis we can understand why poisons should be more noxious when applied to serous than to mucous membranes, and to mucous membranes than when placed in apposition with the external surface of the body, and without being driven to the necessity of supposing that when they get into the circulation they are conveyed to the organ which they appear principally to affect.

The habits of individuals, as well as certain peculiarities of constitution usually referred to the head of *idiosyncrasy*, will also frequently modify in an important manner the operation of substances taken into the stomach. Thus there are many persons, as is well known to every physician, who cannot partake of certain kinds of food without experiencing, shortly afterward, nausea, vomiting, and purging; in a word, without the occurrence of the ordinary consequences of poisoning by the irritants. There are also individuals affected so violently by minute doses of powerful medicines, such as arsenic, mercury, and opium, that the fact is explicable only upon a similar principle. We have, on the other hand, many instances of persons who from habit had acquired the power of swallowing with impunity enormous doses of the most powerful poisons. The writer has at present under his care a girl of twenty-three years of age, affected with obstinate hysteria, who has been for some years in the habit of consuming daily four ounces of tincture of opium, and a multitude of similar cases are upon record. Alcohol, even of the strength in which it exists in Irish whiskey, is a poison of such energy that 3iii introduced into the stomach of a rabbit produced death in a few minutes, and yet there are in this city (Dublin)

hundreds of individuals, particularly amongst the porters on the quays, who could swallow a pint without suffering perceptibly from the draught. In reference to this subject Dr. Christison lays down a distinction, of the correctness of which doubts may, we think, be entertained. The immunity conferred by habit extends, according to him, merely to vegetable poisons, those derived from the mineral kingdom being as active in their effects upon the system after being used for a length of time, as at the very commencement. This statement is, we conceive, unfounded, for without referring to the very questionable case of Monsieur Chabert, who appeared to swallow arsenic, corrosive sublimate, &c., in handfuls, before affrighted spectators, we need scarcely observe that it is the invariable rule with the physician, when exhibiting these minerals medicinally, to begin with a very small dose, which he gradually increases, until at length such a quantity is given at once, and with impunity, as would, if administered in the first instance, have undoubtedly been productive of dangerous consequences.

After what has just been observed, it must be obvious that the effects produced by a poison will, *ceteris paribus*, depend upon the quantity of it which has been taken. But not only do the symptoms vary in degree, according to the amount of the deleterious agent which has been administered, but a variation of the dose will, in certain cases, altogether change the manner of its action. The oxalic acid furnishes a good illustration of this position. In a large dose it corrodes the mucous membrane of the stomach and alimentary tract, producing all the effects of an escharotic poison, while in a smaller one it appears to be absorbed, and to have its injurious influence propagated, in the manner already explained, to remote organs. Corrosive sublimate and arsenic, administered in small quantity, produce certain specific effects which render them valuable as therapeutic agents, and in such cases are probably absorbed; but when taken in larger quantity, their action is chiefly directed to the mucous surface of the alimentary tract, which they inflame, and even occasionally destroy.

The state of aggregation of a poison has considerable influence upon the degree of action which it exerts. When dissolved in a menstruum, it is applied to the living organs by the greatest possible extent of surface, and is also in the best predicament for being absorbed. Consistently with this it is found that solubility augments the energy of deleterious agents; and that, on the other hand, when insoluble, they act with a vastly diminished force. The state of aggregation, it is said, also affects the manner of action of a poison, and camphor has been quoted as illustrating this statement; for, in mass, it has been found to produce gastric inflammation, while, when dissolved, tetanus and coma are the results which have been observed to follow its administration.

The activity of a poisonous agent may some-

times be greatly reduced by causing it to enter into chemical combination with a substance of a different kind; thus the corrosive action of an acid is diminished, and sometimes destroyed, by uniting it with an alkali, and that of an alkali by combining it with an acid. But, as Dr. Christison observes, this is only true of those agents which exert an exclusively local action. Poisons the injurious action of which is the result of absorption and sympathy, are not disarmed of their virulence by causing them to enter into chemical combination, unless their solubility is thus diminished. If oxalic acid, for example, be united to lime, the resulting compound will be found inert, because of its insolubility; but if united to potash, the salt thus formed will be absorbed, and produce the same train of symptoms which would be the result of the administration of dilute oxalic acid. It may be also here observed, that the common practice of introducing fluids in large quantity into the stomach is not invariably proper. If the poison act merely as a local irritant, this action will be suspended by dilution; but should it be a substance capable of entering the blood, and thus affecting remote organs, dilution, instead of counteracting, will augment its virulence, for it will render it more easy of absorption.

From the preceding considerations certain maxims of general practical application may be deduced. When a poison is externally applied or internally exhibited, the first indication is obviously to remove it from contact with the organs to which it is applied, which, in the case of external poisoning, may be accomplished by means too obvious to require description; in the case of internal poisoning, by the exhibition of emetics, and by the use, if necessary, of the stomach-pump. If, in the latter case, or when the poison has been swallowed, these means do not succeed, and indeed often in conjunction with them, it will be necessary to have recourse to antidotes. Now these are of two kinds: the chemical and the physiological, or those which chemically combine with the deleterious agent, and so alter its properties or diminish its solubility as to render it inert; and those which excite in the system an action counter to that of the poison, or, at all events, one which neutralizes or prevents its usual injurious consequences. Of the first description of antidotes we possess many of well-established efficacy. Thus, common salt is an undoubted antidote to nitrate of silver, and sulphate of soda to muriate of barytes. In antidotes, however, of the other kind, or those which enable the system generally to resist the action of a poison, we are much more deficient. A few, however, are enumerated. Ammonia and chlorine are frequently applied, and sometimes with success, as counter-stimulants to the nares in cases of poisoning by prussic acid. The antimonial preparations, particularly tartar emetic, are supposed to counteract the specific influence of mercury; and the salts of mercury, the deleterious influence of preparations of lead. That some of these substances possess the powers

ascribed to them there can be no question. The number of such antidotes, however, as has been already stated, is small, and the protecting influence which they exert such as we shall frequently fail in calling into action. Our chief reliance must, therefore, be placed upon the removal of the poisonous substance with as much despatch as possible from the structures with which it is in apposition; or upon the administration of innocuous re-agents capable, by virtue of a chemical decomposition, of neutralizing their deleterious properties. If a poison which has been taken into the stomach has once passed into the vascular system, there is obviously no mode of recalling it or determining its expulsion from the blood. When, however, the absorption is the consequence of its application to a wound, this object may, according to Dr. Barry, be accomplished by the prompt application of the cupping-glass. The blood in the vicinity of the extremities of the divided vessels is thus sucked out, and when this treatment is resorted to sufficiently soon, the further consequences of the poison are, he alleges, completely prevented. With the application of the cupping-glass, it has been proposed by Verniere to combine the ligature of the chief vein leading from the wound, and to draw off subsequently the blood of the suspected vessel by venesection. The ligature of the vein alone is a sufficient protection according to Bouillaud, who has also established the interesting fact, that if occasionally relaxed for a few instants at successive intervals, so that the poison may be gradually introduced into the system, its influence is, as it were, so diluted, as not to be productive of the injurious consequences which would otherwise follow.

Proofs of poisoning.—In investigating a case of alleged poisoning, the circumstances which must regulate the judgment which we shall pronounce, are only the following:—1. The symptoms which occurred previous to death; 2. the morbid appearances visible after death; 3. the results of researches instituted for the detection of some deleterious substance in food, drink, or medicine, portions of which had been swallowed by the deceased, in matters discharged by vomiting, or in the contents of the alimentary tract; 4. the presence or absence of moral grounds for suspecting suicide or murder. Upon the latter topic it is not our intention to touch at all, as it belongs rather to a treatise on juridical medicine than to one on toxicology, properly so called; and indeed we may add, falls more within the province of the civil magistrate than of the medical practitioner. It is now universally admitted that symptoms alone can seldom, if at all, enable us with certainty to declare whether poison has been administered or not. Their adequacy as data for the solution of this important practical question can scarcely be maintained; for many natural diseases, such as cholera, gastritis, ulceration, and perforation of the coats of the stomach, intus-susceptio, strangulated hernia, peritonitis, mēlæna, hæmatemesis, &c. are attended by a train of symptoms not to be

distinguished from those which accompany poisoning by the irritants, or even the narcotico-acrids; and it would be equally unsafe, from the absence of the usual concomitants of poisoning, to infer that nothing deleterious has been administered, inasmuch as there are many cases upon record, as we shall find in the sequel, where the most powerful poisons had been swallowed, and produced death, without the previous occurrence of those functional disturbances which they in general determine.

The observations just made upon the symptoms are equally true of the post-mortem appearances. When organic lesions of the intestinal tract are present, they do not prove, and, when absent, they do not disprove the administration of poison; for, on the one hand, deleterious agents of the narcotic class destroy life without the production of any visible morbid change; and, on the other, there is scarcely a pathologic consequence of poisoning by the irritants or narcotico-acrids, which is not occasionally simulated by the effects of spontaneous disease.

The most decisive proof of a poison having been administered consists in its detection in medicine, drink, or aliments partaken of by the affected individual, in matters rejected by vomiting, or in the contents of the intestinal tube. To arrive, however, at this species of proof, the person who conducts the investigation must be possessed of a variety of knowledge. He should be acquainted with the various products of the animal, the vegetable, and the mineral kingdom; or, in other words, he should be a zoologist, botanist, and mineralogist, particularly the two former; for occasions will sometimes arise in which the nature of a vegetable or animal poison can only be deduced from the observation of its external characters. But the success of his research will chiefly depend on the extent and accuracy of his chemical knowledge. In the vast majority of cases the deleterious agent is present in a form totally different from that which it presents in nature, and frequently in quantity so minute, or in such a state of combination, as to elude the investigation of those most expert in natural history. These difficulties, however, create but little embarrassment to the accomplished chemist; for, by the resources of his art, the poison, if present, is made to pass into other states of combination, in which properties are developed so striking as to be sufficiently obvious, when the substance which is the subject of experiment is present only in an infinitesimal quantity, and so characteristic that they distinguish it from every other form of matter.

But though chemistry unquestionably affords a more complete elucidation of the question under discussion than the other sciences which have been mentioned, and even in by much the greater proportion of cases leaves us nothing to desire, it must be admitted that it is not *all-sufficient*, and that difficulties sometimes present themselves with which it is unable to contend. Poisons, in fact, have been swallowed and produced death, and expert chemists have

nevertheless been unable to detect the least trace of them either in the *primæ viæ*, or in the matters discharged by vomiting or stool. Such failures are obviously highly interesting in a practical point of view, and it will be proper now briefly to enumerate the causes to which they may be referred.

1. Deleterious substances, as we have already seen, are occasionally taken up by the lymphatic vessels or veins, and conveyed into the sanguiferous system. A poison may, therefore, have been taken, and nevertheless be incapable of detection in consequence of having been removed by the process of absorption.

2. When the noxious substance is derived from the vegetable or animal kingdom, it, generally speaking, admits with comparative ease of decomposition, and there is even good reason to believe that its nature may be so altered under the influence of the digestive process, as no longer to exhibit the powers and properties which characterize it in a state of integrity. Should this opinion be well founded, and that it is there can be little doubt, the failure of chemistry to discover a poison in the *primæ viæ* cannot be received as a positive proof that such may not have been swallowed, and have produced the observed injurious consequences.

3. The delicacy of chemical processes is extreme, and by means of them we are enabled to detect deleterious agents when present in quantities amazingly small. These processes, however, have their limit, and it is easy to conceive the subject of experiment to include a quantity of a poison so minute as to elude the ablest and most experienced experimenter.

4. The precipitation of poisons in the insoluble form by the matters they meet with in the stomach, and their occasional incorporation with the coats of that viscus, constitute another great source of embarrassment, and the only additional one to which we feel it necessary to advert. These difficulties, however, it should be recollected, do not establish the inutility of chemical investigation: they only show that it is not all-sufficient, and that, in order to its conducting to a satisfactory result, the necessary experiments should be made by a person of accuracy and extensive information, and one profoundly versed in the practical operations of the science.

Some one of the causes just recounted, or several of them combined, will sometimes render the results of our experimental inquiries uncertain or ambiguous; and in such cases we are bound, as far at least as respects an inculpated individual, to act as if the allegation of poisoning was altogether unsupported by proof. The symptoms, indeed, and morbid appearances may lead to suspicions, but these it is necessary to suppress, for, as has been already seen, they may be utterly unfounded.

It would probably be going too far to assert that the phenomena which precede, and the appearances which are presented after death, may not in particular cases, especially when combined with evidence of a moral kind, constitute a degree of proof which would enable the physician to pronounce that death was the re-

sult of poison. Cases of this description may arise, and indeed are admitted by the best toxicologists. They are, however, we believe, of very rare occurrence, and we feel satisfied that in every instance the safer and the wiser course for the medical practitioner to pursue, when consulted in reference to a case of alleged poisoning, will be to abstain from the declaration of any opinion tending to criminate an individual, unless he can rest such opinion upon the basis of experimental proof. But, it may be asked, does the detection of a poison in, let us suppose, the alimentary tract, demonstrate that the individual died of the consequences of its action? This question suggests considerations of a very important description, and which do not appear to have sufficiently arrested the attention of writers upon toxicology. It may be contended that the quantity found is much too small to permit us to conclude that it was the cause of death, or it may be said that the individual died from some other cause, and that the poison discovered had been introduced subsequently to his decease with the view of criminating an innocent person.

To the first of these objections little weight should be attached, for it is impossible to assign what is the least dose of one of the active poisons capable of producing, in any given instance, a fatal effect; and, moreover, the amount of the deleterious agent detected is no measure whatever of what may have been administered, inasmuch as a good deal of it may have been lost in the dejections and matters discharged from the stomach; or it may have been removed by absorption; or, finally, when of animal or vegetable origin, decomposed in the alimentary tract.

In dealing with the other case hypothetically suggested above, it will be essential to pay special attention to the symptoms present during life, and the appearances presented on dissection. Should these be of such a description as to correspond with those which are known to be characteristic of the action of the poison whose presence has been demonstrated, the case is divested of all difficulty, and the proof of poisoning is complete. But, on the contrary, should the usual symptoms and morbid appearances not have been observed, doubts may unquestionably be entertained as to the cause of death, and it will be particularly incumbent upon us to inquire whether there be any thing in the history of the case calculated to justify a suspicion of the perpetration of the diabolical act above suggested, to explain the presence of the poison. In the absence of circumstances to sustain such supposition, there are at least highly probable grounds for concluding that the deleterious substance in question was the cause of the death of the individual; for, as we have already seen, cases of decided poisoning have occurred in which the characteristic symptoms and morbid appearances were entirely wanting.

Having disposed of those preliminary observations, we shall now proceed to the examination of the various individual poisons, beginning with the irritants, and premising a brief

enumeration of the symptoms and morbid appearances which are the results of their action upon the animal body.

I.—IRRITANT POISONS.

Symptoms and morbid appearances produced by the irritant poisons.—When a poison of this class is internally administered, the consequences which it produces are either the immediate and complete destruction of the parts with which it comes into contact, (an effect determined by the more powerful escharotics alone,) or such a degree of irritation as leads to inflammation of some part of the intestinal tract, succeeded by its usual consequences—increased vascularity, effusion of coagulable lymph, and occasionally of blood, ulceration, softening, and sometimes preternatural thickening of the villous coat, and, lastly, gangrene or slough. These effects are observable in the mouth and fauces, in the œsophagus, stomach, small and great intestines; but they do not invariably occur in all these places, nor in all with the same degree of intensity. Such being the pathologic condition of the intestinal tube, the accompanying symptoms may be easily conceived. The epigastrium becomes the seat of a burning pain, and shortly after vomiting ensues, by which the contents of the stomach are first rejected, and subsequently a viscid mucus streaked with and often containing coagula of blood. The epigastrium is obviously swollen, tense, and tender, and the distress felt in this region is greatly augmented by pressure. The inflammation is sometimes confined to the stomach, but more usually it extends to the lower intestines, producing general abdominal pain and tenderness upon pressure, purging accompanied by tenesmus, and bloody dejections. When the deleterious substance belongs to the class of escharotics and is either very soluble in water, or has been administered dissolved in some chemical menstruum, the mouth, tongue, and throat are the parts which first suffer from its action, and to which the earliest symptoms are referred. These are burning pain and a sense of constriction in the fauces, preventing or materially impeding the act of deglutition, and the entrance of air into the lungs. In addition to these local symptoms it may be also observed that the constitution will be always found to have undergone serious general disturbance. The pulse will be rapid and feeble; the countenance will be flushed, or exhibit a deadly paleness; there will be excessive prostration, and the entire body will be covered with a cold and clammy sweat.

From the preceding summary it is obvious that the effects of poisoning by the irritants resemble very closely those which result from many forms of natural disease; and, such being the case, it will be proper to follow the plan of most writers on toxicology by enumerating the diseases in question, and briefly touching upon the diagnostic means which are known to be of most practical value.

The maladies which may be mistaken for the effects of poisoning are bilious cholera, gastritis, enteritis, peritonitis, perforation of the stomach and intestines, melæna and hæmatemesis, colic,

iliac passion, and obstructed intestine, whether produced by entanglement, intus-susceptio, or the strangulation of hernia; to which some add complete or partial rupture of the stomach, death from over-distention, and from cold water drunk while the body is strongly heated.

The malady first mentioned,—namely, the bilious cholera,—is undoubtedly that which is most liable to be confounded with the effects of irritant and escharotic poisons. Distinctions, however, do exist, and these have been very clearly pointed out by Dr. Christison.

1. Cases of poisoning by the irritants occur in which the throat is entirely unaffected, but in the bilious cholera it is, after the vomiting has begun, invariably the seat of heat, of pain, and of a peculiar sense of acridity. In poisoning, when these symptoms are experienced, they frequently precede the vomiting, but this is never the case in cholera; and indeed in this disease they are, with much probability, referable to the contact of the irritating matters rejected from the stomach with the mucous membrane of the œsophagus and fauces.

2. In poisoning, the vomiting is frequently sanguinolent; in cholera, never.

3. The irritant poisons are much more frequently destructive, and produce death in a much shorter time, than the bilious cholera. Arsenic, for example, has often destroyed life in a few hours, while there are but a very few authentic cases upon record of cholera having terminated fatally until after the third day.

Acute gastritis of the idiopathic kind is, according to many practical authorities, a disease which is never met with. Thus Dr. Abercrombie states that he “had never seen a case which he could consider as being of that nature;” and Dr. Christison, who quotes him to this effect, makes a similar statement on the part of himself and several of his medical friends, and even seems disposed to deny the existence of any such affection. This opinion, however, is by no means generally received, for there are many alleged cases upon record of inflammation of the stomach arising from natural causes, and the writer of this article, unless he is much deceived, has had recently the management of one such. It would, indeed, be very singular if the stomach alone, of all the viscera, was exempted from being the subject of acute inflammatory action spontaneously arising. The determination of the question one way or another would, as Dr. Christison observes, be practically interesting; for if it were admitted that acute idiopathic gastritis does not exist, the symptoms and morbid appearances would frequently of themselves, and without any chemical investigation, be sufficient evidence of the administration of poison. While, however, the point remains undecided, the following criterion is deserving of attention. In poisoning by the irritants, the throat is frequently affected before there is any evidence of gastric disturbance; but in idiopathic gastritis the burning pain and constriction of the fauces, if present at all, are never observed until after the occurrence of vomiting.

Enteritis, or inflammation of the intestines,

may be confounded with the effects of the irritant poisons. The primary seat, however, of the pain and tenderness in such an affection, the almost uniform constipation of the bowels, and the morbid appearances, are sufficient to characterize it.

In peritonitis also, the pain and tenderness are first referred to the abdomen, and are not confined to any particular region of it. The bowels are usually constipated, and, lastly, there is vascularity of the peritoneal coat, and effusion of lymph and serum visible on dissection; circumstances which leave no doubt respecting the nature of the disease. These last, however, cannot, unfortunately, be rendered available to the purposes of diagnosis during life.

Spontaneous perforation of the stomach, an event much more common than was once supposed, is often attended by symptoms very analogous to those of irritant poisoning. This perforation may be the consequence of scirrhous in the stage of ulceration, in which case it is but the termination of a chronic disease. It is sometimes, however, the result of recent morbid action, and then occurs in the centre of a superficial ulcer of variable size. Lastly, the coats of the stomach become perforated, not by ulceration, but in virtue of a softening or gelatinization which occupies the villous and even muscular coat, and finally destroys them as well as the peritoneal covering over a certain extent of surface. The opinions of pathologists do not appear to be made up respecting the nature of this latter disease, some, particularly those of the French school, referring it to a morbid action set on foot in the living body, while others, with John Hunter, ascribe it to the solvent action of the gastric juice exerted after death upon the parietes of the stomach.

When scirrhous of the stomach terminates in perforation, the nature of the malady will be pretty well determined by the history of the previous symptoms, and is completely unfolded by inspection after death.

In the second form of perforation, or that which is the result of recent disease, the diagnosis presents greater difficulty, and cannot be made to rest upon any peculiarities in the form or appearance of the ulcer, for such peculiarities are not to be recognized. When, indeed, the mischief is the result of an irritant, or, as is more usually the case, of a corrosive poison, the deleterious agent is said to be sometimes found, if of difficult solubility, adhering to the circumference of the perforation. But this is obviously a circumstance which will but rarely be found to obtain, and to which, therefore, as a characteristic mark, but little value can be attached.

In the destruction of the coats of the stomach by gelatinization or solution, the viscus, so far from exhibiting any degree of increased vascularity, is unusually white, the amount of corrosion is generally extensive, and the parietes are thinned down towards the edge of the orifice; all which circumstances are the very opposite of those observed when the perforation

is the consequence of an ulcer caused by some deleterious agent. In this latter case the villous coat of the stomach, particularly the part adjacent to the perforation, is preternaturally vascular, the opening is small in size, abrupt, and exhibits thickened edges; to which we may add, as has been already remarked, that adhering to its edges will occasionally be found some remnants of the poison swallowed; and, lastly, that in the colour of the circumference of the perforation we shall have indications of the nature of the agent by which it was produced, this colour being dark in the case of oil of vitriol, orange in that of iodine, yellow in that of nitric acid, &c. It is scarcely necessary to observe that in this, as well as in every other instance, where the symptoms and morbid appearances are not sufficiently characteristic, chemical analysis will be found our most valuable resource. When by means of it poison is detected in a perforated stomach, all obscurity is removed from the case; whereas, in the opposite event, still stronger grounds than any previously existing are established for tracing the injury in question to natural disease. (See the articles PERFORATION, SOFTENING OF ORGANS, STOMACH, DISEASES OF.)

Stricture of the œsophagus is a common consequence of the swallowing of corrosive poisons, but they are not known to have ever produced its perforation, though this has sometimes occurred as a consequence of natural disease.

The parietes of the great and small intestines are also sometimes penetrated by ulcers, but such are seldom, if ever, the results of the action of escharotics, for these will scarcely be permitted by the pylorus to pass into the lower intestines in such a state of concentration as to be capable of effecting the chemical corrosion of their coats. The simple irritants indeed may give rise to such perforations, and, when they do, there is no other mode than chemical analysis of determining whether they are due to such a cause or to spontaneous disease.

Colic is distinguished from poisoning by the absence of vomiting and purging, by the seat and the nature of the pain.

Hæmatemesis and mæna are sufficiently characterized by the nature of the fluids discharged.

In iliac passion stercoraceous matter is discharged by vomiting, a thing which never occurs in cases of poisoning.

In intus-susceptio the pain commences at some part in the abdomen, and there is obstinate constipation.

In strangulated hernia the same phenomena are observed, and, in addition, there is an external tumour.

As to death from drinking cold water while the body is warm, from simple distention or rupture of the stomach, enumerated by some writers, such cases will, generally speaking, be readily distinguished from the consequences of the administration of poison, by the history and accompanying symptoms, or, at all events, by the post-mortem examination.

1. Mineral irritants.

Aqua chlorinii.—Water at the temperature of 60° absorbs about two volumes of chlorine, affording a solution having the yellowish-green colour and pungent odour of the gas. By keeping, it gradually loses its colour and smell, and is finally converted by the decomposition of water into a dilute muriatic acid, oxygen at the same time escaping.

There is a formula for the preparation of an "aqua chlorinii" in the Dublin Pharmacopœia, and it is pretty generally used as a tonic and antiseptic medicine in doses of from half a drachm to a drachm diluted with water. In an over-dose it would, no doubt, act as a powerful irritant, and produce inflammation and its consequences in the stomach and intestinal tube. In experiments performed by Orfila, five ounces of strong chlorine water killed a dog in twenty-four hours, and two ounces diluted with a double weight of water destroyed another in four days, the morbid appearances in the former being general redness and blackness, and in the latter ulceration of the villous coat.

Aqua chlorinii may be recognised by its smell, and by its faculty of dissolving gold and of discharging vegetable colours. In testing this latter power a diluted solution of sulphate of indigo, or paper tinged with litmus, is the best substance to employ. A solution of albumen or the white of an egg is as good an antidote to its effects as can be exhibited. It combines with the chlorine, and is coagulated by it as it would be by corrosive sublimate.

Chlorides of lime and soda.—The chloride of lime, as manufactured, is a white powder evolving a feeble smell of chlorine. A solution of it, however, is at present sold by the druggist for medical purposes, and this is likewise the form in which the chloride of soda is to be met with. The effects of these chlorides in large doses upon the animal economy have not been experimentally studied, but there is no doubt that, like chlorine itself, they would operate as irritants, and produce inflammation of the stomach and bowels. They are readily distinguished by evolving chlorine upon the addition of acetic acid, and thus affording solutions which exercise powerful bleaching properties. By a solution of green vitriol they are immediately brought to the state of muriates, a form in which they may be considered as comparatively inert. This salt would, therefore, seem an advisable antidote.

Iodine and hydriodate of potash.—Iodine is a simple substance of a steel grey colour and metallic lustre, usually occurring in tabular prismatic plates, friable, evolving an odour analogous to that of chlorine, and converted by the application of heat into a violet vapour. When exhibited in an over-dose to the extent, for example, of ten or twenty grains, it operates as an irritant poison, producing a sense of constriction in the fauces, nausea, epigastric pain augmented upon pressure, vomiting, and colic. These symptoms, however, do not invariably occur, and, indeed, there is

reason to believe that its injurious action upon the economy has been overrated. When administered for a considerable time in medicinal doses, effects have sometimes been observed finally to ensue analogous to those just described, and in addition, diarrhœa, pain and tenderness in the region of the liver, cramps, general emaciation, and, in particular, a wasting of the larger glands, as the mammae and the testicles. In other cases complete anorexia, tremors, palpitation, and repeated syncope have been noted amongst the effects of its long-continued use. The morbid appearances which presented themselves in a case of slow poisoning by iodine recorded by Link, were redness of the mucous membrane of the stomach and intestines at several points, adhesion of the intestines by their peritoneal covering, together with effusion into the abdominal cavity, distention of the intestinal tube with gases, and enlargement, accompanied by a slight redness, of the liver. Effusion into the sac of the pleura was also observed by him.

The hydriodate of potash is also an irritant poison, producing all the symptoms and morbid changes which result from the use of iodine. The latter, according to Orfila, given to the extent of two drachms, killed a dog in seven days. The former, in a similar dose, caused death in three days in an experiment performed by Devergie. Notwithstanding these experiments, however, there can be no doubt that the action of the hydriodate on the human subject is much less energetic than that of iodine.

In the solid form iodine is easily recognised by the application of heat, which converts it into a violet vapour. In the fluid form its presence may be demonstrated in a similar manner, or by the addition of a cold aqueous solution of starch, which affords with it a beautiful blue precipitate. The hydriodate of potash affords with the proto-salts of mercury a yellowish green, with the per-salts of mercury a scarlet precipitate, and with the soluble salts of lead a yellow precipitate very similar to chromate of lead. The hydriodate of potash may also be tested for by developing the iodine by the addition of a drop of nitric acid or chlorine water, and subsequently adding the solution of starch. Should the chlorine water be employed, care should be taken not to add an excess of it, for this would prevent the formation of the blue precipitate.

To detect iodine in a coloured fluid containing organic matters, the following process, the outline of which is given by Christison, should be pursued.

Supersaturate with caustic potash, evaporate to dryness, and ignite the residuum, taking care to apply but a low red heat, otherwise the iodide of potassium would sublime. Alcohol digested upon the residuum will take up the iodide of potassium, which, after the removal of the alcohol, and the addition of water, may be tested for with nitric acid and solution of starch, as already described. The conversion of any free iodine into hydriodic acid by sulphuretted hydrogen, directed by Christison in

the commencement of the process before adding the potash, is unnecessary; for any iodate formed by the action of the alkali on the iodine is converted by the heat applied into iodide of potassium. Iodine is readily detected in the urine of patients using it as a medicine. It exists in the form of a hydriodate.

In a case of poisoning by a large dose of iodine, starch, or what amounts nearly to the same thing, wheaten flour would probably be an advisable antidote to exhibit.

Sulphur and the alkaline hydrosulphurets.—Sulphur in medicinal doses operates as a laxative, and in larger ones irritates and inflames the intestinal tract. Its action, however, is not sufficiently energetic to entitle it to a detailed notice amongst the irritant poisons.

Hydrosulphuret of ammonia.—This compound, a solution of which is prepared for medicinal purposes by passing sulphuretted hydrogen into water of ammonia, proves an irritant to the different parts with which it is brought into contact, and, like arsenic, inflames the stomach, whether introduced into this viscus, or applied externally to a wound. When internally administered to dogs and rabbits, Arnold found it to produce palpitation, excessive debility, slow breathing, and tetanic spasms. Its poisonous action has hitherto been witnessed only in the lower animals.

A good antidote to exhibit would be a solution of green vitriol or some other soluble chalybeate salt.

The other alkaline hydrosulphurets possess similar poisonous powers.

Phosphorus.—This remarkable substance has been prescribed by some physicians as a general tonic and corroborant, and, in particular, to stimulate the genital organs. Experiments made on the lower animals by Orfila prove it to be a powerful poison, producing irritation and inflammation of the different parts of the intestinal tract; and there are two cases upon record in which, in very small doses, it has proved fatal even to man. In the *primæ viæ* it is converted into phosphoric acid, and partly into phosphuretted hydrogen, as may be collected from the alliaceous odour of the matters discharged by vomiting. The symptoms and morbid appearances are analogous to those produced by the mineral acids, and which will be presently described.

Phosphorus in the pure state possesses properties so peculiar as to prevent it from being confounded with any other known substance. In the form of phosphoric acid it may be distinguished by its fixity at a low red heat, by precipitating albumen after it has been ignited, but not before, and by producing, when neutralized with an alkali, in the latter case a yellow, in the former a white precipitate with nitrate of silver, both of which are soluble in ammonia and nitric acid.

Sulphuric, nitric, and muriatic acids.—These acids offer examples of purely corrosive poisons, or of such as give rise to no other effects upon the system than what are the results of the disorganization they produce, and of the consequent impressions made by them upon the

nervous system. They may be conveniently discussed in conjunction, inasmuch as the symptoms they excite are very similar, and, as has just been observed, their manner of action is the same. Tartra, who has studied this subject with great attention, describes two distinct varieties of fatal poisoning by the mineral varieties.

The symptoms of the severer form are excessive debility, feeble and irregular pulse, general coldness and clamminess of the body, particularly of the extremities, repeated vomiting, the matters discharged being highly acid, and containing shreds of coagulated mucus, occasionally portions of the villous lining of the œsophagus and stomach; a sense of burning heat in the throat and stomach, epigastric pain augmented by pressure, constipation of bowels, scanty urine, and, very generally, distressing tenesmus. Death relieves the patient from his sufferings sometimes in a few hours, but more generally not for two or three days; and there are even cases upon record which did not prove fatal until the fifteenth.

In the second variety we have, at first, all the symptoms which have been just enumerated, but these after a short time subside, and are succeeded by others of scarcely a less formidable description. The belly becomes distended, the respiration quick and embarrassed, the limbs are affected with pains and also with spasms. Profuse salivation sets in, and this after a little time is accompanied by a peculiarly offensive smell. The skin is dry and hot, the tongue parched, the pulse quick and strong; in a word, there is general fever: the vomiting also recurs at intervals, membranous flakes being discharged in quantity; digestion appears almost suspended, and the individual finally sinks into a state of extreme emaciation.

Where the poisoning does not terminate fatally, the recovery, nevertheless, is not always perfect. The stomach, in certain cases, ever after continues irritable, is often affected with pain, and frequently rejects its contents, particularly if the food employed be of a stimulating nature, or such as the individual has not been in the habit of using.

The morbid appearances are easily given, being such as might be anticipated from the symptoms just detailed, and from the corrosive nature of the poisonous agents in question.

In the more rapidly fatal cases there is no wasting, and the body exhibits its usual appearance. Spots or stains are observed on the lips, and occasionally upon the adjacent parts of the face, of a dark brown colour when due to the sulphuric, and of a yellowish tinge when to the nitric acid. The teeth are similarly discoloured. The mucous membrane lining the mouth presents a hardened and glazed appearance. It is white or brownish from oil of vitriol, and yellowish or orange from aquafortis. The appearance of the pharynx is sometimes the same with that of the mouth; sometimes it is red and highly vascular, and the inflammation will also occasionally be found to have

extended to the glottis and top of the larynx. The œsophagus is sometimes entirely destitute of its inner coat, (the same may be said of the mouth and pharynx,) and lined with an adventitious membrane of a yellow colour, and which adheres firmly to the subjacent parts. The stomach is in a state of distention from gases, its pyloric orifice is contracted, and it contains a quantity of semifluid matter of a dark colour, apparently composed of blood, mucus, and decomposed animal structures.

The mucous membrane itself is either in a state of high inflammation and vascular injection, the blood in the vessels being of a dark colour; or its rugæ are removed as it were by a process of solution at several points; or studded with ulcers discharging pus; or, lastly, in a condition resembling a charred or half-burned towel. The walls of the viscus are sometimes traversed by a circular perforation of variable size, the edges of which are thin at the margin, of a dark or yellow colour, and invested more externally with a highly vascular ring or corona. Cases have occurred in which the œsophagus exhibited no morbid appearance whatever, and the only lesion to be observed in the stomach was a single perforation. The jejunum and lower intestines are often unaffected, an exemption which is probably due, as Christison has suggested, to the spasmodic closing of the pylorus. In cases of perforation, peritonitis and its consequences, namely, the effusion of serum and lymph, are, of course, observed, unless death should very rapidly supervene.

The blood has been found in large coagula or clots in the heart and great vessels, and these are described as exhibiting a particularly dark appearance.

In the more protracted variety the body is in a state of extreme marasmus, the stomach is contracted enormously in size, and the caliber of the intestine so much reduced as to permit with difficulty the passage of a quill at particular parts. The pyloric orifice of the stomach is also in a state of stricture or inordinate contraction.

Tests for sulphuric acid.—The oily consistence, soapy feel between the fingers, power of charring bits of paper, slips of wood, &c., and of evolving considerable heat when mixed with water, are so many familiar characters by which the concentrated acid may be recognized. To apply to it chemical tests it will be convenient to reduce its strength by the addition of seven or eight times its weight of water. Upon adding to it, in this diluted state, muriate of barytes, it will afford a white precipitate insoluble in water or any other menstruum but boiling-hot oil of vitriol. This precipitate also, if mixed with an equal bulk of lamp-black and heated (rolled up in platina foil) to redness over the spirit lamp, will yield to water a solution which will give, with acetate of lead, a black, and with tartar emetic an orange, precipitate. To this process it may be objected that the barytic precipitate is due, not to free sulphuric acid, but to a soluble sulphate existing in the acid solution. To obviate this objection

the acid should be boiled upon carbonate of barytes until it is neutralized, and any excess of carbonate removed by the action of muriatic acid. The residual powder, if any, should be now subjected to the tests above described, for the purpose of proving it to be sulphate of barytes. In practising this method it is indispensable to attend to the following precautions:—

1. To wash the mixed sulphate and carbonate of barytes diligently with distilled water for the purpose of removing the soluble sulphates before adding an acid to dissolve the carbonate.
2. To remove, before the addition of the carbonate of barytes, any free muriatic, nitric, or acetic acid; for these would form, with the carbonate of barytes, barytic salts, which would be decomposed by any soluble sulphate present, and afford a sulphate of barytes even though there were no free sulphuric acid. To remove the acids which have been mentioned, it will be sufficient to evaporate the solution, at a temperature of about 300 degrees, in a porcelain capsule, as long as acid vapours continue to be evolved.

The chemical evidence in support of poisoning by oil of vitriol is supposed not to be complete unless the acid be detected in the free state. This, however, cannot always be accomplished, even in cases where it has been swallowed in the uncombined form. Should antidotes, such as the carbonates of lime and magnesia, have been exhibited, they will neutralize it, and there are even cases on record in which this has been achieved by the spontaneous development, in the stomach, of ammonia, the result of incipient putrefaction.

For these reasons, and because the normal secretions and usual contents of the stomach contain soluble sulphates, the detection of the acid in a state of combination can by no means be considered, *per se*, as a proof that sulphuric acid was swallowed. But when the amount of these sulphates is unusually large, (and their amount may be easily ascertained by the addition of muriate of barytes to the washings of the precipitate got by neutralizing the sulphuric acid with carbonate of barytes, as already explained,) strong grounds are undoubtedly laid for suspecting the administration of oil of vitriol, and these will, of course, be strengthened by the occurrence of any circumstances in the history of the case which may account for its neutralization.

The existence of stains upon the clothes frequently affords important collateral evidence in cases of suspected poisoning by the mineral acids. From the stained parts also, by digestion with distilled water, a sufficiency of free acid may often be extracted to subject to the operation of tests. A portion of it, however, is always in a state of combination, usually with ammonia.

Tests for nitric acid.—Nitric acid, when pure, is a colourless fluid, but, as usually met with, it presents an orange tinge, owing to the presence of nitrous acid. When strong, it emits white vapours in the air, stains the cuticle of a permanent yellow, which is height-

ened by contact with ammonia, and dissolves silver, copper, zinc, iron, &c., with the copious evolution of orange vapours.

In the pure state, or when merely diluted with water, it is identified by the following properties:—1. When brought into contact with copper, a colourless gas (the nitric oxide) is given off, which, by contact with the oxygen of the air, becomes an orange vapour, and when passed into a solution of green vitriol, communicates to it a dark colour. 2. With an aqueous solution of urea it affords a precipitate composed of crystalline pearly scales. 3. It discharges the colour of sulphate of indigo, or rather changes it to an orange. 4. By the addition of muriatic acid it acquires the power of dissolving gold. 5. When touched by a crystal of morphia the latter acquires a deep red or orange colour.

The first test is quite decisive, but it can scarcely be applied in a satisfactory manner where the quantity of acid is but small. In such a case the better mode of proceeding will be to saturate the acid with potash, and, having evaporated the solution nearly to dryness, to add sulphuric acid and a couple of crystals of green vitriol. The sulphuric acid will liberate the nitric acid, and this, by contact with the protosulphate of iron, will be resolved into oxygen and nitric oxide, the latter of which produces a dark annulus about the crystals, in consequence of being absorbed by such portion of them as has been dissolved, while the former converts more of the solution into a persalt. The second method given above is open to the objection of urea affording with oxalic acid a similar precipitate. The characters of the oxalic, however, are so distinct from those of the nitric acid, that no difficulty can occur in distinguishing them from each other.

The accuracy of the sulphate of indigo test, first proposed by Liebig, has been called in question by Dr. O'Shaughnessy, who states that a similar discoloration is produced by several other agents besides the nitric acid. This would, undoubtedly, be effected by the chloric, iodic, and bromic acids, which resemble the nitric acid so closely in composition, also by sulphurous acid, protomuriate of tin, and, according to Dr. O'Shaughnessy, by permuriate of iron. We cannot, however, subscribe to the statement that pure sulphuric or muriatic acids are capable of discharging the blue colour of sulphate of indigo. Should muriatic acid include, as it frequently does, permuriate of iron, sulphurous acid gas, or a trace of chlorine, iodine, or bromium, it will no doubt act as a decolorizing agent, but, when entirely free from such impurities, we find it to exert no action whatever on the sulphate of indigo. Dilute sulphuric acid we consider as equally inert, but, in the concentrated state and at the temperature of ebullition, sulphurous acid is developed, to which any bleaching powers exerted are, we believe, to be ascribed. If these views be correct, the solution of indigo in sulphuric acid may with proper precautions be em-

ployed as a valuable auxiliary test in searching for nitric acid.

The fourth method of conducting the investigation was first suggested by Dr. Marcet, and is founded on the fact that when nitric and muriatic acids are mixed, chlorine is set free, an agent which possesses the power of dissolving gold. A similar power, and one due to the same element, is developed upon adding muriatic acid to the chloric, iodic, bromic, or chromic acids. From the rarity, however, of these acids, (they do not, in fact, exist as natural products,) the process cannot, on such account, be considered as practically impugned. In practising the last of the methods noticed above, it is essential that the morphia be not perfectly pure, for in this state its colour is not affected by the nitric acid. The sulphuric and muriatic acids communicate, not a red, but a dark colour to crystals of morphia with which they are heated.

When the quantity of acid is small, (which indeed will be always the case where it is sought for in stains made on the skin or clothes, after being extracted from these by repeated digestions with distilled water,) the solution should be saturated with potash, and the residuum obtained by evaporation to dryness introduced into a glass tube, and heated with a few drops of oil of vitriol so as to liberate the nitric acid. If the latter be present, it will communicate a deep orange colour to a crystal of morphia dropped into the tube. This method, which is susceptible of great delicacy, was first proposed by Dr. O'Shaughnessy.

When the nitric acid is sought for in the intestinal tract, where it is necessarily mixed with animal fluids, it should, as before, be neutralized by potash and crystals of nitre, if possible, obtained by filtration and evaporation, from which the nitric acid is subsequently to be liberated by means of oil of vitriol. The animal matter will sometimes prevent in this process the crystallization of the nitre; and if the filtered solution be merely evaporated to dryness, it will, in consequence of the presence of chloride of sodium, frequently evolve, upon being heated with the oil of vitriol, chlorine, and no nitric acid. The evolution of the chlorine, however, may, upon the principle of Marcet's method, be looked upon as proving the presence of a nitrate, so that further investigation becomes unnecessary. To apply, indeed, the test by morphia, it will be necessary to develop the nitric acid itself; and when this is deemed essential, we must resort to the following method laid down by Christison. Saturate the fluid with potash, filter, and then add acetate of silver as long as there is any precipitate. This will throw down the chlorine of the common salt in the form of chloride of silver, and will also determine the coagulation of the animal matters present and the clarification of the fluid. Upon now filtering a second time, evaporating to dryness, and acting with oil of vitriol upon the residuum introduced into a glass tube, nitric acid will be set free, and may be tested by the introduction of a crystal of morphia into the tube.

Tests for muriatic acid.—The action of this acid when concentrated is analogous to, but less intense than, that of the sulphuric acid, and the same may be said of the symptoms and morbid changes it produces. In the pure state, or when merely combined with water, it is at once detected by the addition of nitrate, or, what is better, sulphate of silver, which affords with it a precipitate, the chloride of silver, possessing the following characters:—it is white, but blackens upon exposure to light, particularly the most refrangible rays; it is insoluble in nitric acid, but dissolves readily in aqua ammonia and the solutions of the alkaline hyposulphites; lastly, it fuses into a sectile horny mass at a temperature considerably below a red heat. Should the acid be sought for in the contents of the stomach, the formation of a precipitate on the addition of the soluble salts of silver will take place, even though no muriatic acid has been swallowed, in consequence of the presence in this viscus of the chlorides of potassium and sodium, and the muriate of ammonia. In such case it will be necessary to begin by distilling off the free acid, which may be accomplished by means of a gas-bottle furnished with a tube bent twice at right angles, and dipping into a bottle of distilled water to within a short distance of the surface of the fluid. By this process the free muriatic acid is distilled over, and a solution obtained which may be treated in the manner already described when speaking of the pure acid.

In investigations of this description it should be recollected that pure muriatic acid exists in the stomach during digestion in association with the acetic, as has been amply proved by the experiments of Prout, Gmelin, and Lassaigne. The quantity, however, is so small, not exceeding in an experiment of Prout's, in which the gastric secretion was morbidly acid, a quarter of a grain in the ounce, that this natural source of the acid can scarcely create any serious embarrassment to the toxicologist.

Treatment of poisoning by the mineral acids.—This must of course consist either in removing the acids from contact with the animal structure on which they are acting, or in depriving them, by the exhibition of proper antidotes, of their injurious powers. The latter is much more easy of execution than the former, and is therefore that usually attempted. Their escharotic action may be suspended by copious dilution, or by combining them with bases so as to convert them into innoxious saline compounds. It should, however, be recollected that the strong acids, particularly the nitric and sulphuric, are very rapid in their action on animal textures, and that we can, therefore, never expect to accomplish, by the administration of either variety of antidote, any thing further than the suspension of the corrosive influence which they have been exerting. A certain amount of mischief is always necessarily inflicted, the effects of which can only be combated by general medical treatment. Water being always at hand should be repeatedly and copiously exhibited. The poison thus di-

luted is no longer a corrosive, but, in consequence of the injury already done to the mucous membrane, it operates upon it as a powerful irritant. To annihilate this effect we must combine the acid with some base, and that most likely to be at hand, and which at the same time answers the purpose well, is powdered chalk, limestone, or old mortar. If carbonate of magnesia be within reach, it is preferable; but the magnesia usta, which is frequently recommended by toxicologists, should on no account be employed. The heat, in fact, which results from its union with an acid is such as would of itself produce inflammation, or even disorganization of the stomach. In the absence of these bases a solution of soap may be advantageously exhibited; but the alkaline carbonates, if administered at all, should be given with caution, inasmuch as they are themselves poisonous substances. The after treatment must be antiphlogistic, and conducted upon general principles.

Oxalic acid.—There is no poison more interesting to the toxicologist than the oxalic acid. It has been very frequently taken in mistake for Epsom salt, to which it bears a close resemblance; and from the certainty and rapidity with which it destroys life, and the facility with which it can be procured, it is very likely to be, and actually has been, employed as an instrument of murder. When injected in small quantity into a vein, it proves almost immediately fatal, and it is scarcely less energetic in its action when applied to a wound or introduced into the sac of the peritoneum or pleura. It is a powerful poison also when taken into the stomach. The structure through which it acts with most slowness is the subcutaneous cellular tissue. The entire subject of poisoning by oxalic acid has been investigated with much success by Drs. Christison and Coindet, in a joint paper published by them in the nineteenth volume of the Edinburgh Medical and Surgical Journal.

The symptoms consequent upon swallowing a solution of the acid vary with the strength of the solution and the quantity of it which has been administered. When the solution is strong, and a considerable quantity of it has been swallowed, a very severe pain is almost always immediately felt in the stomach, and sometimes in the fauces, which after a little time is followed by violent vomiting,* cold clammy skin, and feeble or even imperceptible pulse. A drowsy or torpid state next ensues, characterized by great languor and debility, during which death takes place without being preceded by any other remarkable phenomena. The symptoms, in fact, first observed are those which belong to a powerfully irritant or corrosive agent, while those subsequently developed are such as one would expect to result from the exhibition of a narcotic poison. The former class are those which have been most prominent in individuals of the human species poisoned by the acid.

* Cases have been recorded in which vomiting did not occur.

When oxalic acid is diluted with about twenty times its weight of water, like the mineral acids it loses its irritant action, but, unlike them, is still poisonous in a high degree. According to the researches of Coindet and Christison, it attacks in this form the heart, the brain, and the spinal cord, producing, when swallowed in quantity, paralysis of the first-mentioned organ, and in smaller doses a fatal coma, which is usually preceded by tetanic spasms, particularly of the respiratory muscles, fixing the chest, and thus determining asphyxia or suffocation. These results have been arrived at by means of experiments on the lower animals, and, in all probability, correctly represent those effects which, under similar circumstances, would be witnessed in the human species. Opportunities, however, of studying these seldom present themselves, for when the acid is taken accidentally, or designedly administered as a poison, the solution is usually strong and swallowed in considerable quantity.

From this enumeration of symptoms it is obvious that oxalic acid exercises on the economy an influence independent of its irritating action, and which is principally directed to the nervous system. We shall not revive here a topic which has been already sufficiently discussed, by inquiring into the precise medium through which its action is exerted; but it would be improper to omit mentioning that chemical experiment has failed in demonstrating its presence in the blood, even in a case where eight grains of it were injected into the femoral vein of a dog, although it is very easily detected in blood drawn from the arm, and into which it is introduced subsequent to venesection. Dr. Christison concludes that when introduced into the vascular system it is decomposed in virtue of some unknown vital action; and it must be admitted that the fact just referred to, combined with the facility with which it is resolved into carbonic acid by any thing which will supply it with oxygen, gives countenance to this opinion.

The post-mortem appearances closely resemble those presented after poisoning by the mineral acids. Marks of inflammation are to be seen in the œsophagus, the stomach, and sometimes the small intestines, such as unusual vascularity of those parts, softening and extreme pulpsiness of the villous coat, portions of which are sometimes quite destroyed, and the presence in the stomach of a dark fluid resembling coffee-grounds, and obviously including a considerable quantity of blood. Cases, however, have occurred in which these morbid changes were altogether wanting, but it is worthy of remark that in such death occurred very soon after the administration of the poison.

Treatment of poisoning by oxalic acid.—The indications are, to remove the poison by emetics or the stomach-pump, and to neutralize what may not have been removed by the exhibition of appropriate antidotes.

With respect to the removal of the poison, it should be borne in mind that its action is extremely rapid, and that it will be inexpedient to exhibit drinks with the view of washing it out

of the stomach, for these, by diluting the acid, will promote its absorption. In fact it will, generally speaking, be the better plan to lose no time in attempting its expulsion, but proceed at once to the exhibition of *chalk*, or the *carbonate of magnesia*, both of which have been proved by direct experiment adequate to the perfect counteraction of its injurious action. The alkaline carbonates will not answer, for Christison and Coindet have found the soluble oxalates nearly as destructive as the acid itself, and moreover, if administered in excess, these carbonates themselves operate as poisons.

Potash, soda, lime, &c. and their carbonates.—The *modus operandi* of the alkalies and their carbonates is the same, both acting, in small doses or diluted solution, as simple irritants, but in larger quantity or more concentrated form, as escharotic poisons. Such being the case, the symptoms they produce may easily be conceived. Great irritation, or even burning pain, is felt in the mouth, œsophagus, and stomach, accompanied by difficulty of deglutition. These are succeeded by bloody vomiting, epigastric and abdominal pain and tenderness, cold sweats, excessive prostration of strength, bloody dejections, subsultus, &c. Such are the symptoms which have been observed to follow upon the administration of three ounces of the carbonate of potash. When the quantity swallowed is smaller, the effects are less severe, and are by Christison compared to those which characterize an attack of acute gastritis: in this latter case the recovery is sometimes rapid and complete. This, however, does not always occur. A train of phenomena indicative of a chronic inflammation and serious derangement of the intestinal mucous membrane, such as incessant vomiting and purging, pains in the entire abdominal region, occasionally set in, and the patient ultimately dies in a state of extreme emaciation, the inner coat of the alimentary canal having been disorganized to such an extent as to be incapable of subserving the purposes of digestion or assimilation. There is, it should be observed, an instance of poisoning by carbonate of potash upon record, in which the injury sustained was limited to the œsophagus, where stricture was produced, and the patient ultimately perished of starvation. This summary of symptoms has, in strictness, reference only to poisoning by the carbonate of potash, for instances of its effects upon the human subject have alone been recorded. There can, however, be no doubt that the carbonate of soda would operate in a similar manner, and experiments upon dogs, many of which were instituted on this subject by Orfila, justify us in concluding that the caustic fixed alkalies differ from their carbonates, not in the kind but the degree of action which they exert upon animal textures.

Upon dissection, the alterations of texture which have been observed are softening, and occasionally destruction, of the membrane which lines the mouth, fauces, and œsophagus, together with high vascularity and partial removal of the villous tunic of the stomach.

The pærietes of this latter organ are also

sometimes the seat of perforations, and in these cases peritonitis and its consequences, the effusion of serum and lymph, and extensive adhesions, are invariably witnessed. The caliber of the œsophagus, too, is often greatly reduced in size, and, as has been already observed, the diminution is such, in some instances, as to amount to stricture.

Treatment.—The first curative step consists in neutralizing the poison, whether it be alkali or alkaline carbonate, by causing the patient to swallow a quantity of vinegar, or, what will answer equally well, dilute sulphuric or muriatic acid. Oil also has been recommended, but that can evidently not operate as an antidote in the case of the carbonates. After the neutralization of the alkali has been achieved, the subsequent treatment must be conducted upon general antiphlogistic principles. Febrile action must be restrained by venesection or the repeated application of leeches. Cool and mucilaginous drinks must be exhibited, and jelly, milk, and such other nutritious matters as are easily swallowed and digested, alone permitted.

Lime possesses strong corrosive qualities, and may be considered as exercising on the system powers similar to those exerted by caustic potash. The symptoms, however, to which it gives rise are more exclusively those of an irritant poison. Two cases are on record in which, internally administered, it has proved fatal to the human subject.

The alkalies and their carbonates have a peculiarly acid taste. They change turmeric to a reddish brown, the infusion of blue cabbage to a green, and restore the colour of reddened litmus. The former may be distinguished from the latter by their greater degree of causticity, and by dissolving in acids without effervescence. Potash affords with an excess of tartaric acid a white crystalline precipitate, but this does not occur with soda. As additional distinctions, it may be mentioned that potash is precipitated by bichloride of platinum as a yellow crystalline powder, by carbazotic acid in crystalline scales, and by hydroflu-silicio-acid in a gelatinous form, re-agents which have no such effect upon the mineral alkali. The only direct mode of testing for the latter consists in heating the substance under examination on the end of a platina wire before the blowpipe, when, if soda be present, the cone of flame beyond the wire is tinged of a deep yellow. These tests are equally applicable to all the neutral salts of both bases.

Nitrate of potash.—This salt influences the system in a double manner. Its principal action is that of a local irritant, but it also occasionally produces secondary effects upon remote parts, disturbing in a remarkable manner the brain and nervous system. The symptoms which first present themselves, when from half an ounce to an ounce has been swallowed, are such as are produced by other powerful irritants, namely, acute epigastric and abdominal pain, and violent vomiting and purging, the matter discharged being frequently

mixed with blood. These, however, are very generally followed by indications of cerebral irritation, such as great debility, tendency to faint, tremors, and convulsions.

The morbid appearances are inflammation of the stomach and intestines, which, though principally affecting the villous coat, is not confined to it, but extends also to the other tunics of the alimentary tube.

Upon the subject of *treatment* it is sufficient to observe that the poison is to be removed from the stomach by emetics or the stomach-pump, and the patient is to be made to drink largely of mucilaginous fluids, which will dilute the salt, and thus, at the same time, render it innoxious and contribute to its more easy and perfect elimination. The subsequent treatment must be regulated by general principles.

Nitre may be recognised by its crystalline form, which is a six-sided prism terminated by a dihedral summit, unalterable by exposure to the air. Thrown upon a red-hot coal it enlivens its combustion, and when treated with sulphuric acid, nitric acid vapour is evolved upon the application of heat. The nature of the base may be demonstrated by the application of the tests mentioned in the preceding article.

Ammonia and its sesquicarbonate.—The volatile alkali, as is well known, possesses caustic powers when applied to animal structures, but the experiments of Orfila upon dogs establish that its action is not exclusively of this kind. When given in a poisonous dose, effects indicative of disturbance of the spinal system, such as tetanic spasms and convulsions, invariably supervened, and, unless when death very speedily took place, the stomach was found extensively inflamed: The subcarbonate of the shops (sesquicarbonate) acts precisely in a similar manner.

The *treatment*, as far at least as antidotes are concerned, should consist of the copious administration of mucilaginous drinks containing a dilute acid.

Solutions of ammonia and its carbonate have both a very pungent smell, strike an azure blue with a small quantity of a dilute solution of sulphate of copper, and give yellow precipitates with muriate of platina. They may be distinguished from each other by the addition of an acid, which causes the carbonate alone to effervesce, or by a drop of a solution of muriate of lime, which is unaffected by the ammonia, but affords with its carbonate a white precipitate.

We shall have to return to ammonia when we speak of the gaseous poisons.

Gold.—The only preparation of gold which requires notice here is that usually known under the name of muriate. This salt was once employed by the physician in the treatment of syphilis and other affections, and an attempt has recently been made to revive its use. It is also occasionally manufactured in quantity, or at least an acid solution of it, in one process for purifying the standard gold. When this solution is concentrated and permitted to

cool, it affords prisms of a ruby colour, which are deliquescent and very soluble in water, and, when added to a proper proportion of chloride of sodium, form a beautiful double salt, which crystallizes in prisms or tables, and is permanent in the air. Both these preparations, the simple and the double salt, are powerful escharotics, undergoing decomposition almost immediately upon contact with the animal structures to which they are applied. The symptoms, therefore, which they produce are exclusively local, or such as result from the action of the simple irritants.

Nitrate of silver added to these preparations will detect their muriatic acid, and protomuriate of tin their base, which it precipitates in the form of a purple powder, the purple of Cassius. As another distinguishing character of these preparations, it may be mentioned that they stain the cuticle of a beautiful purple colour.

Green vitriol, which throws down from their solutions the gold in the metallic state, is the best antidote to administer where any of it is supposed to remain undecomposed in the stomach.

Nitrate of silver.—This salt ranks with the local irritants, for though it is in all probability partially absorbed,* its injurious effects are, undoubtedly, the results of the disorganization which, as a powerful caustic, it produces in the textures to which it is applied. When any animal tissue is touched by it, it produces an eschar, being at the same time itself decomposed, and to such an extent that some of the silver is reduced to the metallic state. Its corrosive action may, therefore, be safely referred to its oxygen and acid, both of which are set free.

It is not necessary to detail the symptoms of poisoning by lunar caustic, as they do not differ materially from those which are the consequence of the introduction into the stomach of other escharotic substances. Nor, for the same reason, will it be necessary to say of the morbid appearances any thing further than that, when swallowed, it corrodes the mucous membrane of the œsophagus and stomach, and produces ulcers analogous to those caused by it when externally applied in surgical practice. In doses of from half a grain to three grains, it is often exhibited in the treatment of epilepsy and other spasmodic diseases. In the latter quantity there can be little doubt that it would give rise to very dangerous consequences, were it not that the salts and free muriatic acid of the stomach decompose the greater part of it, and bring it to an inert or much less active state of combination.

Nitrate of silver may be known by crystallizing in colourless tabular prisms, which de-flagrate like nitre when thrown upon a red coal, coating it with a perfectly white lamina of silver. They dissolve also readily in water,

and the solution affords, with muriatic acid or any soluble muriate, a white curdy precipitate insoluble in water, the acids and fixed alkalies, soluble in ammonia or its carbonates, and also in the alkaline hyposulphites. Lastly, when treated with the arsenical solution, or with a solution of arsenic first and subsequently a drop of ammonia, a beautiful yellow precipitate (the arsenite of silver) subsides.

We possess in common salt an antidote for nitrate of silver, simple, effectual, and easily obtained. If swallowed subsequently to the introduction of the nitrate into the stomach, the nitrate is converted into the chloride of silver, a preparation which is perfectly innoxious.

Mercury.—The only mercurial preparations which are interesting to the toxicologist are the bichloride, the peroxide, the subsulphate or turbith mineral, calomel, and the nitrates.

Of these the first is that which is most entitled to his attention, both by reason of its activity, and because it is that most frequently employed for the purpose of destroying life. It is also that the action of which on the animal system has been studied with most attention and success.

Corrosive sublimate operates as a powerful poison, whether introduced into the stomach, applied to the cellular substance, or injected into the blood; and the morbid changes it produces, as well as the symptoms which it determines, would appear in all three cases nearly the same. The stomach is sometimes corroded, and it and the rectum are often inflamed and ulcerated. In cases in which death quickly supervened, Brodie found, in experiments on dogs, the heart to be paralysed, and this organ always presents (according to Smith and Orfila) signs of inflammation when the poison is introduced into the subcutaneous cellular tissue, and more particularly when injected into the current of the blood.

Besides the vomiting, purging, gastric and abdominal pain, cold and clammy surface, feeble pulse, and general prostration, which are the symptoms that might naturally be expected to result from the lesions just described, another and a peculiar class, of a secondary and more chronic kind, usually manifest themselves, unless the case should prove very rapidly fatal. The assemblage of these latter is usually known under the name of salivation, and is understood to consist of a peculiar fetor emanating from all parts of the body, and which is usually preceded by a brassy taste in the mouth, of ulceration of the gums, sometimes extending to the tongue and tonsils; and, lastly, of profuse ptyalism.

The other mercurials enumerated above do not possess irritant and escharotic powers as energetic as those of corrosive sublimate, but produce precisely the same train of secondary effects.

When the poison of mercury is very gradually introduced into the system, as in persons who work in quicksilver mines, gilders, looking-glass makers, and those who manufacture barometers and thermometers, a

* That it, or at least its base, is taken into the blood would appear proved by the leaden hue of those who have used it medicinally for some time; and it is worthy of remark that this change of colour is limited to the parts habitually exposed to the light, as the face and hands.

special disease is established, usually known under the name of the shaking palsy, a designation suggested by the tremors and convulsive movements by which the malady is distinguished.

The mercurial poisons are amongst those which when externally applied by inunction make their way into the blood. This has been established by chemical experiment, and we may add that they have also been found under similar circumstances in the urine. Mercury, there is good evidence for believing, has been passed through the urethra in the metallic state by persons labouring under salivation; and many cases are recorded upon respectable authority, in which it was found after death in the brain, periosteum, and bones of syphilitic patients. Facts such as these leave no room for doubting that the poisonous action of the mercurials is exerted, at least partly, through the medium of absorption. Corrosive sublimate is the only one of the mercurial preparations whose immediate action is that of a corrosive poison. The local action of the rest is irritant. All, however, produce the same train of secondary effects. Mercury in the metallic state is generally considered innocuous, and so it probably is when applied in mass. In a state of minute division, however, it is far from being inert. To finely divided quicksilver, for example, the unguentum hydrargyri and blue-pill owe their efficacy; and there are upon record several instances of profuse and even fatal salivation determined by mercury in the vaporous form. In connexion with this latter topic it is important to remark that mercury is not, as is the common opinion, fixed at all ordinary temperatures, but that, as shewn by Mr. Faraday, it emits an appreciable vapour at all heats above 60° Fahrenheit.

Dr. Christison seems to think that poisoning by corrosive sublimate, or some soluble mercurial preparation, may be inferred from the symptoms alone. This, however, may be doubted, seeing that the most characteristic of them, those, for example, which constitute salivation, may, as he himself admits, be produced by certain preparations of gold, copper, and antimony, by croton-oil and digitalis, and occasionally also arise either spontaneously, or as the consequence of a cynanche. The symptoms combined with the morbid appearances will, undoubtedly, often lead to a probable conclusion; but certainty is scarcely attainable in such a research without the aid of chemical experiment.

Corrosive sublimate is sufficiently characterized by the following properties. It occurs in crystalline cakes, or small irregular prisms of considerable density, which are soluble in water, and, more copiously, in alcohol and ether. Heated in a glass tube it sublimes unaltered, and its solution in water affords a yellow precipitate with caustic potash or lime-water, and a scarlet one with the hydriodate of potash. The latter, however, must not be added in too large or too small a proportion, for the new compound formed (biniodide of mercury) is soluble both in corrosive sublimate

and hydriodate of potash. The chlorine of the corrosive sublimate may be detected by adding to its solution a little nitrate of silver, which will throw down the well known chloride of this metal, and its mercury may be directly separated in the metallic state by boiling it with an acid solution of protomuriate of tin, or subjecting it in the usual manner to the action of a galvanic couple. Gold and iron, which are easily had, form a very efficacious combination for this purpose, and are best used, as Paris first suggested, by touching with an iron key a sovereign, or other piece of gold, through a drop of the solution. The sovereign may be advantageously replaced by a slip of gold leaf or platina foil, from which the adhering mercury may be separated by heating it over the spirit-lamp in a small glass tube, when the quicksilver will rise and condense in globules in its upper and cooler portion.

In many cases, however, the corrosive sublimate will have to be sought among the contents of the stomach or intestinal tube, and in such the difficulty of the search is greatly increased, and for a double reason. In the first place, the operation of the tests which have been enumerated is obstructed and screened by the presence of a variety of organic and alimentary matters; and in the second place, these substances, as well as the coats of the intestines, frequently decompose the poison, reducing it from the soluble to the insoluble state. Should any of it remain undecomposed, it is best obtained separately by agitating the entire of the materials to be experimented upon with one-fourth their volume of ether, as first recommended by Christison. This will remove the corrosive sublimate, and afford it upon evaporation sufficiently pure for the application of the tests already described. Should the result of this process be of a negative kind, the residue insoluble in the ether should be digested for some time with protomuriate of tin, and the precipitate, after being collected on a filter and drained, should be boiled with a considerable excess of caustic potash. This will dissolve both the animal matters present and the oxides of tin, and leave quicksilver (should any corrosive sublimate have been originally present,) in the form of a greyish powder, which by sublimation in a small glass tube may be converted into metallic globules. By this method very minute quantities of corrosive sublimate may be detected, even when rendered insoluble by the action of the mucous lining of the stomach, or of its organic contents. An affirmative result, however, in such an investigation, may obviously lead to an erroneous conclusion should calomel or any other insoluble mercurial have been administered medicinally previous to death, and without the knowledge of the experimenter.

The search for corrosive sublimate, when rendered insoluble by combination with organic matters, may be conducted in many other ways. Thus, if the whole of the suspected mixture be dissolved in nitro-muriatic acid, rendered neutral by evaporation to dryness and re-dissolved in water, the mercury, if any such

be present, will be thrown down in the metallic state upon the application, in the manner already specified, of the protomuriate of tin; or, by introducing into the aqueous solution a galvanic couple composed of iron and gold, the mercury will amalgamate with the latter, and may be sublimed by heating the bit of gold in a narrow glass tube.

Treatment of poisoning by corrosive sublimate.—The immediate action of corrosive sublimate is, as we have seen, to irritate and even corrode the textures with which it is brought in contact; the remote, to produce the shaking palsy, or the train of morbid phenomena which are comprehended under the term salivation. When effects of the latter kind are established, they can only be gradually removed by withdrawing the individual from all contact with the poison under the effects of which he is labouring, and making him the object of judicious medical treatment conducted upon general principles. The escharotic and irritant action, however, of corrosive sublimate may be, as is well known, at present obviated by the timely administration of appropriate antidotes; amongst which the white of egg, first recommended by Professor Orfila, holds the most prominent rank. By contact with this substance the corrosive sublimate is deprived of half its chlorine, and thus reduced to the state of calomel, which precipitates in admixture, or, according to some, in combination with altered albumen. That this precipitate is inert Orfila has proved by direct experiments upon dogs; and he has also established that a fatal dose of corrosive sublimate may be swallowed by these animals with impunity, provided that white of egg, or any other kind of fluid albumen, be introduced shortly before or after into the stomach. Cases are also upon record which establish that it possesses an equal efficacy in the case of the human subject.

The changes produced in corrosive sublimate by the white of egg admit of being also effected by other organic substances, in particular by the gluten of wheat and the casein of milk. The efficacy, however, of these principles as antidotes is not so well made out as that of albumen, and they should therefore not be resorted to unless in the absence of the latter substance, the powers of which have been amply confirmed.

The only other antidotes deserving of mention here are iron filings and meconic acid. The former was recommended by Dumas, and must obviously operate by bringing the mercury to the metallic state. The meconic acid, particularly when combined with an alkaline base, affords, with corrosive sublimate, an insoluble and inert permeconate of mercury. The meconates of the ordinary alkalies, however, can scarcely be obtained in sufficient quantity to be applied to such a purpose; and from the smallness of the saturating power of meconic acid, it would be hazardous to administer the quantity of opium which would be adequate to the decomposition of a few grains of corrosive sublimate, inasmuch as the muriate of morphia, which would be cotem-

poraneously formed, is a narcotic medicine of very considerable energy.*

Arsenic.—White arsenic, which is the oxide of a peculiar metal, is the most active, the cheapest, the most easily obtained, and hence the most generally employed, of the mineral poisons. All its combinations are, though in different degrees, destructive of life, and its noxious influence is exerted through almost every tissue of the animal body, but not through all with the same energy or rapidity. According to Jaeger, it is most energetic in its action when injected into a vein, introduced into a wound, or applied to the peritoneal sac; less so when brought into contact with the stomach; and least of all when passed into the rectum. It is a curious fact that in his experiments it proved quite inert when applied to the substance of the nerves. The symptoms also which it produces would appear little influenced by the manner of its application, or the nature of the texture with which it is primarily brought into contact.

Systematic writers on toxicology distinguish three varieties of poisoning by arsenic; and, though satisfied that this division is far from being perfect, we shall provisionally adopt it, as, by so doing, the history of the symptoms can be more readily and clearly given.

In the first class of cases the symptoms are those indicative of irritation and inflammation in the intestinal tract and other mucous passages, the nervous system being more or less depressed, but not in other respects materially deranged. The duration of such cases is from one to three days. In the second class there are no indications of irritation from the commencement, but the patients sink within the space of five or six hours, as if under the influence of a powerful narcotic. In the third variety we have, in the first stage, the usual symptoms of irritation of the mucous passages; but these after some days intermit, and are succeeded by some form of imperfect paralysis or by epilepsy, which terminate the sufferings of the patient usually about the sixth or seventh day.

1. The detail of the symptoms which belong to the first variety is as follows. In half an hour, sometimes sooner sometimes later, nausea and faintness are experienced, and are shortly succeeded by a burning pain in the stomach and by obstinate vomiting, which, should it for a moment cease, is immediately excited by the swallowing of any kind of drink. The matters discharged after some time exhibit a yellowish-green or bilious colour, and after the lapse of twenty-four hours are frequently tinged with blood. After the vomiting has set in, a sensation of dryness, heat, and tightness is experienced in the throat, accompanied by unextinguishable thirst. The voice also is hoarse, and the articulation of words is effected with considerable difficulty. Diarrhoea now

* Hahnemann states that four grains of corrosive sublimate will kill an adult within twenty-four hours; but there is reason to think that a much smaller dose would, under certain circumstances, prove fatal.

usually sets in, (not always,) accompanied by considerable anal irritation, often with tenesmus. The abdomen becomes tense and painful, and the irritation extending to the urinary system produces deep-seated pain in the region of the bladder, and swelling and even gangrene of the genital organs. The pulse is small, quick, and feeble, the heart flutters, the surface is cold and clammy, the extremities are livid, the countenance is collapsed and expressive of pain. The tongue and mouth are furred, the papillæ on the back of the former become unusually prominent, and aphthæ are seen on the uvula and fauces. Finally, towards the close of the scene, there are delirium and convulsions, which are quickly followed by death. As an appendix to this enumeration it may be proper to observe that in some rare cases the entire body has become swollen, particularly in the vicinity of the eyes, and covered by milary or petechial eruptions, which appear and disappear at intervals.

2. In the second variety the signs of irritation are either entirely wanting or unusually mild, but death nevertheless occurs, and with great rapidity, accompanied by all the circumstances characteristic of narcotism. The particular affections most uniformly present are extreme faintness, sometimes amounting to syncope, a state of coma or stupor, and slight convulsions. This kind of case is rather uncommon, and it has been observed to occur only where the poison was swallowed in unusually large quantity, in solid lumps, or, lastly, in a soluble form.

3. The symptoms which characterize the third variety are, in the first stage, those of irritation already described, but in the second, such as are alone referable to nervous disturbance. The most formidable of the latter are coma, imperfect paralysis of the arms, epilepsy, tetanic convulsions resembling those of hysteria, and, lastly, mania, which, however, has been but once observed.

In cases which belong to the second variety, no morbid changes whatsoever are observed. In the first and third varieties the throat and œsophagus are injected with blood, though this does not invariably occur. The villous coat of the stomach is red and dappled with livid spots, in consequence of the extravasation of blood into its texture. The same tunic is also frequently softened to such a degree as to admit of being readily scraped off with the nail, and not only it but the other tunics are studded with ulcers at several points. Nor are ulcers confined to the stomach alone; they occur also in the duodenum and inferior part of the intestinal tube, and are particularly abundant and constant in the rectum. Coagulable lymph is also effused upon the inner membrane of the stomach, and the interior of this organ is occupied by a dense and consistent mucus blended with clots of extravasated blood. The trachea, pleura, and inner surface of the heart exhibit frequently a reddened aspect indicative of inflammation, and genuine peripneumony has also been observed. Under the head of symptoms we have already

alluded to the lesions of the urinary and genital organs, and to the swollen and erupted state of the surface. The blood, according to Brodie and others, is of a dark colour and does not coagulate; but this statement, or rather its latter half, though generally true, is liable to exceptions.

The preceding summary of symptoms and morbid changes has been collected from cases in which the poison was internally administered. The description is applicable, however, with little modification, through whatever channel it is introduced into the system. When arsenic is applied to a wound or serous surface, or injected into the blood, the mucous passages appear to suffer less, while the derangement and depression of the nervous system is more decided than when taken, as is the more common case, into the stomach.

From what has been said of the effects of arsenic on the human subject, it will probably be considered obvious that it is one of the poisons which exercise a double action, one immediate upon the part to which it is applied, the other remote or directed to distant organs. Such is the opinion usually entertained. When, however, we recollect that arsenic possesses no escharotic powers, and that, upon application to a wound, it produces those very symptoms and morbid changes characteristic of mucous irritation which follow upon its introduction into the stomach, we cannot but entertain doubts as to the justice of the views which would refer any of its consequences to local action. But supposing, as indeed can scarcely be doubted, that its noxious influence upon any particular texture or organ is the result of a remote action, the question arises, through what channel is this influence conveyed? Is it through the medium of the nervous sympathy? Or does the poison enter the current of the circulation, and reach through it the parts which are found to suffer from its ravages? Having already discussed, at the commencement of this article, the general question of which the present is but a part, we shall not return to it here, further than to observe that we are not acquainted with any experiments establishing unequivocally the presence of arsenic in the blood of individuals who have died of the administration of such poison. Some, indeed, have been put forward, but they appear to us unsatisfactory.

It has been already observed, more than once, that the symptoms and morbid appearances, though conjoined, will seldom afford satisfactory proof of poison having been administered or taken in any particular case, much less enable us to infer the precise nature of that employed. Arsenic is unquestionably no exception to this statement.

As an auxiliary in such a research, the alleged antiseptic powers of the poison have been summoned into use, and when the body of the deceased resists for a longer time than usual the process of decay, it is by many considered as a strong corroboration of death having been produced by arsenic. This substance undoubtedly exercises, as is well known to the collector

of specimens in zoology, a preservative power in reference to the parts to which it is typically applied, and there can be no doubt that the alimentary canal of individuals who have perished by swallowing arsenic continues for a considerable time without exhibiting any symptoms of decay. This preservative influence, however, though the contrary has been alleged, does probably not extend further than the parts which have been impregnated with the poison.

The most unequivocal proof of poisoning by arsenic is, it is scarcely necessary to observe, to be derived from chemical investigation; and this brings us to the consideration of those properties which best characterize the poison, and the detail of the processes by means of which its insulation from the matters it may be mixed with is most readily and perfectly effected.

White arsenic, as this poison is commonly denominated, is the oxide of a peculiar metal of a steel grey colour, friable, and having a specific gravity of about 8.3. By exposure to air and moisture it rapidly oxidizes, combining with about one-third of its weight of oxygen, and being thus converted into the common oxide. This change, however, is never perfect, the result being always a mixture of oxide and metal. When heated in a close vessel to 356° , it sublimes unaltered, emitting a strong alliaceous odour. But if heated with contact of air, it absorbs oxygen, and passes to the state of white arsenic.

The oxide of arsenic is a white powder, or occurs in lumps, usually opaque, sometimes translucent, and having the specific gravity of 3.7. Heated to 380° it sublimes, without, however, the production of any alliaceous smell; and if the process be conducted slowly, it will concrete into octohedral crystals exhibiting an adamantine lustre. These crystals are at first transparent, but, upon exposure for some time to the air, finally become opaque: 1000 parts of boiling water dissolve about 80 of the oxide, and after cooling to 60° retain 30. The same amount of water, however, will take up at the temperature of 60° but about three parts. Guibourt has found a difference between its solubility in the opaque and transparent states, the former being more soluble than the latter. Oxide of arsenic is soluble in the fixed oils, and also, though sparingly, in alcohol. Its solubility is much diminished by the presence of organic substances, such as milk, tea, animal mucus, &c. It reddens, though faintly, vegetable colours, and forms with bases saline combinations, properties which have acquired for it the title of *arsenious acid*.

Arsenic may become the subject of experiment to the toxicological chemist in the solid form, in a state of aqueous solution, and, lastly, when mixed with the contents of the stomach or intestinal canal.

Should a solid lump or powder of a white colour, suspected to be arsenic, be presented to him, the necessary chemical inquiry may be conducted in the following manner. Let a small particle, previously rendered perfectly

dry, be heated gently over a spirit-lamp in a clean glass tube of small diameter sealed hermetically at one end. If it be arsenic, it will sublime and be condensed, when the process is conducted slowly, into shining octohedral crystals in the cooler part of the tube. If these phenomena should be distinctly observed, there can be little use in pushing the inquiry further. To satisfy, however, every scruple, let a little of the suspected substance be mixed with twice its weight of black flux, and let the mixture be heated to redness over the spirit-lamp in a very narrow tube, similar to that used in the previous experiment. All doubt as to its real nature will now be removed by the reduction of the oxide, and the formation in a cool part of the tube of a metallic crust, exhibiting externally the lustre and polish of burnished steel, and which, when removed and again heated in a tube open at both ends, the upper extremity of which is held near the nose, will strongly affect the olfactory nerves, as would be done by a bit of garlic.

Dr. Turner has proposed a further test, which may be here resorted to as a corroboration of the evidence already obtained, and which consists in subliming, from one part to another of a tube closed at one end, a particle of the crust. By this treatment, when arsenical, it gradually becomes oxidized, and is finally deposited on the sides of the tube in the octohedral crystals already described.

In practising the reduction of arsenious acid, the only points to be attended to are to employ a tube whose diameter shall not much exceed the eighth of an inch; to introduce the materials without soiling the tube, and to remove, with a wire surrounded with cotton wick, the moisture which sublimes at the commencement of the process; for, if left in the tube, it would interfere with the distinct and regular formation of the metallic crust. The production, by the process above explained, of a shining ferule of metal; the volatility of this metal with the emission of an alliaceous odour; and the conversion, by Dr. Turner's method, of a particle of it into octohedral crystals possessing an adamantine lustre; are properties which establish beyond all question that arsenic, or some combination of it, has been the subject of experiment, and enable us to dispense altogether with the liquid tests so frequently resorted to in researches of this description.

Should the arsenic be suspected to exist in solution, the initial steps of the process to be pursued will be somewhat different. Our first object must be to convert it into the sesquisulphuret, or orpiment, by passing sulphuretted hydrogen through the solution. Before, however, doing this, it will be necessary to be assured that the arsenious acid does not exist in the solution combined with any base, for in such form the experiment would not succeed. To accomplish this, the solution should be acidulated with a few drops of muriatic or acetic acid. The hepatic gas is then made to traverse the solution for some time, as a consequence of which, if arsenic has been present, an orange precipitate forms and gradually de-

posits. When the quantity of arsenic present is small, the solution merely acquires an orange colour, but there is no deposition. The formation, however, of a precipitate may, in such case, be invariably determined by *boiling*, which seems to act by expelling the excess of gas with which the solution is charged, and which probably prevents the subsidence of the orpiment. The matter thus obtained should be washed by decantation, and collected on a small filter, from which it is to be transferred while still moist to a watch-glass. Here it is to be mixed with twice its weight of black flux, and the mixture when perfectly dried at 212° is to be introduced into a glass tube, and reduced with the heat of a spirit-lamp, as already minutely described. The subsequent manipulations to be resorted to, in the event of a metallic crust being obtained, it is unnecessary to repeat.

In the great majority of cases, and these by much the most important, arsenic will have to be sought for in the stomach or intestines, where it is necessarily mingled with a variety of animal secretions and alimentary matters. The poison may often, by minute examination, be recognised among these in little lumps, or the form of powder, particularly if sought for at the bottom of a tall cylindric jar, in which they have been agitated, mixed with an equal bulk of water. Should such a search prove fruitless, the process by sulphuretted hydrogen must be resorted to; but it will, as is obvious, be in the first instance necessary to remove the organic matters present in the solution. These would obstruct, if not prevent, the precipitation of the orpiment, and materially interfere with and obscure the subsequent reduction. The following is the outline of the method of clarification first recommended by Christison, and which we have frequently found to succeed perfectly.

Let the matters among which the poison is to be sought be boiled for half an hour with an equal bulk of water, and to the filtered solution, first slightly acidulated with nitric acid, let nitrate of silver be added as long as it affords a precipitate. The animal matters are thus thrown down in combination with oxide of silver, while any arsenite of silver formed is kept in solution by the free nitric acid. Filtration is again resorted to, and to the clear solution so obtained muriate of soda is next added, so as to remove, in the form of chloride, any silver which it may include. After another filtration potash is added to neutralize the free nitric and arsenious acids, and the solution being then acidulated with a few drops of acetic acid, it is in a state for treatment with sulphuretted hydrogen in order to obtain orpiment, which, if procured, is to be reduced, as already fully explained. The only explanatory observations which it is necessary to add are, that, prior to the use of the sulphuretted hydrogen, the nitric acid is directed to be neutralized, as otherwise it would decompose the hepatic gas, precipitating its sulphur; and that the acetic acid is subsequently added in order to liberate the arsenious acid, if present,

from the alkali previously employed; as, while in a state of combination, the sulphuretted hydrogen would not affect it. The acetic acid is also ordered rather than the muriatic or sulphuric, as the latter would liberate nitric acid, the former chlorine, both of which are incompatible with sulphuretted hydrogen.

This process we have upon four different occasions practised with success in searching for arsenic in the human stomach; and we cannot assent to the justice of the statements which would appear to have influenced its author in giving it up. Arsenite of silver is extremely soluble in nitric acid; and if, therefore, the details just given be faithfully followed, the arsenic cannot, as has been alleged, subside in combination with oxide of silver.

As a substitute for the method the particulars of which have been just given, Dr. Christison, in the last edition of his work, directs the solution obtained by filtering the boiled contents of the stomach to be simply evaporated to dryness, and the residue to be treated with successive portions of boiling water, to dissolve out any arsenic which it may include. A solution is thus obtained not perfectly free, like that which is the result of the first process, from organic matters, but, nevertheless, sufficiently so to allow the precipitation of any arsenic which it may contain, by the sulphuretted hydrogen gas to be subsequently employed. The orpiment, however, procured by this process invariably contains organic matter, which in the reduction is decomposed, and renders it difficult to distinguish any metallic crust which may happen to be formed, particularly if its quantity should be small.

There are many other arsenical preparations in common use capable of destroying life in small doses, and which are therefore interesting to the toxicologist. The presence, however, of metallic arsenic in them all may be detected with certainty without deviating from the methods which have been recommended for the oxide. Thus, those of them that are insoluble, namely, the German fly-powder—a mixture of metallic arsenic with the oxide—the native and artificial sulphurets, and the arsenite of copper or Scheele's green, may all be reduced in a glass tube with a little black flux. And the same process is applicable to the soluble arsenical preparations, such as the arsenite and arseniate of potash, when orpiment is formed from them, by first dissolving them in water acidulated with acetic acid, and passing through the solution sulphuretted hydrogen. In the case of the arseniate of potash, a salt which not long since held a place in the Dublin Pharmacopœia, it will be better to decompose its solution by nitrate of silver, and subject the insoluble arseniate thus procured to the usual process of reduction; for the arsenic acid, in a disengaged state, is but slowly converted by sulphuretted hydrogen into a sulphuret.

In the *treatment* of poisoning by arsenic, antidotes of a chemical nature, to neutralize its malignancy, are entirely out of the question. There are, indeed, several re-agents, such as lime-water, sulphuretted hydrogen, and the

ammoniac-nitrates of silver and copper, which are capable of converting arsenic into compounds insoluble in water; but many of these re-agents are poisonous themselves, and there are none of the compounds which they form that are not appreciably taken up by the secretions of the stomach and intestines. Neither are we acquainted with any substance which may be viewed as an antidote acting through the medium of the constitution by exciting an action contrary to that of the poison. Such being the case, it is obvious that we must rely upon expelling the poison, with as much dispatch as possible, from the stomach by an emetic, or the application of the stomach-pump, and obviating by appropriate treatment the symptoms of inflammation, and those of nervous irritation and occasional depression, which may manifest themselves in the progress of the case. The experienced physician will not require any suggestion as to the course which he should take on such an occasion, and the student we must refer to hospital practice, or to works which expressly treat of clinical medicine.

Copper.—The only combinations of copper deserving of attention in a toxicological point of view are the sulphate, natural and artificial verdigris, and certain pigments, which, like verditer, include the hydrated peroxide of the metal. These preparations are seldom or never employed for the purpose of destroying life, but some of them, particularly the carbonate and acetate, occasionally make their way into food, pickles, and preserves, &c. cooked in copper or brass vessels. The circumstances under which such an impregnation is or is not possible are deserving of attention.

When vinegar is boiled in a perfectly clean copper vessel, not a particle of the metal is dissolved. If, however, cold vinegar be kept in such vessel for some time, the metal becomes oxidized by the absorption of atmospherical oxygen contained in the vinegar, and, of course, immediately after converted into the cupreous binacetate. These facts were first experimentally determined and explained by the celebrated Proust. Now, what is true of pure vinegar may, one would be led to anticipate, be predicated of the various articles of food and drink which owe their acidity to free acetic acid. The conclusion thus deduced from analogy is found to be in perfect accordance with experiment. Acid preserves of every description may be boiled with impunity in clean copper vessels; but if kept in them for any time at the common temperature of the atmosphere, a sufficient quantity of copper is taken up to render them strongly poisonous. The relation of copper to the animal fats and fixed oils is nearly the same. In the cold they corrode it with the assistance of the oxygen of the atmosphere; but, at a high heat, their action, though probably not null, is considerably less energetic.

The symptoms which characterise poisoning by verdigris are, headach, cutting pains of the intestines, followed by vomiting and purging, coppery taste in the mouth, and strong aversion

to the taste of the metal, cramps in the legs, pains in the thighs, and jaundice, a symptom never produced by mercury or arsenic. In fatal cases, shortly before death there are coma, paralysis, and violent tetanic convulsions. The pulse, almost from the commencement, is small, quick, and feeble; and, in some few cases, a slight salivation has been observed.

The morbid changes which have been noticed are, yellowness of the entire body, and inflammation, and even ulceration and gangrene of the mucous lining of the stomach and intestines, at several points. This membrane, also, along the entire tract of the alimentary tube, usually exhibits a decided greenish colour, a circumstance which occurs in no other variety of poisoning.

From what precedes, particularly the summary given of the symptoms, it is obvious that some of the most remarkable of the effects of copper are witnessed in its action on the nervous system. It is not, however, as yet clearly ascertained whether they are the result of sympathy, or of the transmission through the blood to the brain and spinal cord of some portion of the poison. It is asserted by some that copper has been found in the blood, and by others in the liver, of individuals labouring under its influence. These statements, however, require confirmation. If verified, they would seem to establish, at least in one case, the doctrine of absorption and transfer.

There are none of the symptoms or morbid appearances produced by the preparations of copper sufficiently characteristic to enable us to infer from them alone that such preparations, or any of them, have been employed in any particular case of poisoning. The jaundiced colour, indeed, of the surface, and the greenish tinge of the mucous lining of the alimentary tract, furnish, though not convincing evidence, yet strong probable grounds for believing that copper, in some form, has been administered. The suspicions thus raised will require for their confirmation or rejection the co-operation of chemistry; and this brings us to a brief description of the experiments by which the presence of copper may be detected in any of its ordinary forms.

Should the suspected substance be soluble in water, as is the case with the sulphate and binacetate, let it be acted upon with a minimum of this solvent, and then tested, in distinct portions, with the following re-agents, namely, ammonia, a polished iron wire, and a drop of ferro-prussiate of potash. If copper be present, the portion treated with ammonia will acquire, if the alkali be added in sufficient quantity, a beautiful sapphire blue colour; that in which the wire is immersed will, after the application of heat, if necessary, deposit upon it a coating of metallic copper; and that treated with the ferro-prussiate of potash will give a bulky precipitate of a deep red colour.

If insoluble in water, as is the case with the carbonate, and the acetate or artificial verdigris, and also with the pigment known under the name of verditer, which is a mixture of chalk,

carbonate, and hydrate of the peroxide of copper, it is to be taken up with the smallest possible quantity of muriatic acid, and then tested with the substances used in the preceding case, when, should copper be present, the phenomena already specified will be manifested.

The preceding experiments, as will be seen, are calculated only for demonstrating that copper is present in some form or other, but they afford no information respecting the nature of the acid with which it is combined. This latter point, however, can be ascertained by resorting to the tests for the acids explained in a former part of this article.

When copper is sought for in the contents of the stomach, or in mixtures including animal or vegetable matters, such as albumen, milk, tea, and coffee, the first step to be taken is to digest such mixture with an excess of acetic acid. Any copper swallowed in an insoluble form, or rendered insoluble by the decomposing action* of the fluids just enumerated, will be thus taken up, and, upon filtration, a solution will be obtained, from which the copper will be thrown down by sulphuretted hydrogen. This precipitate, heated on a watch-glass with a few drops of nitric acid, the excess of which is to be expelled by evaporation to dryness, will be converted into the persulphate, which, when treated with ammoniac, polished iron, or the ferropussiate of potash, will comport itself as already described.

Should the search thus conducted not lead to the detection of copper, before pronouncing that it is absent, the insoluble matters, separated by the filter from the acetic solution, should be ignited in an earthen crucible. By this treatment any of the metal which may have existed in such matters will be reduced; and when the incinerated residue is treated as before with nitric acid, and filtration performed, a solution will be obtained to which the usual tests may be applied.

In certain cases the preceding investigation may be much abridged. Thus, persulphate of copper, which is sometimes used by the baker, particularly in Germany, for the purpose of promoting the fermentation of the dough and contributing to the whiteness of the bread, objects which it is said to accomplish when used in a proportion not exceeding one part in 2000, may be at once detected by the light carnation tint produced by dropping a dilute solution of the ferropussiate of potash on the soft part of the loaf. Unless, however, the tint be very decided and characteristic, the washings of a considerable quantity of the bread with distilled water acidulated with acetic acid should be concentrated, and subjected, for the purpose of verification, to the different tests already more than once described.

Different antidotes have been proposed for the cupreous poisons. Sulphuretted hydrogen

and the alkaline hydrosulphurets have been particularly recommended, but experience has shewn that they cannot be relied upon, and indeed this might have been inferred from the fact of their being themselves preparations highly inimical to life. Duval recommended sugar, probably because, when boiled with salts of copper, it effects their reduction, but this action is not exerted at ordinary temperatures; and Orfila, though first a convert to the opinion of Duval, has since found that the antidote suggested by him does not possess any real efficacy. Orfila has himself since recommended the white of eggs, and his experiments on dogs would really appear to prove that it neutralizes the influence of the acetate. Lastly, two French physicians have tried iron filings, in consequence of the power possessed by this metal of reducing the salts of copper, and the results they obtained, in some experiments performed by them on animals, are such as to justify considerable confidence in the antidote which they recommend.

To the preceding remarks it is scarcely necessary to add that no time should be lost, and none of the ordinary means omitted in expelling the poison from the stomach, and that the inflammatory or other symptoms which may arise in the progress of the case should be treated on general principles.

Lead.—The preparations of lead most used in medicine and the arts are litharge, red lead, the carbonate or white lead, the acetate or sugar of lead, and the subacetate, commonly known under the name of Goulard's extract. The two last alone are soluble in water, and hence are the most active in their effects upon the animal economy. The others are, in a greater or less degree, acted upon by the acid secretions of the stomach, and thus acquire the poisonous properties that they are known to exert.

Before proceeding to examine, according to our usual plan, the subject of poisoning by lead, it will be proper to premise some remarks upon the different means by which lead may be introduced into articles of food and drink. This is, from the extended uses of the metal, a subject of much practical interest, and one which has been studied with considerable attention.

If lead be kept any length of time in contact with distilled water deprived of the atmospheric air, which water under ordinary circumstances always includes, not the slightest corrosion is observed to take place. If, however, the access of air be permitted, its oxygen gradually combines with the metal, and the oxide thus formed attracting carbonic acid from the same source, is gradually converted into the white carbonate. The water in which this change has been effected may, if drunk, prove poisonous in one or other of two ways; first, should particles of carbonate of lead be suspended mechanically in it, and secondly, should it abound in free carbonic acid; for this gas possesses the power of dissolving carbonate of lead. If pure water in which lead has been corroded be boiled and filtered, it is deprived

* Albumen, milk, tea, coffee, afford upon the addition of the persulphate of copper, insoluble combinations of animal or vegetable matter with the peroxide of the metal.

of all traces of the metal, and may then be used with perfect safety.

Should water contain a minute quantity of saline matter, as is the case with almost all natural waters, though kept in contact for any length of time with lead, the metal will scarcely undergo a perceptible corrosion, for a minute film of insoluble salts is gradually deposited on it, which protects the subjacent metal from farther oxidation. In the case of ordinary water, the contained salts of which are almost invariably sulphates and muriates, the protecting film is composed of sulphate of lead, intermixed, however, with traces of chloride and carbonate. All salts are not equally efficacious in protecting lead from oxidation, the general rule being that those answer the purpose best whose acids afford with oxide of lead the salts most difficult of solution in water. Experiments, for example, conducted by Dr. Christison demonstrate that complete protection is afforded by $\frac{1}{2000}$ th of muriate of soda, $\frac{1}{4000}$ th of sulphate of soda, $\frac{1}{12000}$ th of arseniate, and $\frac{1}{27000}$ th of phosphate of soda.

The difference of the corrosive powers, in reference to lead, of perfectly pure water and that which is slightly impregnated with the ordinary salts, is well illustrated by the greater amount of oxidation experienced by the lid of a leaden cistern than by its bottom and sides. The latter are in contact with common water, while the former is subjected to the action of its vapour, or of water in a perfectly pure or distilled state. From the facts just stated, and which have been fully established, it would seem to follow, that when a leaden cistern undergoes a rapid corrosion it must be traced to an unusually small amount of its saline constituents. But though present in sufficient quantity, their preservative influence is, as has been already observed, sometimes counteracted by the agency of a large quantity of carbonic acid. When lead exists dissolved in water, it is held in solution chiefly by this latter substance; but when alkaline muriates alone occur in the water, and in quantity insufficient for the protection of the metal, a little chloride of lead is also generally taken up, and this cannot, like the supercarbonate, be removed by ebullition.

Lead has been intentionally administered in large doses, in the form of acetate, for the purpose of destroying life; but it is more frequently gradually introduced into the system in consequence of its occurring in small quantity in different articles of food or drink. It occurs, as we have seen, in water, and also occasionally in milk, pickles, preserves, &c. The vegetable acids existing in these corrode, with the assistance of the oxygen of the atmosphere, the leaden vessels in which they may happen to be made or preserved, and thus invest them with poisonous properties. Acescent fluids also, such as sour milk, have been known to become impregnated with lead when kept for some time in earthenware glazed by means of litharge, a circumstance which has in a great measure led to its disuse by the potter. The acetic acid is that the action of which is most energetic. Next to it come the citric and the malic,

and, lastly, the tartaric, which, though it combines with lead previously oxidized, will scarcely take it up, as the tartrate is nearly insoluble in an excess of its own acid. Acescent wines are sometimes treated with litharge, which neutralizes their free acid and confers upon them a sweetish taste, and this pernicious practice, which once prevailed in France to a frightful extent, is, we believe, not as yet entirely laid aside. In the cider counties of England, also, at one time, a similar impregnation frequently occurred, not, however, in consequence of lead intentionally introduced, but because of this metal being used in the construction of the press and other implements employed in the cider-house.

Lastly, in the case of miners, smelters, painters, glaziers, litharge and white lead manufacturers, &c. lead enters the system either accidentally during meals, or by pulmonary or cutaneous absorption, and thus gives rise to the different symptoms so characteristic of its action. The nature and order of these symptoms we shall now describe.

The symptoms vary according to the nature of the preparation employed, and the amount of it administered. The insoluble preparations of lead do not produce in the intestinal tract any symptoms of irritation or inflammation, and the same may be said of the soluble salts when given in small doses. When, however, a soluble salt of lead, such as the acetate, is taken into the stomach in doses of from one to two drachms, morbid phenomena ensue analogous to those produced by the ordinary irritant poisons. Pain after some time is felt in the throat, œsophagus, and stomach; nausea and vomiting ensue, and these are succeeded by all the symptoms of common colic. Finally, when the case proves fatal, convulsions, together with a general sensation of numbness, are experienced a short time previous to death.

But if some one of the insoluble preparations, or even a soluble one in a small dose, be administered sufficiently often, the results are very different. From the commencement there are either none or but very slight symptoms of irritation of the alimentary tract. A colic, however, of a very decided and distressing nature is after some time developed. This sometimes begins suddenly, more frequently it is preceded by gastric derangement, such as nausea and vomiting; cramps of the stomach next set in, and these gradually extend over the abdomen, and at length degenerate into a colic scarcely to be distinguished from the idiopathic disease of the same name. The belly is unusually tense and is greatly drawn in at the navel; the pain, which is subject to intermissions of greater duration than those which belong to common colic, is relieved by pressure; the bowels are generally costive, though in some cases the opposite condition of a diarrhœa prevails; the urine is scanty; the saliva copiously secreted and of a bluish colour; the limbs are the seat of aching pains; the skin exhibits a dull and cadaverous aspect, and is bathed in a cold and clammy sweat; the countenance is gloomy and desponding, and the pulse, though in some few cases

accelerated, is, generally speaking, considerably retarded. This combination of symptoms, which constitutes the lead or painters' colic properly so called, if not cut short by apoplexy, an event which has been but once observed, usually ceases of itself within the space of seven or eight days. In such event, however, it is often followed by a general and extreme debility, and by a wasting and partial paralysis of the muscles which supply the wrist, thumb, and fingers, particularly those which serve for the purpose of extension. These symptoms are frequently the only ones which are observed to follow from gradual poisoning by lead, those of colic being wanting. The painters' colic and its sequelæ are, it may be observed, produced by lead in all its ordinary forms, and whether these be internally exhibited or externally applied.

In a case in which Goulard's solution was swallowed, and which proved fatal on the third day, the stomach, duodenum, upper part of jejunum, and ascending and transverse colon, were considerably inflamed, and the villous coat of the stomach was, in addition, found in a soft or pulpy state.

In cases which have commenced with symptoms of colic alone, and which have proved fatal, the most minute examination has failed to detect any morbid change save a preternatural contraction of the intestinal tube, particularly that part of it which constitutes the large intestine. Even when death has been preceded by well-marked symptoms of cerebral derangement, such as paralysis, coma, and convulsions, the brain and spinal marrow have been found perfectly healthy. We should not omit to mention that in individuals long under the influence of the partial paralysis produced by lead, the affected muscles are invariably wasted, flaccid, and of an exanguious pale appearance. See COLIC.

The soluble forms of lead in large doses often irritate, as we have seen, and inflame the alimentary tract, and such effect, from the rapidity with which in certain cases it has been determined, is no doubt the result of a local action, or the immediate application of the poison to the parts affected. The consequences, however, of its administration upon the large intestines and the nervous system must be referred to an agency exerted through the medium of nervous sympathy or absorption. That its effects are, at least partly, produced in the latter way would appear pretty well established by the experiments of Wibnier, which detected lead in the liver, spinal cord, and lumbar muscles of a dog thrown into painters' colic by repeated small doses of sugar of lead; and it may be added that this conclusion, as far at least as respects the lumbar muscles, has been confirmed by the more recent researches of Christison. If entitled to look upon this point as established beyond controversy, we shall henceforward be able to ascend at least one step higher than before in our search after the cause of the paralysis which characterizes slow poisoning by lead.

When an individual dies of a large dose of

some soluble preparation of lead, there is nothing in the symptoms or morbid appearances sufficiently characteristic to distinguish the case from one of poisoning by any other irritant. But in those cases, which are by much the most numerous, where the poison gradually insinuates itself into the system, the symptoms of colic during life, combined with the contracted state of parts of the intestinal canal, and the absence of all other lesions, will, generally speaking, enable us to decide respecting its real nature. It will seldom, however, occur that a certain conclusion can be drawn without the aid of chemical research, and this brings us to the description of the experiments by which lead in its various ordinary forms may be detected.

If our search be directed to an aqueous solution, it will be only necessary to add to separate portions of it a little sulphate of soda and hydriodate of potash. If lead be present, the former will afford a white precipitate, which is blackened by sulphuretted hydrogen; and the latter, one of a bright yellow colour, and soluble in a large quantity of hot water, from which, as the solution cools, it subsides in scales of a beautiful orange hue.

Should the suspected substance be insoluble in water, let it be heated on charcoal with the blow-pipe, by which treatment, if it be a preparation of lead, a malleable metallic button of a blue colour will be obtained; and the solution obtained by acting upon this with nitric acid will, when rendered neutral by evaporation or otherwise, afford, with sulphate of soda and hydriodate of potash, the precipitates already described.

When a mixture containing organic substances, such as milk, albumen, or the contents of the stomach, is the subject of experiment, it is to be acidulated with acetic acid and then boiled for some time, in order that the vinegar may take up any oxide precipitated by the organic matters. Filtration is now to be practised, and sulphuretted hydrogen passed through the filtered solution as long as a black precipitate is formed. This, if sulphuret of lead, will afford with nitric acid a nitrate of the protoxide, which, when rendered neutral by evaporation, re-dissolved in water, and separated from any insoluble residue by filtration, will be affected as before by the sulphate of soda and hydriodate of potash. One or other of these methods is applicable to any of the preparations enumerated at the commencement of this section.

When a soluble salt of lead, such as the acetate, is swallowed, next to the adoption of such means as may effect its expulsion from the stomach, the most judicious course will be to introduce after it such re-agents as will convert it into compounds insoluble in the gastric juices. This object may be accomplished by solutions of the sulphates of soda or magnesia, for experiment proves that the sulphate of lead, which is formed in virtue of the decomposition which ensues, is entirely destitute of poisonous action. The phosphate of soda is equally efficacious, and the alkaline carbonates, though themselves injurious in large doses, may, when

cautiously used, be exhibited with advantage, as the carbonate of lead is much less active than the acetate or any other soluble salt of the same base.

Dr. A. T. Thomson has given publicity to the very paradoxical opinion, that the carbonate is not only the most poisonous of the preparations of lead, but that it alone is possessed of any injurious properties. It would be interesting to learn the grounds of such a position.

In recounting the chemical antidotes, the sulphate of zinc should not be forgotten. This will not only favour the ejection of the poison by exciting vomiting, but will also convert any portion of it which exists dissolved in the contents of the stomach into the inert and insoluble sulphate.

The consequences of slow poisoning by lead, namely, colic and partial paralysis, are to be treated upon general medical principles. The former is most readily subdued by the exhibition of alternate doses of purgative and anodyne medicines, while the latter can only be benefited, and finally overcome, by means which restore the general health. It may, however, be observed that this latter line of treatment seems considerably assisted by the use of splints or other mechanical means, for sustaining in the extended position the wrists and fingers, which are the seat of the paralysis.

These symptoms are very apt to recur, or repeatedly attack the same individual, whenever he is exposed sufficiently long to the influence of the poison. To prevent, in some cases, such a recurrence, a total change of occupation is indispensable, and in all instances of inevitable exposure to the poison, the strictest measures of cleanliness and precaution should be adopted, so as to prevent as much as possible its ingress, through any channel, into the system.

Zinc.—The sulphate of zinc is the only preparation of this metal which claims notice here. From its extensive use as an emetic in the different varieties of poisoning, if for no other reason, it deserves the attention of the toxicologist.

When white vitriol is administered to the human subject, vomiting is shortly excited, and this being an almost invariable effect, it has been concluded that in no dose can it prove dangerous, as after a little time it is necessarily expelled from the stomach. Cases, however, have occurred in which it has caused very violent irritation, and there are even two instances on record in which it produced death.

The symptoms which are witnessed when a large dose of sulphate of zinc has been administered, are violent vomiting, which, for the most part, ceases after the stomach has been completely emptied, the individual shortly recovering his natural state. In some cases, however, the vomiting is succeeded by a diarrhea, tenderness in the epigastrium, and abdominal pains; symptoms which, though very rarely, have terminated fatally.

In a fatal case recorded by Mertzdorf, the stomach and intestines, particularly the latter, were found contracted, and the inner membrane

of both studded with several spots of effused blood. Their contents also were fluid and of a greenish grey colour. In other respects the body was natural.

The preceding details are confirmed by the symptoms and morbid appearances witnessed by Orfila in dogs made to swallow large doses of sulphate of zinc, the salt being detained in the stomach by ligature on the œsophagus.

When introduced into the stomach, sulphate of zinc operates obviously as an irritant poison, and even inflames the part to which it is applied. The nausea and vomiting, however, are also produced when the salt is applied to other mucous surfaces, as, for example, the rectum; and it has hence been concluded that the greater portion of the phenomena it produces are the result of its operation upon remote organs. But the precise channel through which this action is conveyed has not been determined.

It is scarcely necessary to say that the exhibition of sulphate of zinc cannot be inferred from the symptoms or morbid appearances which it produces. In suspected cases, the aid of chemistry must be invoked, and indeed there is no metallic preparation the presence of which in a given solution or mixture can be determined by more decisive experiments than white vitriol.

If the suspected substance be a white pulverulent or prismatic powder, if it dissolve in water, and if the solution afford with hydrosulphuret of ammonia a white precipitate, but none with sulphuretted hydrogen if previously acidulated with sulphuric acid, it may be pronounced, with much probability, to be a salt of zinc. This conclusion is confirmed, if, upon the addition of a drop of water of ammonia to a separate portion of it, a white precipitate is obtained, which disappears, affording a colourless solution, when more of the alkali is added. Should it be sought for in the contents of the stomach, it is necessarily mixed with organic matters. In such case the whole should be agitated for some time in a warm place, in a bottle, with an excess of the water of ammonia, and the insoluble matters separated by filtration.

The solution thus obtained will contain the oxide of zinc dissolved by the volatile alkali, from which it may be recovered, in the form of the white sulphuret, by a stream of sulphuretted hydrogen. If this precipitate be digested with nitric acid, a mixed sulphate and nitrate of zinc are formed, which, when rendered neutral by evaporation to dryness, dissolved in water, and filtered, may be subjected to the tests already mentioned.

The process for organic mixtures given by Christison is defective, for it assumes what is erroneous,—namely, that the oxide may be thrown down from sulphuric acid by sulphuretted hydrogen. This only occurs, to a very limited extent, when the solution is neutral, but not at all in one acidulated by a mineral acid.

The preceding process will merely prove the presence or absence of oxide of zinc from any solution or mixture submitted to examination.

The search for sulphuric acid will require the application of other tests, which have, however, been detailed in their proper place.

Upon the subject of *treatment* it is not necessary to make any remarks. From its peculiar action on the stomach, it will generally be quickly discharged, so that the only point which can require attention will be the allaying, by appropriate means, the irritation or inflammation which it may have excited.

Antimony.—There are at least four preparations of antimony employed as therapeutic agents by the physician and surgeon, namely, the prepared sulphuret, hermes mineral, tartar emetic, and the chloride or butter of antimony. The two first possess too little activity to become objects of interest to the toxicologist, and as to the last, though a powerful corrosive, we have, owing to its rarity, very few instances of poisoning by it. It will therefore be nearly sufficient for us to confine our attention to the tartar emetic. A few incidental remarks at least will suffice in reference to the other preparations.

When tartar emetic is swallowed by man, it very generally happens that, whatever may have been the amount of dose, it, like the sulphate of zinc, is rejected by vomiting; and after these effects are over, the individual is found to have sustained no injury whatsoever. This, however, does not invariably occur; for sometimes when the dose is large, or when the medicine is retained for a considerable time, the vomiting which finally sets in becomes obstinate, the stomach is the seat of a burning pain; and purging, accompanied with violent colicky spasms, shortly follows. A sense of constriction in the throat is also experienced, and the limbs are seized with the most distressing cramps. In case of a fatal termination, a thing very seldom witnessed, death is preceded by delirium and convulsions.

In two cases recorded in the French journals in which death was produced by tartar emetic, inflammation of the villous coat of the stomach, duodenum, and small intestines, constituted the only lesion which was observed. Majendie, in experimenting upon dogs, found that the lungs were always highly congested and inflamed, but the dissections hitherto made do not enable us to extend this observation to the human subject.

It is scarcely necessary to observe that tartar emetic exercises a local action, whether introduced into the stomach or applied by inunction to the external surface of the body. In the former case, redness, thickness, and spots of extravasation are produced upon the mucous lining of the alimentary tube; in the latter, a pustular eruption, as is well known to the physician and surgeon. It may, however, be doubted whether the effects it produces on the stomach are not partly the result of a remote action directed to the nervous system, particularly when we recollect that nausea, vomiting, and marks of gastric inflammation are also produced when the poison is introduced into the urethra or rectum, applied to a wound, or injected into a vein. The medium through

which this action is exerted has not been ascertained, but it is probably nervous sympathy.

No assistance can be derived from either the symptoms or morbid appearances in deciding upon a suspected case of poisoning by tartar emetic. This is too obvious to require enforcement. The solution of the question as to whether antimony has been administered or not must be drawn from chemistry alone.

The substance suspected to be an antimonial preparation is either soluble in water, or it is not. If soluble, let the solution be treated with sulphuretted hydrogen, and if an orange precipitate is formed, it furnishes probable, though not convincing evidence of the presence of the metal. Let the precipitate be collected on a filter, washed, dried, then dissolved in a minimum of concentrated muriatic acid, and, finally, poured into water. Should a white precipitate be thus produced, all doubt as to the presence of antimony is removed.

When the metal is sought for in organic mixtures, the whole should be digested with tartaric acid for the purpose of dissolving any oxide of antimony which may have been precipitated. It is now filtered, and through the solution thus obtained the sulphuretted hydrogen is passed as before, the temperature of 212° being subsequently applied in order to determine the subsidence of the precipitate. In consequence of the organic matters present, this precipitate, though it be sulphuret of antimony, will seldom exhibit its characteristic orange colour; but if upon treatment, as already described, with muriatic acid and water, a white precipitate be obtained, which is changed to orange by contact with sulphuretted hydrogen, the proof of the presence of antimony is complete.

The preceding processes suppose the antimonial preparation to be either soluble in water or tartaric acid, and are therefore applicable to tartar emetic and butter of antimony.* Should the native or artificial sulphuret be the subject of examination, they will dissolve with the evolution of sulphuretted hydrogen in strong muriatic acid, and the solution poured into water will deposit the pulvis Algarotti, or white powder already described. The processes for the reduction of the metal recommended by Orfila and Christison are altogether omitted, as they are rather difficult of execution unless by the experienced chemist, and when successfully performed, afford, in reality, less satisfactory evidence than those with the description of which we have contented ourselves.

Treatment.—The poison should be expelled as speedily as possible, but this will, generally speaking, be accomplished without assistance when the tartar emetic has been taken. To neutralize any of it which may remain, draughts containing infusion or tincture of yellow bark, or in the absence of these, tincture or infusion of galls should be repeatedly given.† The

* This preparation, if swallowed, immediately deposits, upon contact with the fluids of the stomach, the pulvis Algarotti, which dissolves in tartaric acid.

† The gallate and tannate of antimony are insoluble, and, as far as experiments go, would appear

bark in powder has also been advantageously administered. After a sufficiency of cinchona has been given, if the stomach still continue disturbed, opium may be exhibited. Should gastric inflammation be developed, it is to be treated upon general principles.

Bismuth.—When a solution of bismuth in nitric acid is rendered as neutral as possible by evaporation, and then poured into water, a beautifully white precipitate immediately falls down. This, which is a subnitrate, is a good deal used by some practitioners in the treatment of the different forms of dyspepsia. But, when exhibited in an over-dose, it is an irritant poison, and has occasionally produced fatal effects.

In a case quoted by Christison from a French journal, in which two drachms were swallowed mixed with a little bitartrate of potash, the symptoms were, shortly after swallowing the poison, burning in the throat, brown vomiting, watery purging, cramps, coldness of the limbs, and intermitting pulse; then inflammation of the throat, difficult deglutition, dryness of the membrane of the nose, and a constant nauseous metallic taste. On the third day, hiccup, laborious breathing, and swelling of the hands and face; on the fourth day, swelling and tension of the belly; on the fifth day, salivation; on the sixth day, delirium; on the seventh day, swelling of the tongue and enormous enlargement of the belly; on the ninth death. The urine also was suppressed until the eighth day. It was ascertained after death, that from the fauces to the rectum there were but few points free from disease. The tonsils, uvula, pharynx, epiglottis, and larynx were gangrenous, the gullet was livid, and the stomach very red, with numerous purple pimples, the whole intestinal canal red, and here and there gangrenous, especially at the rectum. The inner surface of the heart was red. The kidneys and brain were healthy.

The subnitrate of bismuth may be distinguished from other white powders insoluble in water, by being taken up by nitric acid of a density not less than 1280., and by the solution thus obtained affording, when poured into water, a white precipitate, (the original subnitrate,) which is blackened by sulphuretted hydrogen. If sought for in a mixture containing organic matters, the insoluble portion should be separated by filtration and charred in an earthen crucible at a red heat. In this way the subnitrate, if present, is reduced, and may be subsequently dissolved by digesting the residue with nitric acid of specific gravity 1280. The solution thus obtained is of course to be tested in the manner above explained.

Under the head of *treatment* it is sufficient to say that the poison should be expelled as rapidly as possible, and any subsequent inflammation encountered by the usual antiphlogistic means. There is no chemical antidote for this poison.

Barytes.—There are but two barytic prepa-

to be inert. It is by the formation of these that cinchona acts as an antidote to tartar emetic.

rations which deserve any notice here, the carbonate and the muriate, for these are the only ones which are prepared in quantity for medicinal or other purposes. The former is a native product, and has, in the districts in which it abounds, been employed as a poison for rats; the latter is artificially prepared with a view to its exhibition in the treatment of stromous affections.

But few opportunities have occurred of studying the symptoms it gives rise to in the human subject. In a case recorded in Brandes' Journal, vol. iv. p. 382, in which an ounce of the muriate was taken in mistake for Glauber's salt, a sensation of burning was felt in the stomach immediately after swallowing the poison; vomiting, convulsions, and head-ach ensued, and death took place within an hour. There is a case in the Medical Commentaries referred to by Christison, of a gentleman, who shortly after having swallowed by accident about thirty drops of the same preparation, was attacked with profuse purging, and vomiting, and in half an hour, with a degree of muscular debility of the lower limbs, nearly amounting to paraplegia. In twenty-four hours, however, he recovered his natural state.

The morbid changes produced by barytic preparations in man have not as yet been described. In the lower animals, when swallowed they produce, unless death ensue with great rapidity, inflammation of the stomach and lower intestines; and Dr. Campbell observed that when dogs were poisoned by the application of the muriate to an external wound, the brain and its membranes were so injected with blood as to exhibit appearances analogous to those of congestive apoplexy.

The barytic salts obviously exert a local action, for they irritate and inflame the parts to which they are applied. The most remarkable effects, however, which they produce, are the result of a remote action directed to the brain and spinal marrow, and producing paralysis and convulsions. This second variety of action is established not only by the symptoms which have been observed in man, but also more completely by the experiments of Brodie, Orfila, and Gmelin, upon the lower animals. We do not know through what channel the morbid influence of barytes is conveyed to the nervous system. It is important, however, in reference to this point, to observe that the muriate and other soluble salts of barytes operate as poisons, whether introduced into the stomach, applied to a wound, or injected into the blood. The carbonate of barytes, though insoluble in water, is a poison in the stomach, being dissolved by the acid juices which it encounters there; and Dr. Campbell even found it to produce alarming effects when applied to a wound. Introduced into a vein, it would probably act merely in a mechanical manner; for, from the alkalinity of the blood, it could not undergo any solution.

The muriate of barytes may be distinguished from all other poisons by affording, with nitrate of silver, the well-known chloride of that metal, and, with sulphate of soda, a white precipitate

quite insoluble in water, acids, or alkalies, and not blackened by sulphuretted hydrogen. These latter experiments, indeed, do not sufficiently distinguish it from the muriates of lime and strontites, for the sulphates of these earths, particularly the latter, are very sparingly soluble, and are equally unaffected by sulphuretted hydrogen. To remove all doubt, let the suspected solution be treated with less sulphate of soda than is necessary for its perfect decomposition, and let the precipitate be collected on a filter and washed with distilled water. If the washing, upon the addition of a drop of muriate of barytes, afford no precipitate, the salt must have been a barytic one. If there be a precipitate, it is one including lime or strontites. Should the poison be sought for in the contents of the stomach, these should be boiled with water, filtered, and the solution thus obtained should be evaporated to dryness, and ignited in a platina crucible to destroy organic matter. The residue is next to be digested with a small quantity of water, and to the solution thus obtained, when filtered, the tests already described may be applied. If, in the treatment of a case of poisoning by barytes, the proper antidotes be administered with sufficient promptness, the earth can only be found in the stomach in the form of sulphate. To form from it the muriate, with the view of the application of the proper tests, the following method must be pursued. Let the contents of the stomach be thrown upon a filter, and let the matters detained thereby, when dried, be mixed with one-sixth of their weight of lamp-black, and exposed, in a platina crucible, or, should the mixture be very small, rolled up in a little platina foil, to a strong red heat for ten or fifteen minutes. The sulphate of barytes is thus converted into a sulphuret of barium, which is changed by the action of muriatic acid into muriate of barytes, sulphuretted hydrogen being at the same time given off. The mode of testing this muriate need not be repeated.

In case of poisoning by the muriate, a solution of sulphate of soda or magnesia should be introduced into the stomach. This also should be done without loss of time, for the poison sometimes acts with extraordinary rapidity. The barytes is thus immediately converted into the insoluble sulphate, which experiment proves to be altogether inert. Should the carbonate have been the preparation swallowed, the soluble sulphates should be replaced by copious draughts of dilute sulphuric acid.

Tin.—Metallic tin in a finely granulated state is employed in medicine as a vermifuge. Its action is considered purely mechanical, and, though given in large doses, it has not given rise to any poisonous symptoms. The peroxide of tin also, though not inert, possesses but little activity. If the experiments of Schubarth can be relied upon, in drachm doses it exerted no action whatever upon a dog. The proto- and per-muriates, however, which are prepared in quantity in consequence of their uses in dyeing, are active irritants, whether exhibited to man or the inferior animals.

The only description of the symptoms produced by these preparations published is that given by Orfila, in the case of several persons who partook of food seasoned with muriate of tin, accidentally used by the cook instead of common salt. All had colic; some diarrhœa; and all recovered in a few days.

The morbid appearances are exclusively such as result from violent irritation. In dogs the stomach, according to Orfila, always looks as if it had been partially tanned.

The symptoms observed after the exhibition of the muriate to dogs, combined with the morbid changes it effects, justify the belief of its action being simply that of a local irritant. Tin, in the form of protomuriate, is easily detected by its affording with the muriate of gold the purple powder of Cassius, with corrosive sublimate a white precipitate, which presently assumes a leaden hue, and by communicating a red colour to a very dilute solution of the muriate of platinum.

As a permuriate, it does not yield any very characteristic precipitates with reagents, so that it will be necessary to heat the suspected substance to redness with black flux in a Hessian crucible, by which means, if tin be present, a metallic button will be obtained. This will dissolve with the evolution of hydrogen in muriatic acid, and the solution thus formed will comport itself as protomuriate of tin.

In cases of the ingestion of tin, the first therapeutic step to take is to expel as much as possible of the poison from the stomach by emetics or the stomach-pump; the next to decompose whatever may remain by the introduction of fluid albumen. Should inflammatory symptoms be developed, the usual antiphlogistic measures must be resorted to.

To the irritant poisons of organic origin the term *acrid* has been usually applied. Some are the products of the vegetable, and some of the animal kingdom.

2. *Vegetable irritants or acrids.*

This genus, though including a considerable number of species, admits of being discussed with brevity, for the symptoms and morbid appearances produced by all are nearly the same. There is another reason, also, why it will not be necessary to dwell minutely upon them: they are seldom resorted to for the purpose of destroying life.

The vegetable acrids, when swallowed in large doses, very generally give rise to vomiting, by means of which the poison is discharged. Sometimes, however, they are retained by the stomach, particularly when the quantity has been small; and in these cases diarrhœa usually sets in, attended by abdominal pain, which is at first remittent, but becomes more constant in proportion to the development of inflammation in the intestinal tube. The belly now becomes tense and tender. The debility is great, and giddiness and tendency to delirium are sometimes, though rarely, observed.

The morbid appearances produced by the vegetable narcotico-acrids are inflammation and its essential concomitants, redness, together with, occasionally, ulceration, principally in

the stomach, duodenum, and large intestines.

These poisons are direct local irritants, and probably do not enter the blood. Such, at least, is the conclusion deduced by some from the fact of their action, when externally applied, being in a great measure limited to the parts with which they are brought in contact.

The symptoms and morbid appearances will not, it is obvious, enable us to determine whether a vegetable acrid has been used in any particular case, much less to assign the precise substance which has been employed. Nor will chemistry be of much assistance in such an investigation, for we are but very imperfectly acquainted with the proximate principles of vegetables, and but in very few instances know of reagents by which their presence may with certainty be detected. Our chief reliance must be placed upon our knowledge of the physical and botanical characters of the various substances which may become the object of toxicological inquiry.

With respect to *treatment*, we have nothing to advise but that the poison be removed from contact with the body with as much speed as possible, and that intestinal inflammation, should it follow, be controlled by the usual means. There is no one of these poisons for which there exists a true chemical antidote.

The following list includes the plants which yield the more important vegetable acids: although given in a former part of this article, we repeat it here for the convenience of reference:—

Euphorbia officinarum, &c.
Jatropha curcas, &c.
Ricinus communis.
Momordica elaterium.
Cucumis colocynthis.
Bryonia alba vel dioica.
Ranunculus acris, &c.
Anemone pulsatilla.
Caltha palustris.
Delphinium staphysagria.
Daphne mezereum.
Juniperus sabina.
Convulvulus jalapa.
Narcissus pseudo-narcissus.
Gratiola officinalis.
Stalagmitis cambogioides.

The *euphorbium* mentioned in works upon the *materia medica* is the inspissated juice of the *euphorbia officinarum*, an African plant. A similar substance, however, may be obtained from several other species of the same genus. In consequence of the violence with which it acts, it has been long since discarded from medical practice. Its active principle is of a resinous nature, or it is rather, according to the researches of Buchner and Herberger, a combination of two resins bearing to each other the relation of an acid and a base. The latter they consider to be that which gives it its acidity. *Euphorbium* in a large dose, whether internally administered or externally applied to a wound, is a powerful poison. Even when kept in contact with the sound skin, it has produced extensive inflammation and gangrene.

The seeds of the *jatropha curcas* are powerfully acrid, and the same property is possessed by a fixed oil and a volatile acid produced from them by distillation. The juice of the root of the *jatropha manihot* possesses, as is well known, similar powers; though the root itself, when deprived of the juice, constitutes, under the name of tapioca, a wholesome and nutritious food. Half a pint of the juice has caused death within an hour.

The seeds of the *ricinus communis*, which upon pressure afford castor-oil, operate when chewed as a drastic purge. A single seed is sufficient to produce such an effect. Neither the nature of the acrid principle, nor the precise part of the seed in which it resides, has been ascertained. When castor-oil is unusually active, it is probably owing to its containing an undue proportion of this principle.

The *momordica elaterium*, *cucumis colocynthis*, and *bryonia alba*, are all found in the same natural order, the *Cucurbitaceæ*, and all possess acrid properties in a very intense degree. The active principle of the first resides in a fecula deposited from the expressed juice of the fruit; that of the second in a pith found within the capsule; and that of the third in the root. The two first are frequently employed by the physician in consequence of their purgative virtues. The *elaterium* has been found by Dr. Morries to contain a crystalline principle which is the source of its drastic energies, and this discovery has been confirmed by Mr. Hennell. A tenth of a grain of this principle produces in man a very considerable purgative effect.

The acrid principle of the *colocynth* appears to be of a resinous nature, being soluble in alcohol, and but sparingly in water. It has received the name of *colocynthin*, though the substance so called is probably not entirely freed of foreign matters. In point of activity *colocynth* is scarcely inferior to *elaterium*. It has frequently produced fatal effects.

The *bryony*, which is a British plant, possesses properties perfectly analogous to, and scarcely less active than the two others with which it has been associated. Its acrid virtues reside in a principle soluble in water, which was discovered not long since by Brandes and Firnhaber, and which they have named *bryonine*. There are upon record some cases in which decoctions of the *bryony* produced death with hypercatharsis and the other symptoms already detailed.

The different species of *ranunculi*, particularly the *acris* and *sceleratus*, afford by expression or decoction with water a highly poisonous fluid. The same is true of the *caltha palustris* and the *anemone pulsatilla*, plants which belong to the same natural order. The latter plant, dried and reduced to powder, has produced gangrene when externally applied as a counter-irritant.

The seeds of the *delphinium staphysagria*, a plant which also belongs to the *Ranunculacææ*, have been found by Lassaigne and Fenouille to contain an alkali, which is the principle that gives them their activity. Orfila found that

six grains of this delphinia dissolved in vinegar killed a dog in forty minutes.

A crystalline principle possessing neither acid nor alkaline properties has been found by Dublanc in the bark of the daphne mezereum, to which it owes its acrid properties. The bark, as well as the berries of this tree, have produced very violent symptoms, and even death. The root of the daphne laureola or spurge laurel, a British species, is, according to Withering, powerfully acrid.

The leaves of the juniperus sabina and an essential oil which may be procured from them by distillation, possess highly acrid properties. Internally, they produce dreadful irritation of the stomach and bowels, and applied externally to a recent wound, very extensive diffuse inflammation is the consequence. They are reputed to possess the power of causing abortion, but they probably do not exert any specific influence on the uterus. Death has occasionally occurred in consequence of their internal exhibition for such purpose.

Half an ounce of the aqueous extract of the narcissus pseudo-narcissus, or common daffodil, internally exhibited, killed a dog in less than twenty-four hours; and one drachm applied to a wound produced a similar result in a quarter of the time. The symptoms and morbid appearances were in both cases the same, or such as belong to the vegetable acrids generally.

The root of the convolvulus jalapa possesses, as is universally known, acrid virtues, and is hence extensively employed as a cathartic medicine. Mr. Hume, of London, was supposed to have insulated its active principle, which he named jalapine. The substance, however, which he obtained has been since shewn by Pelletier to be nothing but the ammoniacomagnesian phosphate. More recently Buchner and Herberjer have stated it to be a resinous substance constituting about one-tenth of the weight of the root, and, like that of euphorbium, composed of two others with opposite electrical relations.

Scammony, or the inspissated juice of the root of the convolvulus scammonia, possesses analogous properties to jalap, but according to Orfila it is much less active.

The gratiola officinalis, or hedge hyssop, proved a powerful poison in the hands of Orfila. Three drachms of its watery extract, retained by a ligature on the œsophagus in the stomach of a dog, killed it in twelve hours. The same quantity applied to an incision in the thigh of a dog killed it in twenty-five hours. Half a drachm of the extract, dissolved in water and injected into the jugular vein of another dog, destroyed it in two hours. Serious accidents have occurred to man from the incautious use of this plant.

The gum resin, called gamboge, and which is obtained from incisions made in the leaves and young shoots of the stalagmitis gambogioides, is one of the most violent of the vegetable acrids employed to produce a purgative effect. Orfila found that a drachm and a half, retained mechanically in the stomach,

killed a dog in ten hours, and in very small doses it produces in man dangerous hypercatharsis. Externally applied, it produces extensive cellular inflammation.

In the preceding summary we have entered into no details in reference either to the mode of procuring the different active acrid principles, or the physical, chemical, or botanical characters of the various plants in which they are found. These are points of the greatest importance, but to discuss them in an adequate manner, it would be necessary to extend this article to an inconvenient length. The chemical constitution and properties of the leading poisonous vegetables are given with great detail and clearness in the *Traité de Chimie* of Berzelius, vol. vi. and their botanical characters and relations will be found unfolded in a very able and satisfactory manner in the English edition of Richard's Botany, translated and edited by Dr. Clinton.

3. *Animal irritants or acrids.*

The animal as well as the vegetable kingdom furnishes several substances, which, from the nature and violence of their action on living beings, deserve to be ranked among the acrid poisons. Those which are most entitled to attention are certain species of insects, fish, and reptiles, and organic matter in a state of ordinary or modified putrefaction.

The symptoms which they produce are pretty nearly the same as result from the action of the vegetable acrids, with this difference, that they more frequently and decidedly influence and disturb the nervous system. Their powers are, therefore, in all probability, not expended upon the parts to which they are immediately applied, but directed also to distant organs, which they affect either through the medium of sympathy or the circulation.

Cases of suspected poisoning by these substances are to be investigated, and of actual poisoning treated upon the general plan already briefly explained under the head of the vegetable acrids.

Cantharides.—This substance is an insect, the lytta vesicatoria, and is familiarly known to every one as an external application for the purpose of producing vesication. Its active principle, the cantharadin, was first obtained by Robiquet, and has since been more particularly examined by Gmelin. It occurs in small crystalline scales, like plates of mica, which melt when heated, and sublime unaltered, are insoluble in water or cold alcohol, but soluble in the latter with the assistance of heat.

Cantharides is sometimes, though not often, exhibited internally by the physician; and in such cases, in consequence of its activity, the dose is necessarily extremely small. It has, however, in several instances been taken in considerable quantity for the purpose of procuring abortion, and with the view of stimulating the genital organs, and exciting sexual desire. In some few cases it has been swallowed with the view of effecting self-destruction.

The symptoms which characterize a poison-

ous dose of cantharides are, burning heat of the throat and stomach, difficult deglutition, abdominal pain, vomiting, the matters discharged being often bloody and containing membranous flakes, parching thirst, strangury, bloody urine, priapism, and, in some rare cases, gangrene of the genital organs. The nervous symptoms observed are headach, convulsions, loss of memory, and delirium. The preceding effects have been produced by scruple doses of the powder.

In a fatal case recorded not long since by Orfila, the esophagus, stomach, and intestines, the omentum, and peritoneum, the kidneys, ureters, bladder, and urethra, were highly inflamed, and the tongue, mouth, and fauces were excoriated.

Cantharides will remain in the stomach for a considerable time without losing its characteristic appearance and properties. If found there, the cause of the poisoning is revealed; but it must be recognised by its external characters, for chemistry can contribute little, if at all, to its identification, and the same may be said of the symptoms and morbid lesions. There is no antidote for this poison: oil, which was once so considered, is decidedly improper, for it confers solubility upon the cantharadin. The poison should be expelled from the stomach, and the inflammation it excites should be met by antiphlogistic measures. Demulcent drinks and the warm bath are calculated to alleviate the dreadful irritation of the urino-genital system which is sometimes observed.

Poisonous fish.—Under this head we do not intend to allude to all to those kinds of fish* which, though they constitute wholesome food to the generality of mankind, nevertheless produce, when used by some individuals, sickness, vomiting, cutaneous eruptions, and other alarming symptoms. Such effects, when they are observed, are undoubtedly referable to some peculiarity of constitution, or idiosyncrasy, as it is usually called. Two other varieties of poisonous fish remain to be noticed,—those which are so constantly, and to all individuals, and those which, though generally edible and innocent, acquire, under circumstances not well understood, injurious properties, the origin of which it is not very easy to assign.

Those of the first variety are so rare on our coasts that it is not necessary to enter into any particulars respecting them. Of the latter variety, or such as, though generally wholesome, become occasionally poisonous, the only ones which have attracted the attention of toxicologists are the *mytilus edulis*, or muscle, the oyster, and the common eel.

Muscles, &c.—There is a variety of theories as to the origin of the poison of muscles. Some refer it to copper derived from the copper bottoms of ships; others to their having been, when used, in a state of putrefaction; others, to a disease to which they are subject; and others again, merely to an idiosyncrasy in the

individuals who become affected by them. Some of these conjectures, *ex. gr.* the two first, are easily disproved; and it is the opinion of those who have considered the subject most maturely, that none of them afford a perfect solution of the question. Dr. Christison throws it out that those which are poisonous may have developed in them an animal principle of a peculiar nature to which their noxious properties are owing, and suggests the investigation of such a principle as a proper object of chemical research.

The symptoms are such as characterize gastric and internal irritation of a high degree, to which are sometimes superadded distressing dyspnoea and nettle-rash, together with coma, convulsions, and paralysis previous to death. The symptoms usually begin in a couple of hours, and quickly reach their maximum degree of intensity. The duration of the attack, whether fatal or otherwise, is very variable, death sometimes occurring in a few hours, and sometimes not for three or four days.

The morbid appearances which have been observed are inflammation of the stomach and bowels; but cases have occurred in which no organic lesion has been detected.

Oysters and eels have sometimes acquired deleterious properties, but the accounts which have been published do not enable us to comprehend either the nature of the change which they experience, or the cause of it. The action they have been observed to exert is that characteristic of a simply irritant poison.

Poisonous serpents.—The most poisonous reptiles with which we are acquainted are the cobra de capello and rattlesnake; but as these do not exist in the British isles, we shall enter into no details respecting them. In England, however, a reptile is indigenous, the viper, the bite of which is always productive of distressing symptoms, and has in some cases even destroyed life. The poison is secreted by a pair of glands situated near the eye on either side, and is deposited in a sac connected with the cavity of a hollow tooth. When the animal inflicts a bite, the poison is forced from the bag into the wound through a perforation in the crown of the tooth.

In about twenty minutes after the infliction of the bite the part becomes the seat of lancinating pains, which extend up the limb, and of swelling, which after a little time assumes a livid colour and is extremely hard. The pulse is feeble, rapid, and irregular; the patient appears in a fainting state; bilious vomiting, sometimes accompanied by jaundice, sets in, and is followed by dyspnoea, cold sweats, imperfect vision, convulsions, and derangement of the intellect. Death sometimes, though rarely, supervenes.

It is a curious fact that the virus of vipers may be taken into the stomach with impunity. This has been fully ascertained by experiments on birds, and even on the human subject.

The morbid lesions are chiefly such as are visible to the eye, namely, inflammation, swelling, and lividity of the wound and adjacent parts.

* Oysters, crabs, trout, salmon, turbot, herring, halibut, mackerel, &c.

It is not ascertained whether the poison of venomous reptiles acts by entering the blood, or is the result of nervous sympathy. In support of the former opinion, the fact is relied upon to which the attention of the profession was first particularly called by Dr. Barry, namely, that the influence of the virus can be suspended, and even altogether subdued by the timely application of the cupping-glass to the wound. Addison and Morgan, however, as we have already seen, find no difficulty in reconciling such facts with their views.

An outline of the appropriate treatment is readily sketched. Should a cupping-glass be at hand, it should be immediately applied to the bite, and as much blood as possible drawn, with the view of washing away the poison from contact with the extremities of the nerves and the patent mouths of the divided bloodvessels. But, if this manipulation cannot be performed within a few minutes after the infliction of the bite, the part should be carefully cauterized either with the potassa fusa or strong nitric acid, with the view of decomposing the virus. When the effects of the poison are fully developed, the treatment must be conducted on general principles.

The consequences of the sting of the wasp and bee might be here with propriety discussed, but they are seldom such as to entitle them to a separate consideration.

Animal matter diseased or putrid.—Of animal substances rendered poisonous by disease we have instances in the several matters by means of which contagious and infectious diseases of a definite character are propagated, but the examination of these belongs rather to the practice of medicine than to toxicology. We shall allude, and with brevity, to those only which are but occasionally developed, and which seem to act the part of irritant poisons.

When cattle are over-driven, though their flesh does not produce any disagreeable effects when eaten, if externally applied in the raw state to a wound, however small, a diffuse cellular inflammation is the result, which sometimes has destroyed life. The purulent matter discharged from the nostrils of glandered horses presents us with an instance of a similar kind. When this matter is applied to the hand by inoculation, inflammation of the part and an eruption of carbuncles is the consequence; and there are even well-authenticated cases of the disease having been taken by grooms without inoculation.

A disease to which cattle are subject, and which has been particularly studied in Germany, where it is known under the name of *milzbrand*, develops in the flesh of the animals it attacks highly acrid properties. The intestinal canal of persons who use the flesh, and even of those who have been engaged in flaying the beast, becomes highly irritated and inflamed, and they are seized with all the symptoms of cholera. More frequently, however, malignant pustules are thrown out, or rather a carbuncular eruption analogous to that observed in the cattle themselves, which has often proved fatal in twenty-four hours.

The most interesting example, however, of poisoning to be traced to a virus resulting from morbid action is that with which we are so familiar as a consequence of wounds incurred in dissection. The effects to be observed in such cases cannot be referred to animal matter in a state of spontaneous decomposition, for they are never found to occur unless at so early a period after death as to preclude the possibility of ordinary putrefaction having been established. Experience, also, would seem to prove that they are more frequently produced by the fluids effused in the chest and abdomen, as a consequence of inflammation, than by any other of the solid or fluid constituents or secretions of the body.

The symptoms which usually set in are briefly as follow. In a few hours after the reception of the wound an acute pain is felt at the tip of the shoulder, and a swelling, at first colourless, is observed on the lateral part of the neck between the trapezius and sterno-mastoid muscles, which is acutely sensible upon pressure. At first the wound exhibits no unusual appearance; but some time after the occurrence of the symptoms just detailed, it is found covered with a small pustule containing a milky fluid. The pain and swelling at and above the shoulder now become worse, and extend to the axilla, from thence to the thorax, and down along the side; and a similar species of diffuse inflammation seizes upon the arm and forearm, following the course of the great absorbent vessels. This inflammation Mr. Collis conceives to be a species *sui generis*, quite different from phlegmonoid erysipelas. Toward the close of the attack, particularly when the termination is unfavourable, a few pustules similar to that upon the wound appear in other parts of the body, and the skin of the inflamed regions is studded with little solid elevations, which at first sight are taken for vesicles. The constitutional invasion is sometimes, though not always, ushered in by distinct rigors and vomiting, and a low typhoid fever of the most malignant type is present from the very commencement.

Several individuals, eminent for their anatomical zeal and scientific acquirements, have fallen victims to this formidable malady; amongst whom we know of none more distinguished or lamented than the late Mr. Shekleton, museum curator to the Royal College of Surgeons in Ireland. An instructive account of his case, with some others of a similar description, has been published by Mr. Collis in the third and fourth volume of the Dublin Hospital Reports.

No lesions of internal organs have, as far as we are aware, been traced to this affection.

After the reception of a cut in dissecting, the part should be rendered as clean as possible by soap-water, and a cupping-glass, or the mouth, which will probably answer better, should be applied until by suction a considerable quantity of blood is drawn, and the surface of the wound entirely freed from all foreign matters. These prophylactic measures will, generally speaking, be sufficient; but for greater secu-

ity it will be advisable to apply the potassa fusa or aqua fortis to the wound, with the view of destroying any of the poison which may not have been previously removed, or at least of modifying the inflammation which may follow. When the hand and arm have become swollen, and the fever already described has set in with violence, the treatment which has been found most beneficial consists in the free administration of opium, port wine, and other stimulants, the inflammation being at the same time combated by the usual topical antiphlogistic applications. Mr. Collis, on general grounds, but without any experience of its efficacy, recommends calomel in repeated doses, so as to produce rapid salivation.

Animal matter in a state of ordinary decay.—The effects just examined are the result of inoculation with animal matter modified in a certain manner by circumstances not well understood, but not at all in a state of decomposition or decay. Animal substances, however, in the putrid state, possess, as has been proved by the experiments of Orfila, similar powers; that is, when introduced into a wound they excite diffuse inflammation, and, at the same time, fever of the typhoid type. In animal flesh brought to this state by keeping in close vessels, Lassaigue, by an elaborate analysis, found carbonate and cascade of ammonia, together with a fetid volatile oil, in which the noxious properties are conceived chiefly to reside.

Certain changes which spontaneously take place in particular articles of food, and which are usually considered as instances of a modified putrefaction, occasionally develop in them properties of a highly injurious description. The substances subject to such changes are common bacon and varieties of sausage, and of cheese, which are extensively consumed in Germany. The nature of the active principle of the poisonous sausage has been the subject of numerous researches, and it would appear now pretty well determined that it is a matter analogous in its chemical properties to the fat acids. The changes in question occur only to sausages which have been boiled before being salted and dried, and their noxious powers are not manifested unless putrefaction has set in, and cease if it should pass a particular limit.

The symptoms caused by these substances do not set in usually until twenty-four or forty-eight hours after the meal. Pain in the stomach, vomiting, purging, and aridity of the fauces, mouth, and nose, are those first observed: the voice becomes hoarse, deglutition difficult, and the ball of the eye, the eyelids, and the pupils become fixed. There are fits of swooning, the pulse is small, and the skin extremely cold. The secretions are suspended, but diarrhoea often continues throughout the attack. There is no fever, and the appetite, it is said, is unaffected. The functions of the cerebrum also continue undisturbed. When the case proves fatal, which it does, if at all, between the third and eighth day, death is usually preceded by dyspnoea and convulsions.

Post-mortem examinations have disclosed

appearances indicative of inflammation throughout the entire intestinal canal from the fauces to the anus. The body, it is said, putrefies with unusual slowness.

Destructive effects have also frequently been produced by cheese, particularly in Germany, with symptoms and morbid appearances almost identical with those just described as resulting from the use of the poisonous sausage. The experiments also of several German chemists who have elaborately examined the subject, concur in attributing the poisonous properties of the cheese to an acid fat analogous to that of which mention has just been made. Both poisons, however, must be further investigated before we can decide upon their real nature.

In France and Switzerland an acrid principle has sometimes been developed in milk, particularly that of the goat and sheep, which has produced severe cholera and even death. Its nature and the circumstances in which it originates are entirely unknown.

Several cases have occurred on the continent in which bacon acted as a violent acrid poison. The symptoms and morbid appearances are pretty nearly the same as those produced by the poisonous sausages and cheese. The poisonous principle also is conjectured to be of the same nature.

II. NARCOTIC POISONS.

The substances in the discussion of which we have been hitherto engaged irritate the parts of the body with which they are brought in contact, and even determine a greater or less degree of inflammation of them. We have now, however, to enter upon the consideration of a totally different description of poisons. The narcotics do not irritate or inflame, but, nevertheless, they produce death with as much, if not more certainty and despatch, while in the body we are frequently unable to recognize any appearances of a morbid character. All the poisons of this class hitherto noticed are derived exclusively from the vegetable kingdom, if we except prussic acid, which admits of being also extracted from certain artificial mineral salts. The narcotics usually enumerated by toxicological writers are prussic or hydrocyanic acid, opium, its alkaline principles morphia and narcotine and their salts, hyoscyamus, lactuca, and solanum. Before discussing in succession the various particulars connected with poisoning by each of these, we shall make some observations having a reference to the group generally.

The symptoms produced by the narcotic poisons are such as indicate a derangement of the nervous system. There is pain of head, vertigo, partial or complete blindness, stupor, sometimes amounting to insensibility, paralysis, or convulsive action of the muscles under the control of the will, and, previous to death, profound coma.

When, in a post-mortem examination, we look for morbid lesions, the search is almost invariably unsuccessful. In some cases congestion of the veins of the head is observed, and also an effusion of serum into the ventricles and between the pia mater and arachnoid

membrane, but these appearances are much more frequently wanting.

It is scarcely necessary to repeat here that the general opinion entertained in reference to the manner of action of the narcotics is that they enter the circulation, and are, by means of it, conveyed to the brain or spinal marrow, upon which their powers are thus directly brought to act. Nor does the reader require to be reminded that a different theory has been proposed and very ably supported by Addison and Morgan, who refer their action to the sympathy which subsists between the centre of the nervous system and those expansions of it on which the morbid impressions are made. We have already stated our reasons for inclining to this latter doctrine, and shall now merely add, that whatever difference of opinion exists as to the medium through which the influence of the narcotics is propagated to the brain, all physiologists seem to admit that their operation is most powerful and rapid when they are made to pass into the blood.

The symptoms and morbid appearances produced by the pure narcotics are not sufficiently characteristic to enable the practitioner who observes them to declare that they could not have been the results of natural disease. Such cases, in fact, may and have been confounded with apoplexy, epilepsy, inflammation and hypertrophy of the brain, affections of the spinal marrow, and what is denominated by Chevalier, asphyxia idiopathica. Distinctions undoubtedly do exist between the effects of these diseases and of narcotic poisoning, but we are seldom if ever enabled by them to establish a satisfactory diagnosis. In medical jurisprudence, therefore, they are, *per se*, of comparatively little importance; but as they often contribute to the elucidation of doubtful cases, it will be proper to notice them briefly here. 1. An attack of apoplexy is usually announced by certain premonitory symptoms well known to the practical physician, which are of course wanting in cases of narcotic poisoning. 2. Apoplexy more frequently attacks the old and corpulent, whereas death by a narcotic poison cannot be said to occur oftener at one period or in one habit of body than another. 3. The apoplectic attack is sudden, whereas, on the other hand, the symptoms of the narcotics gradually augment in intensity. To this statement, however, prussic acid is an exception, for its effects upon the system are almost instantaneously developed, especially when it is given in a sufficient dose. 4. Patients in a narcotised state from the action of a poison may be roused, at least for a short time, to consciousness, and a perception of what is going on in their vicinity, but this can never be accomplished with those in the apoplectic coma. 5. When narcotics destroy life, this is usually effected in a few hours, and is never delayed beyond the twelfth; but the apoplectic stroke is often not fatal for twenty-four hours, or even more. Apoplexy, however, sometimes kills almost instantly, and the same may be said of some of the narcotics, for example, prussic acid.

The diagnostic distinctions afforded by the morbid appearances after death are not much more satisfactory. When the morbid changes are either simple congestion or serous effusion, they do not assist the diagnosis, as both may be produced by narcotic poisoning, or by simple or serous apoplexy. If, however, a clot of blood be found in the brain or its ventricles, all doubt as to the cause of death may be considered as in a great measure removed, inasmuch as such an extravasation has but very rarely been known to result from the action of the narcotics upon the animal economy.

Epileptics seldom die during the paroxysm. This, however, may occur, and when it does death may be referred to the action of a narcotic drug. It will be proper, therefore, to say a few words upon the means of distinguishing between such cases. 1. Warning symptoms usually precede an epileptic fit; but in poisoning there are of course no precursory signs. 2. The epileptic paroxysm commences abruptly; the effects of the narcotics are, with few exceptions, gradual in their access. 3. The epileptic paroxysm, when fatal, is, generally speaking, of considerably longer duration than the attack which results from the narcotics; and, as another ground of distinction, though one not susceptible of much practical application, it may be observed that the first epileptic invasion scarcely ever terminates in death.

The morbid appearances met with on dissection will, in dubious cases, shew that death is the result of epilepsy rather than of narcotic poisoning. This conclusion may be drawn when tumours or abscesses are found in the brain, or fungous growths upon the dura mater, or when worms occur in quantity in the intestinal canal, peritoneal sac, or other parts.

But should there be no morbid lesions, what inference are we then justified in making? Can we conclude that death was the result of the administration of narcotics? Such a deduction is not allowable, for experience proves that epileptic cases frequently occur, which, upon post-mortem examination, exhibit no changes of structure whatsoever.

Inflammation of the brain, or, as it is termed by the French, *ramollissement*, is attended with symptoms imitating very closely those which result from the action of narcotics. The course, indeed, of cerebral inflammation is seldom so short; but death does in some cases follow with as much rapidity as in cases of poisoning. They are completely distinguished by the post-mortem appearances belonging to *ramollissement*, which are abscess in the substance of the brain, or preternatural redness and softness of some limited portion of the cerebral mass. (See SOFTENING OF ORGANS.)

The history of the affection next in order, namely, hypertrophy of the brain, is not sufficiently known to enable us to say whether it can or cannot be distinguished by its symptoms from poisoning by the class of substances under consideration at present. Some pathologists, in fact, do not recognise it as a distinct form of cerebral disease.

Diseases of the spinal cord, such as inflam-

mation of itself and investing membranes, and extravasation of blood into its substance, are of very rare occurrence, and when met with, may be generally distinguished from the effects of narcotics by their longer duration. From the latter they are completely separated by the appearances presented on dissection.

As to the sudden death which sometimes is observed to take place without any organic disease of brain or heart, and which is classed by Chevalier as syncopal asphyxia, we have only to observe that it can be confounded with the effects of those narcotics only which, like prussic acid, act with great energy and rapidity on the system.

From a review of what precedes, it is obvious that a sound diagnosis can seldom be derived, in the cases under consideration, from symptoms alone; so that here, as in the case of the irritant poisons, it will generally be essential to call in the aid of chemical analysis. In applying, however, to narcotic substances chemical investigation, difficulties of a peculiar nature arise. Many of these substances are, as far as respects internal constitution, but very imperfectly known, so that we are unable to apply to them re-agents by which their presence can be detected; and almost all are capable of undergoing such changes in the alimentary tract, as will render tests applicable to them in a state of integrity entirely useless. These statements are fortunately less true of the ordinary and the energetic narcotics than of those which are rarer, and whose action on the animal economy is less intense.

Prussic acid.—This acid exists in a variety of vegetable productions, from all which it may be obtained by distillation, in combination either with water or an essential oil. It may be thus procured from the bitter almond, and, indeed, from the kernels of most stone fruit, from the peach-blossom, from the leaves of the *prunus lauro-cerasus*, and the leaves and bark of the *prunus podus*, and from the flowers, bark, and root of the *sorbus aucuparia* or mountain-ash. For medical purposes it is usually obtained from the ferrocyanide of potassium, or the bichloride of mercury, salts familiar to the chemist. However obtained, it is, as has been already more than once observed, a poison of the most overwhelming description, destroying life almost instantaneously, and in doses inconceivably small.

The symptoms which follow on the exhibition of prussic acid vary with the magnitude of the dose, and according as it proves fatal or not. When the quantity of the poison swallowed is insufficient to produce death, the usual effects experienced are pain and weight of head, particularly in the occipital region, rapid pulse, nausea, and sometimes salivation. Such symptoms have sometimes been observed in patients under the influence of the acid exhibited for some time in medicinal doses.

When the quantity exhibited is large enough to produce death within a few seconds, the patient sinks without any morbid symptom whatsoever. In fatal cases, however, which run a somewhat longer course, death is invariably

preceded by violent tetanic convulsions. A similar difference has also been observed in experiments on the inferior animals.

In individuals poisoned by prussic acid the external appearance of the body is natural with the exception of the eyes, which are extremely prominent, and present an unusually glistening appearance. The venous system is invariably congested, particularly that part of it which supplies the brain, and the blood it contains is generally uncoagulated. In two cases recorded by Metzdorf the bile was of a deep blue colour.

Some physiologists of eminence conceive prussic acid to be absorbed, and carried by means of the circulation to the brain and spinal marrow; organs which, judging from the symptoms, would appear to be principally affected by it. Nor is this opinion destitute of striking facts, which may be adduced in its support. Experiment proves that the rapidity of its action is proportional to the absorbing faculty of the tissue to which it is applied, and that its influence may be suspended by interrupting, with a ligature, the circulation in the poisoned part. Lastly, there are cases upon record in which it has been detected by chemical analysis in the blood. These facts completely establish that hydrocyanic acid does occasionally enter the vascular system; but it is impossible to admit that, in cases in which life is destroyed by it almost instantaneously, its absorption could have taken place, or that its deadly action can be due to any thing but the impression which it makes on the sentient extremities of the nerves. It is scarcely necessary to remind the reader here, that though its absorption were admitted to be an invariable occurrence, the portion of the theory which maintains the actual contact of the poison with the central mass is, by the views of Addison and Morgan, rendered superfluous and improbable.

The symptoms produced by prussic acid will not, it is obvious, enable us to infer that it has been administered, and the same, as we have already seen, may be said of the appearances presented after death. Some, indeed, contend that poisoning by prussic acid is sufficiently characterized by the peculiar stare and glazed character of the eyes noticed above, others by the odour of the poison being emitted by the blood, particularly that which occupies the heart and large vessels; and others, again, by the body resisting in an unusual degree the setting-in of putrefaction. All these circumstances are occasionally observed, but they are so far from being constant that they do not occur even in the majority of cases. Our chief resource, therefore, in this as in most other toxicological investigations, must be chemical experiment. Such processes, in fact, must be applied to the matters in which the poison is supposed to exist as will verify or refute suspicion.

The odour of prussic acid, which is usually compared to that of the peach-blossom,* is so

* Dr. A. T. Thomson states that this is not the odour of pure prussic acid, but that it belongs to an

peculiar that it is by some considered as furnishing a sufficiently delicate test of its presence; and in this way it is said to have been often detected in the blood of animals poisoned by it. Orfila considers it more delicate than any chemical re-agent with which we are acquainted. This, however, is a statement which can scarcely be maintained, particularly if, as Christison observes, there be individuals who are altogether insensible of the peculiar impression which it usually makes upon the olfactory organs.

There are two very sensible chemical tests for prussic acid, namely, sulphate of copper, and a mixture of a proto- and a per-salt of iron, the manner of application of which we shall now explain.

1. Let the solution to be tested for prussic acid be rendered alkaline with caustic potash, and to it let there be then added a few drops of a solution of the persulphate of copper. If the poison be present, a dirty green precipitate is thus formed, which, upon the addition of a little dilute sulphuric acid, is converted into one of a perfectly white colour. In the greenish precipitate we have peroxide of copper mixed with bitycyanide of the same metal, the former of which alone is dissolved upon the addition of the acid. The sulphate of copper thus applied will, according to Lassaigne, detect one part of prussic acid in 20,000 of water.

2. To the suspected solution, rendered alkaline as in the preceding experiment, let there be added a few drops of a mixed solution of a proto- and a per-salt of iron. Should the poison be present in the fluid, a precipitate of a dirty brown colour will be formed, which, upon acidulation with sulphuric or muriatic acid, will be converted into prussian blue. The precipitate first formed is a mixture of prussian blue and of the two oxides of iron precipitated by the excess of alkali employed, the latter of which are re-dissolved upon the addition of the acid. Some have recommended for the performance of this experiment a proto-salt and others a per-salt of iron; but those who know that prussian blue is composed of a cyanide united to a sesquicyanide, and who understand the theory of its production, will perceive the necessity of the presence of iron in the double state of oxidation. The green vitriol of the shops alone will undoubtedly often answer, but it is because it is not a pure proto-salt, but includes a little sulphate of the peroxide.

In addition to the two preceding tests, the nitrate of silver and proto-nitrate of mercury are sometimes mentioned by systematic writers. The former affords with the acid a white, the latter an ash-grey precipitate, both of which, when dried and exposed to the heat of a spirit-lamp, evolve a gas (cyanogen) which burns with a beautiful purple flame.

Should the acid be sought for in organic matters, such, for example, as the contents of the stomach, these should be slightly acidulated with sulphuric acid, and the solution obtained

by filtration should be introduced into a retort, and subjected to distillation at a temperature of 212° until an eighth part of the fluid has passed over. This portion will contain the acid owing to its volatility, and to it the tests already enumerated and explained may be then applied. The sulphuric acid is added for the purpose of saturating and fixing any ammonia which may have been developed by putrefaction.

Some facts have been recently ascertained by Leuret and Lassaigne having a close relation to the topic just discussed, and which may, therefore, with propriety be mentioned here. In animals poisoned by prussic acid and kept unburied for three days, they found it impossible to detect the poison: when buried, however, within twenty-four hours after death, they were able to find it until the eighth day, but not after. The failures in both cases they attribute either to its evaporation or spontaneous decomposition.

So rapid is the action of this poison, particularly when the dose is large, that there is seldom time for unloading the stomach either by emetics or mechanical means. Nor do we know of any agent which can in this case discharge the functions of a chemical antidote. The alkalies were indeed once reputed as such, but this opinion is now no longer entertained, as the hydrocyanates of ammonia and potash have been proved by direct experiment to be highly poisonous. There are, however, substances which by their stimulant powers counteract the anodyne influence of the poison on the nervous system, and are hence by many described as antidotes to it.

Animals asphyxiated by prussic acid may often be restored by the assiduous application of the water of ammonia, by means of a feather, to the nostrils. In this way a fox, to which about half an ounce of the acid of the Dublin pharmacopœia had been administered in successive doses, and in which the motions of respiration and circulation had for better than a minute apparently ceased, was brought to life last winter in the museum of the Royal College of Surgeons in Dublin. The animal did not entirely revive until after a lapse of fifty minutes. The success of such experiments in the case of the inferior animals led Mr. John Murray, of London, to recommend ammonia generally as an antidote to the effects of prussic acid; and there can be no doubt of its efficacy, in cases at least which, if left to themselves, would not prove very rapidly fatal. In applying it, the patient's head should be held over a vessel containing water of ammonia, in order that some of the gas which it evolves may during inspiration be drawn into the lungs. The aqua ammoniæ, also, of the pharmacopœia should be diluted with about twelve waters, otherwise such a quantity of the alkali enters the chest as to give rise to serious inflammation of the bronchial passages.

The aqua chlorinii diluted with four times its volume of water, and applied in precisely the same manner as the volatile alkali, has also been found a very valuable counter-stimulant in poi-

essential oil adhering to the acid when the latter is extracted from vegetables. See article SEDATIVES.

soning by the hydrocyanic acid. Its virtues as an antidote to this poison were first noticed in Germany, but have been brought into chief notice by M. Simeon, of Paris. Orfila has compared it with ammonia, and obtained with it much more satisfactory results. In some of his experiments, though not applied until the convulsions had ceased, and life appeared altogether extinct, the animal was in ten minutes placed beyond danger.

The cold affusion has also been recommended by Dr. Herbet, a physician of Gottingen; and Orfila admits its utility, stating at the same time, that he considers it inferior to the treatment both by ammonia and chlorine. It should be repeated every fifteen minutes until the animal has recovered.

The poisonous properties of the bitter almond and its essential oil, of laurel and cherry water, and of certain liqueurs and sweetmeats in the preparation of which the two first are employed, depending on the presence of prussic acid, it would be superfluous to make each the subject of a separate discussion. Dr. A. T. Thomson represents the essential oil, even when entirely freed from adhering acid, as a powerful poison, "operating primarily as an excitant," and in fatal cases producing "violent convulsions." This statement, however, is quite inconsistent with the experiments of Stange and Goppert referred to by Dr. Christison, and the recent very interesting researches of Robiquet and Bautron-Chorlard, who found it quite inert when re-distilled from caustic potash.

Opium.—This powerful drug is, as is well known, obtained from the papaver somniferum, by incising its capsules and inspissating the milky fluid which flows from them. It is to the toxicologist the most interesting of the anodyne poisons; for from the energy with which it acts, and the slight degree of distress or pain which it produces, it is very frequently employed by the suicide and the murderer. For such purposes it is also recommended by the small amount of organic lesion which it causes, even when administered in a poisonous dose.

The effects of opium on the animal economy vary somewhat according to the quantity exhibited. Thus, in the ordinary medicinal doses it acts first as a stimulant, exciting the mind and adding strength and tone to the muscular system; these effects, however, quickly subside, and are succeeded by a drowsy and lethargic state. When the dose is large, the stage of excitement appears entirely wanting; or, in other words, stupor approaching to coma almost immediately sets in. In the lower animals convulsions very generally occur, but in man these are seldom witnessed. The breathing is slow, sometimes stertorous; the pulse is usually about ninety, weak, and irregular, occasionally, however, slow, full, and strong, like the pulse of apoplexy. The muscles are quite relaxed, the face is pale and tranquil, sometimes tumid, suffused, and anxious, and the body is usually bathed in sweat. The pupil is almost always greatly contracted, but some rare cases have occurred in which it has been considerably dilated. The

stomach, as might be anticipated, continues undisturbed; but to this statement there are exceptions, for cases are recorded in which vomiting commenced almost immediately after the swallowing of the poison.

The operation of solid opium is seldom deferred beyond half an hour, and the action of the fluid preparations generally commences sooner. When a case of poisoning by opium terminates favourably, the patient falls into a profound sleep which lasts for from twenty-four to thirty-six hours, out of which he awakes merely affected by slight nausea, thirst, and vertigo. In fatal cases death takes place within from seven to twelve hours. The amount of a poisonous dose it is impossible to assign with accuracy: it is dependent upon age, upon idiosyncrasy, and upon habit. The latter is the most influential modifying cause, some people having acquired by use the power of swallowing with impunity eight ounces of the tincture per diem.

The morbid appearances to be detected after death are not very characteristic or important. The back and most depending parts of the body are usually livid; the veins and sinuses of the head are in a state of marked congestion; and serous effusions are found on the surface of the brain and within its ventricles. Extravasation of blood into the cerebral mass has also been recorded, but as a pure consequence of the action of opium it is of extremely rare occurrence; and the same may be said of redness of the villous lining of the stomach, of which mention is made by some writers. The lungs and heart are usually gorged with blood, which, generally speaking, is fluid, though it has also been found in the usual coagulated state. Welper also found, both in man and other animals poisoned by opium, the kidneys gorged with blood, and denies the commonly received opinion that this drug suspends their secretory action, having always observed in his experiments the bladder distended with urine. It is an old remark, and one the truth of which would appear pretty well established, that the bodies of animals destroyed by opium enter very rapidly into putrefaction.

The influence of opium, as may be readily inferred from the symptoms it produces, is exerted principally upon the brain or centre of the nervous system. But whether it be conveyed to this organ through the medium of the circulation, or acts upon it indirectly by the impression which it makes upon the sentient extremities of the nerves, is still a matter of dispute among physiologists. Many facts would seem to warrant the conclusion that it enters the blood, though chemists have failed* in detecting it there. But even though its presence in this fluid were established, it would not, as has been already more than once observed, follow that nervous sympathy was not the channel through which its poisonous energy was propa-

* M. Barruel (*Archives Générales*, vii. 558,) describes himself as successful in the search. His experiments, however, appear inconclusive.

gated. On this head we shall add nothing further than that opium operates as a poison whether introduced into the stomach or the rectum, applied to a wound or injected into a vein, and that the symptoms it excites in each case are almost exactly the same.

Before proceeding to the description of the experiments by which opium is to be sought for in toxicological investigations, it will be indispensable to premise a brief statement of its chief proximate constituents, and their most salient and characteristic properties. Besides extractive, resin, a fatty matter, a substance analogous to caoutchouc, ligneous fibre, and some salts of lime and magnesia, opium includes two peculiar proximate principles, morphia and narcotine; the former of which is in union with an acid, the meconic, also found in this drug alone. The morphia and narcotine are the principles which confer upon opium its activity; and there is good reason for believing that its anodyne virtues are due exclusively to the former, and its stimulant powers to the latter; for when the narcotine is removed by the action of sulphuric ether, the residue acts as a pure narcotic. Direct experiment proves meconic acid to be destitute of any poisonous action. These three principles may be separated in the following manner.

Let an aqueous infusion of opium be treated with ammonia, and the morphia, narcotine, and some resin will precipitate, while the meconic acid will remain dissolved in union with the volatile alkali. From the precipitate the narcotine is removed by hot sulphuric ether, and the morphia by distilled vinegar, ammonia being again added to the solution in order to throw down the vegetable alkali, should it be required in an insulated state.

To procure the meconic acid, *acetas plumbi* must be added to the solution from whence the other two principles were precipitated by the volatile alkali, and which now includes meconate of ammonia. A meconate of lead is thus formed, which, being insoluble, subsides, and from this the acid can be procured by suspending the precipitate in water, passing through it sulphuretted hydrogen, and filtering in order to separate the sulphuret of lead. The solution thus obtained yields crystals of the acid, and if again united to oxide of lead and separated as before, they will be obtained purer and of a whiter colour.

In instituting experiments for the detection of opium, our search may be directed towards the morphia or meconic acid. For both these principles there exist very delicate tests, the most certain of which, with the manner of applying them, it will be proper to mention before proceeding further.

If to morphia a little strong nitric acid be added, it is dissolved with effervescence, and the solution assumes a deep orange colour. This process is not applicable to morphia in a perfectly pure state, for the development of the orange colour has been clearly traced to foreign vegetable matter of a resinous nature invariably present in the alkali as ordinarily prepared, but

which, nevertheless, may be entirely removed. Others of the vegetable alkalies, for example strychnia and brucea, are similarly affected by nitric acid, and from a similar cause.

If morphia in a pulverulent state be brought into contact with permuriate of iron, it is dissolved, and the solution exhibits a beautiful blue colour, which, however, when dilute has a tinge of green.

If morphia be rubbed up with a little of a cold solution of starch, and iodic acid be then added, the morphia deoxidizes the acid, and the iodine set free is immediately indicated by the formation of the blue iodide of starch. This relation of the morphia to iodic acid is quite characteristic, and furnishes a most sensible process for detecting its presence.*

Meconic acid is characterized by striking with a dilute solution of permuriate of iron a beautiful red colour. A similar change is effected in the ferruginous salt by the sulphocyanic acid. The persulpho-cyanuret of iron, however, may be distinguished from the permeconate by the colour of the former being destroyed, but that of the latter not, by the muriate of gold. This method of discriminating between them acquires practical importance from the discovery of Gmelin and Tiedemann of sulphocyanide of potassium in the saliva of man.

Having premised thus much upon the chemistry of opium, we have next to inquire how a case of suspected poisoning by it is to be investigated by the toxicologist.

The symptoms, whether alone or combined with a post-mortem examination, can lead to little more than suspicion. The odour of opium is strong and peculiar, and has been frequently recognized in the stomach and intestines when other methods of investigation afforded but unsatisfactory results. On the whole, however, the chief reliance must be placed on the application of the chemical tests for its active principles, which have been above enumerated.

If a pure aqueous solution of meconate of morphia were the subject of experiment, the acid might be thrown down in the form of meconate of lead by the addition of a little *acetas plumbi*, and be separated from the oxide of lead by sulphuretted hydrogen, as already described. The solution, also, from which the meconic acid has been precipitated, if deprived by sulphuretted hydrogen of any unprecipitated oxide of lead, will deposit the morphia on the addition of a slight excess of the water of ammonia; and to the acid and the alkali when thus insulated the tests already described may be applied. This method will also answer for opium itself and its several medicinal preparations, these being converted into aqueous infusions, and, if acid, rendered nearly neutral before the addition of the acetate of lead. But

* In a recent case of poisoning by acetate of morphia, in reference to which the writer was engaged professionally by the coroner, the test by iodic acid was the only one which afforded unequivocal evidence of the poison in the contents of the stomach.

when morphia or meconic acid is sought in complex mixtures, such as the ordinary contents of the stomach, other preliminary steps are indispensable, the object of which is to afford a final solution containing as little as possible of other matters than those which it is the purpose of our experiments to detect.

These steps are as follows:—The mixture is to be infused for some time with distilled water acidulated with acetic acid, then thrown upon a filter, and the solution thus obtained is to be evaporated to dryness at or under 212° . Upon this extract boiling alcohol, specific gravity 810, is to be digested, and the spirituous solution thus obtained is to be deprived by distillation or evaporation of its alcohol. This second extract is to be acted upon by water, and the resulting infusion, when filtered, is to be treated with acetate of lead, &c. with the view of insulating and subjecting to their appropriate re-agents the morphia and meconic acid sought for by the process. By prosecuting this route, opium, though present in an organic mixture in very minute quantity, may often be detected. Instances, however, have occurred in which, though the poison was undoubtedly swallowed, it could not be found in the intestinal tract; and these are usually considered as accounted for by supposing it to be either absorbed or decomposed in virtue of the digestive powers of the stomach and inferior intestines.

When called to treat an individual labouring under the influence of opium in a dangerous degree, the first object for the physician to accomplish is the expulsion of the poison from the stomach. This may sometimes be effected by half-drachm doses of sulphate of zinc, given two or three times at intervals of fifteen minutes; or by a solution of tartar-emetic introduced into the stomach or rectum, or injected into the veins. In the latter method the quantity employed should not exceed a single grain, in the former it may amount to ten. Should the case, however, be an urgent one, the better plan will be to resort at once to the stomach-pump; for when opium has been swallowed in a poisonous dose, the stomach is often so paralysed as to be either insensible to the action of emetics, or but very slowly influenced by them.

The evacuation of the poison being achieved, the next point which should fix the attention of the medical attendant is the assiduous employment of means for obviating the state of drowsiness and torpor which is the invariable result of the action of opium after it has abided for some time in the stomach. Every variety of chemical and mechanical stimulant should in succession be employed; or what is found to answer better than any thing else, the patient should be kept constantly shaken and driven with speed over rough roads in an open two-wheeled vehicle, supported of course by an attendant on each side. This course should be diligently prosecuted until all tendency to lethargy is overcome, and in some cases, in order to the attainment of this desirable result,

the stimulation and agitation must be followed up for ten or twelve hours.

When the poison is removed from the stomach, venesection to the extent of twelve or sixteen ounces has been found beneficial; but it should not be practised sooner, as by promoting the absorption of the poison it might prove more injurious than beneficial. When the lethargy has proceeded to such an extent that the motions of the chest and diaphragm have ceased, it will be advisable to restore them by artificial means, resorting at the same time to every practicable plan of stimulation.

As to antidotes for opium, there are none which deserve the name. The alkalies and the infusion and tincture of galls have been vaunted as such, the former separating the morphia from the acid which confers upon it solubility, and the latter throwing it down as a gallate. These re-agents, by reducing the solubility of the active principle of the drug, will diminish its action on the animal economy; but experiment proves that they do not divest it of its poisonous influence. The stimulating effects of opium, which, as we have seen, are with some probability attributed to the narcotine, may, as Majendie has shewn, be obviated by the exhibition of vinegar. It should, however, be recollected that this, by increasing the solubility of the morphia, will contribute to the augmentation of the narcotism produced by the poison.

Hyoscyamus.—Several species of this genus possess powerfully narcotic properties, and in their action are found closely to resemble opium. The *hyoscyamus niger*, however, is the only one on which we shall observe, for it is the most generally disseminated and the most active, and it alone holds a place among the articles of the materia medica. Its narcotic principle, which Brandes has found to be an alkali analogous to morphia, is found in every part of the plant,—in the stem, leaves, berries, and more especially the root; but the extract and tincture employed in medicine are prepared exclusively from the leaves. It exercises poisonous powers whether injected into a vein or the subcutaneous cellular substance, applied to a wound, or introduced into the stomach.

When *hyoscyamus* is swallowed in a poisonous dose, the most remarkable effects it produces are giddiness and loss of speech, great dilatation of the pupil, delirium, frequently of the most violent type, and subsequently a lethargic or comatose state. It has seldom been known to give rise to any symptoms indicative of gastric irritation or inflammation.

There is no record of morbid appearances caused by the *hyoscyamus*.

From the symptoms this plant is concluded to be a pure narcotic. The medium, however, through which its influence comes to be exerted on the nervous system has not been ascertained. It is generally conceived to undergo absorption.

The treatment of an individual labouring under the poisonous influence of *hyoscyamus* is precisely similar to that already described

under the head of opium. The poison is to be speedily expelled from the stomach, and the state of torpor counteracted by every allowable method of stimulation.

Lactuca.—Two species of this plant, the *virosa* and *sativa*, are, from their effects on the animal economy, usually classed among the narcotic poisons. An extract of the leaves of the *lactuca virosa*, introduced by Orfila, to the extent of three drachms, into the stomach of a dog, deprived it of life in two days, without giving rise to any remarkable symptoms. When applied to a wound it also proved fatal, death, however, being preceded by giddiness and stupor. Collin of Vienna states that he employed the extract with much success in the treatment of drowsy.

The *lactuca sativa*, or garden lettuce, after it has flowered, contains a milky juice possessed of considerable narcotic powers. When obtained by pressure, and dried by exposure to the air, it constitutes the *lactucarium* of the Edinburgh pharmacopœia. It smells strongly of opium, and has similar stimulant and anodyne powers, but requires to be exhibited in a larger dose. There can be no doubt that, if swallowed in sufficient quantity, it would prove destructive of life; but we are not aware that any record of such a case exists. Caven-
tous and Boullay could not find any alkaloid in *lactucarium* to which its sedative powers could be referred.

Solanum.—There are several species of this genus, but in a toxicological point of view it will be sufficient to allude briefly to the *solanum nigrum* and *solanum dulcamara*. Orfila states that an extract of the former possesses powers analogous to and equally energetic with *lactucarium*. The *dulcamara* has also anodyne virtues, but in a much lower degree than the *solanum nigrum*, or nightshade. Despatches, it may be observed, has discovered in both a peculiar alkaline principle endowed with narcotic powers. The berries of the *solanum tuberosum*, or potato, have been known to destroy pigs.

III. NARCOTICO-ACRID POISONS.

Under this head are grouped the poisons which both produce a local irritation and exert an influence on the nervous system. The term is far from being happily chosen; for, in the first place, symptoms of irritation are often absent, and, in the second, the effects directed to the brain and its prolongations are not always of an anodyne or sedative kind. Still further to shew the imperfection of toxicological nomenclature and classification, it may be observed that many of the mineral poisons, placed among the irritants, determine derangements of the nervous system very similar to those produced by the substances upon the discussion of which we are about to enter. The true narcotico-acrids are the products of vegetables chiefly found in the natural orders *Solanæ* and *Umbelliferae*. The *Ranunculaceæ* also afford a few. It is not necessary to detail the symptoms and morbid appearances which characterize the narcotico-acrid poisons generally, as those produced by both narcotics and

acrids have been already minutely discussed. Individuals of the class also differ so essentially in these respects, that their effects could not be comprehended within a single description.

SOLANÆE.—Of the plants of this order possessing most activity, those most common, and therefore most interesting, are the *atropa belladonna* or deadly nightshade, the *datura stramonium* or thorn-apple, and the *nicotiana tabacum* or tobacco plant. These poisons may be conveniently discussed together, not only from their close botanical relations, but because they all agree in exciting a greater or less degree of delirium as their most prominent symptom.

Atropa belladonna.—All parts of this plant, the stem, leaves, root, and berries, are poisonous in a high degree. Its activity has been traced by Brandes to a peculiar alkaloid which he terms *atropia*, and which is distinguished from all others of vegetable origin by the smallness of its atomic weight, which, upon the hydrogen scale, would appear not to exceed 44. According to Orfila, half an ounce of the extract prepared from the leaves will destroy a dog in thirty-six hours, if introduced into the stomach; a quarter of an ounce in twenty-four hours, if applied to a wound; and a much smaller dose with still more rapidity if injected into a vein.

When *belladonna* is used in medicinal doses, either in the form of external application or internally exhibited, the chief effect to be observed is dilatation of the pupil. But when the quantity is considerable, more serious consequences are observed to ensue. The symptoms indicative of irritation are seldom well marked. Dryness of the throat with difficulty of deglutition is very generally experienced, and aphthæ of the mouth and fauces, abdominal tension, and strangury, have been sometimes, though rarely, witnessed. The narcotic symptoms are delirium, usually of a very extravagant description, dilatation and insensibility of the pupils to light, accompanied by partial blindness; and lastly, a lethargic or comatose state. This latter effect is not observed for a considerable time after the administration of the poison; in one case it did not set in until after the lapse of twelve hours. Convulsions of an extensive or violent nature are scarcely ever witnessed, but occasionally muscular twitchings and subsultus tendinum have preceded death. In the few fatal cases which have been examined, dissection has disclosed no very peculiar morbid appearance.

Datura stramonium.—An alkali has also been discovered in this plant by Brandes, which is the cause of its activity. It probably resides in every part, but is most abundant in the seeds.*

It is unnecessary to enumerate the symptoms produced by *stramonium*, as they are almost

* Orfila found, in experiments on dogs, the extract of the seeds analogous, and equally energetic in its action, to that obtained from the leaves of the *belladonna*.

identical with those which result from the use of belladonna.

Post-mortem examinations have not discovered in the case of the thorn-apple any morbid lesions of consequence.

Nicotiana tabacum.—The poisonous virtues of the tobacco are due to the presence of an alkaline principle, which has been discovered and very attentively studied by Possett and Reimann. It is a colourless liquid, very soluble in water, alcohol, and ether, and forming with several of the acids crystallizable salts. One grain of it, according to Berzelius, will destroy a dog.

The symptoms produced by tobacco when exhibited in a moderate dose, are, in the first instance, a slight degree of excitement, which is shortly followed by giddiness, syncope, nausea, and vomiting, feeble pulse, a state of stupor or lethargy, insensible pupil, laborious breathing, and convulsive twitches of the muscles generally. To these effects it gives rise no matter how it be administered, whether introduced into the stomach or injected into the rectum. Several fatal cases are on record which have resulted from its administration in the latter form. A single drachm infused in a pint of hot water, and given as an enema, has in one instance destroyed life.

The only morbid changes of note resulting from the action of this poison, and to which publicity has been given, are, vascular injection of the omentum and of the mucous and peritoneal coat of the intestinal tubes, together with detached spots of extravasation on different parts of the latter tunic. The limbs also have been found extremely flexible, and the back exhibiting a livid hue.

Notwithstanding the activity of tobacco as a poison, it is, as is well known, most extensively employed as an article of luxury. Some use the dry and powdered leaves to stimulate the Schneiderian membrane, others inhale the vapours which result from its combustion, and there are some who even chew the leaves. It is difficult to admit that such practices can be indulged in for any length of time without injury to health; and, indeed, the pallid and emaciated visages, debilitated frames, and deranged digestion of the young men of the present day amply attest its noxious influence.

The essential oil of tobacco, which is a combination of a true volatile oil with nicotine, is probably in a great measure indebted to the latter principle for its activity as a poison. According to Brodie it operates on the system in a manner different from the leaves, for while the latter paralyse the heart, the former produces coma and convulsions.

In cases of poisoning, and they are not uncommon, by the tobacco injection, strong stimulants, such as brandy and ammonia, should be exhibited internally, and an infusion of galls thrown into the rectum with the view of rendering the nicotine insoluble.*

UMBELLIFERÆ.—Many plants of this order are narcotico-acrid in their effects upon the animal

body. They agree with the Solanæ in very generally causing delirium in an overdose, but beside this they also give rise to coma and convulsions. We shall limit our observations to the following plants, all of which are native, namely, the conium maculatum, cicuta virosa, *enanthe crocata*, and *cethusa cynapium*.

Conium maculatum, or common hemlock.—The active principle of this plant, by which Socrates is said to have perished, has been recently found by Brandes to be an alkaloid, possessing properties somewhat similar to those of strychnia. The extract made from the leaves was found by Orfila a tolerably active poison in experiments performed by him on the lower animals. An ounce destroyed a dog in five minutes when introduced into the stomach; ninety grains killed another in an hour and a half when applied to a wound; and a third perished in two minutes when a scruple was injected into its venous system.

The symptoms produced in man by poisonous doses of conium are, giddiness, delirium, coma, and convulsions. When the dose is insufficient to produce death, very violent delirium is usually observed.

The only facts disclosed by post-mortem examination are, venous congestion in the head, and general fluidity of the blood throughout the body.

Cicuta virosa, or water-hemlock.—This plant possesses more energy as a poison than the conium. It gives rise, also, to somewhat different symptoms. These are, gastric irritation, vomiting, giddiness, profound coma, and insensibility, and finally, very violent tetanic convulsions.

Upon examination after death nothing particular has been observed but venous congestion of the brain.

Enanthe crocata, or hemlock dropwort.—This plant, which is often confounded with the conium maculatum, is much more active as a poison than either it or the cicuta. The symptoms usually commence with burning heat in the throat and epigastrium, which is followed by a state of stupor, and subsequently, in every instance, by violent convulsions. In some fatal cases the latter were the only well-marked symptoms. Death is seldom protracted beyond the fourth hour. The morbid appearances have not been recorded.

Cethusa cynapium, or fool's parsley.—This plant, which is often mistaken for true parsley, produces nausea, vomiting, headache, giddiness, sopor, and a partial paralysis or numbness of the extremities. Pains of stomach, swelling of abdomen, lividity of surface, and great dyspnea have also been observed. It has sometimes proved fatal.

RANUNCULACEÆ.—Some of the plants of this natural order have been already discussed under the head of the acrid poisons. There are, however, two of them which combine with their acrid a narcotic action. These are the *aconitum napellus* and the *helleborus niger*.

Aconitum napellus, or monk's-hood.—The poisonous principle of the aconite, which is conceived by Peschier to be an alkali, is found in

* See art. SEDATIVES.

every part of the plant, but probably exists in greatest quantity in the root. At least such would appear to follow from the experiments of Orfila on dogs. In a sufficient dose it destroys life with rapidity, whether taken into the stomach, applied to a wound, or introduced into the blood. Brodie first remarked that the leaves when chewed produced a partial paralysis, or numbness of the lips, accompanied by a tingling sensation; and the same result has been obtained by Christison on chewing a single seed. In fatal cases, burning heat in the throat, vomiting, purging, abdominal tension, delirium, and convulsions, have all been observed.

In two cases dissected after death, the morbid appearances detected were slight inflammation and vascular injection of the mucous membrane of the œsophagus, stomach, small intestines, and rectum, and congestion of the bloodvessels of the head.

Helleborus niger, or Christmas rose.—The active principle of this plant, which is said to be an acid oil, is found in most abundance in the root. A decoction of the root has produced, in forty-five minutes, in the human subject, vomiting, delirium, and convulsions, and death before the termination of the second hour. The lungs, stomach, and intestines of persons poisoned by this plant exhibit decided symptoms of inflammation.

Digitalis purpurea.—The manner of action of this plant, as indicated by the symptoms, renders it necessary to separate it from the other narcotico-acrid poisons. In the leaves, which are considered its most active part, a crystallizable alkali is said to have been discovered by M. Panguy, to which he has applied the term digitalin.

The effects of this poison, like those of mercury, are liable to accumulate, and without any premonitory symptoms to become suddenly developed, sometimes a considerable time after the medicine has ceased to be exhibited. In cases which terminate favourably vomiting first sets in; giddiness, beating in the head, and depression of spirits are experienced; and with these very frequently diarrhoea, sweating, salivation, and a very feeble and retarded pulse. In fatal cases the attack is usually ushered in by violent pain over the eyes, together with confusion of intellect; and to these succeed, within twenty-four hours, profuse diarrhoea, delirium, convulsions, and general insensibility. The most constant and characteristic consequence of digitalis, and that which renders it principally valuable as a therapeutic agent, is its influence in weakening and retarding the action of the heart. The salivation, also, to which it gives rise may be mentioned as a curious, and, with very few exceptions, a peculiar symptom.

The stomach has been found inflamed in an individual destroyed by six ounces of a decoction of the leaves, and the membranes of the brain injected with blood.

The *veratrum album* and *colchicum autumnale* may with propriety be discussed together, for they both owe their activity to the same principle, the veratria, an alkali detected in them

by Pelletier and Caventou. The toxicological action of this alkali has been studied both by Majendie and Andral. The latter found it to excite, when swallowed in very small doses, violent vomiting and purging, and in larger quantities, or when injected into a vein, to cause death with tetanic convulsions.

The symptoms produced in man by the white hellebore and meadow-saffron themselves are so similar to those which characterize the veratria, that it is unnecessary to detail them. They indicate very clearly an irritating action exerted locally upon the intestinal tube, and a remote one directed to the nervous system. The seeds of the colchicum possess similar powers to the root, and a tincture of them is at present much used in the treatment of gout and rheumatism.

Plants including strychnia and brucea.—Several species of the genus *strychnia* and the *brucea antidysenterica* produce analogous effects upon the animal body. In both distinct alkaline principles have been detected, to which the terms *strychnia* and *brucia* have been applied. These alkalies, and the plants in which they are found, cause violent tetanic spasms, which destroy life by suspending those motions of the chest and diaphragm which are essential to respiration. From other poisons, however, which give rise to violent spasms, they differ in not impairing sensibility in the slightest degree.

Strychnia.—This principle is one of the most energetic of poisons, acting in extremely small doses, and with equal certainty, no matter what be the manner of its application. A sixth of a grain dissolved in alcohol, and injected into the pleura, killed a dog in two minutes. It is least active when swallowed, and most so when introduced directly into the blood.

In all cases the symptoms are the same. Those first experienced are starting, and stiffening of the extremities, which gradually increase, and finally terminate in a tetanic paroxysm. An interval of calm succeeds, during which the intellect and the senses are found in the normal state; but another paroxysm shortly follows, and destroys life apparently by producing a state of asphyxia or suffocation.

In animals poisoned by *strychnia* the intestinal canal has been found partially inflamed.

Strychnia, as usually prepared, is turned to an orange-red colour by the action of nitric acid, but this is not true of the alkali in the perfectly pure state. The change of colour is by some referred to the adhesion of resinous matter, from which it is with difficulty entirely freed; by others to the presence of a little *brucea*, a principle with which it is usually associated. The only other property which can be referred to as serving to distinguish it from the other vegetable alkalies, is its extreme bitterness, a distinct sensation of this description being produced by one grain of it dissolved in 600,000 of water.

Strychnos nux vomica.—The nut of this plant, though an article of the *matéria medica*, is a deadly poison, and owes its activity to the

presence of strychnia in combination with igasuric acid. The symptoms it produces need not be detailed, as they are quite the same with those which result from strychnia alone. In addition, however, it often gives rise to vomiting.

When death rapidly ensues, it is impossible to observe in the body any morbid changes of importance. But in slower cases the head is found in a state of venous congestion, and the stomach and intestines are inflamed. The heart is usually empty and flaccid, and the cortical substance of the brain and cerebellum has been observed to present that softened structure which is an index of inflammation. The body, also, has in some cases continued rigid from the period of death.

The *strychnos sancti Ignatii* and *tienté*, the latter of which affords the *upas* or Javanese poison, both contain strychnia, and produce effects quite analogous to, but somewhat more violent than those which result from the use of the *nux vomica*. They need not therefore be recorded.

To the treatment of poisoning by strychnia, and the vegetable preparations in which it occurs, it would not be necessary to advert, were it not that M. Donné of Paris has recently put forward chlorine, iodine, and bromine as efficacious antidotes. These principles, he says, combine with the strychnia, and convert it into innoxious compounds. This conclusion he arrived at through experiments on animals; and we should also mention, on the same authority, having forgot to do so in the proper place, that the same agents exercise a similar effect upon *veratrum*, the active principle of *colchicum*, and white hellebore.

Brucea antidysenterica.—The bark of this tree was by mistake imported into Europe from South America instead of that of the *Bonplandia trifoliata*, the true *angustura* bark.* It includes an alkali denominated *brucea*, and which, though much less active, is analogous in its action to strychnia. The symptoms, therefore, and morbid appearances which it and the bark produce need not be enumerated.

The true and false bark may be distinguished from each other by introducing into infusions of them in muriatic acid a drop of ferropussiate of potash. This will give a greenish blue precipitate with the latter, but none with the former.

Woorara, *ticunas*, and *curare*, employed as poisons by the native Americans, are usually supposed to contain strychnia. The last, however, has been proved by Boussingault and Roulin to include a peculiar principle, called by them *curarine*, and their experiments have been confirmed by the subsequent researches of Pelletier and Petroz.

Immediately after strychnia and *brucea*, and the plants in which they occur, we may with propriety mention the seeds of the *menispermum*

cocculus, or *cocculus indicus*. The active principle of this plant, discovered by Baullay, and termed by him *picrotoxia*, is an alkali. Like strychnia, it kills with tetanic convulsions; but, in order to produce such an effect, it must be given in a larger dose. Ten grains of *picrotoxia* have destroyed a dog in less than half an hour, and in the second tetanic fit.

Cocculus indicus is, it is said, a good deal employed by brewers to communicate to their liquors a bitter taste and intoxicating quality. In large doses it is a powerful poison, producing, in addition to tetanic paroxysms, sickness, vomiting, and other symptoms of intestinal irritation. Three drachms of the seeds introduced into the stomach have killed a dog, and a less quantity when applied to a wound has produced a similar result. It is fatal in very small quantity when injected into a vein. The examination of the bodies of animals destroyed by *cocculus indicus* induced Webber to conclude that it acts, at least partly, by exhausting the irritability of the heart; for immediately after death this organ was always found motionless, and distended with blood. The effects of this poison on man have not been accurately noted.

The *upas antiar*, another Javanese poison, distinct from the *upas tienté*, is supposed to include *picrotoxia*. It has particularly attracted the attention of physiologists from its power of destroying the irritability of the heart.

Camphor.—A solution of this substance in oil or alcohol acts upon dogs in a great measure like *cocculus indicus*, producing paroxysms of general spasm. These are succeeded by coma, accompanied by laborious breathing, and in this state life is soon extinguished. In lumps camphor excites no convulsions, but merely irritates and inflames the stomach and intestinal canal.

In the human subject two scruples of camphor have produced languor, succeeded by giddiness, insensibility, and convulsions. Delirium and somnolency have also been witnessed, and the breath is usually loaded with the odour of the poison.

The morbid changes produced by camphor in the human body have not been recorded. In dogs the heart is found destitute of contractility, and filled on the left side with arterial blood. The brain has been found vascular in a morbid degree, and softened; and the stomach, duodenum, ureters, urethra, and spermatic cords inflamed. The odour of camphor, also, emanates from every part of the body.

Poisonous fungi.—We shall conclude the history of the vegetable narcotico-acrids, by a few observations on the principal cryptogamous productions possessed of deleterious properties.

According to Dr. Greville there are twenty-six edible species of fungi indigenous in Britain, namely, *tuber cibarium*, *moschatum*, and *album*; *amanita casarea*, and *muscaria*; *agaricus procerus*, *campestris*, *edulis*, *oreades*, *odoros*, *eburneus*, *ulmarius*, *ostriatus*, *riolaceus*, *deliciosus*, *piperatus*, and *acris*; *boletus edulis* and *scaber*; *fstulina hepatica*; *hydnum repandum*; *morchella esculenta*; *helvella mitra*

* This generally received opinion Berzelius considered as erroneous. According to him the false *angustura* bark is obtained from the *strychnos nux vomica*.—*Traité de Chimie*, tom. vi. p. 218.

and leucophæa. Of these but three, in these countries, are served up as food at the tables of the luxurious; the tuber cibarium, agaricus campestris, and morchella esculenta.

Orfila, in his enumeration of poisonous fungi, includes four species of amanita—the muscaria, alba, citrina, and virides; seven species of hypophyllum—the maculatum, albocitrinum, tricuspidatum, sanguineum, crux meliteure, pudibundum, and mellitum; and seven species of agaricus—the necator, acris, piperatus, pyrogalus, stypticus, annularis, and urens. To these Christison adds, on the authority of Sowerby and Brandes, the agaricus semiglobatus, and also the agaricus campanulatus, and expresses his opinion that the list is still incomplete. It may be observed that the formation of a perfect list is rendered additionally difficult by the circumstance of certain species being innocent in one climate and poisonous in another, and by the fact of their qualities being to a certain extent influenced by a dry or rainy season, and by the period of the year at which they are produced.

The deleterious fungi have been the subject of numerous experiments, but chemists are not yet quite agreed as to the nature of their active principle. Very recently Le Tellier announced that in some he had detected one, in others two poisonous constituents, one of which is volatile and acrid, the other fixed and possessed of narcotic powers. These conclusions, however, require verification.

There are certain external signs or obvious characters by which wholesome may be often distinguished from poisonous fungi. The latter, for example, usually exhibit a warty pileus or cap, exhale a heavy and peculiar odour, and sometimes when chewed produce a styptic taste. Those of an orange colour are also very generally poisonous, and the same may be said of such as possess a tough or corky texture. Those also which grow in shady places or on the trunks of trees should be suspected, and if when cut they shortly assume a blue colour, this circumstance may be considered as conclusive of their noxious properties. These rules will often serve as useful guides, but they must not be implicitly relied upon, for all are subject to exceptions.

The symptoms produced by the poisonous fungi are sometimes of purely an irritating kind. Very often also they appear to operate exclusively as narcotics; but in the greater number of cases both classes of effects are combined.

The symptoms of irritation which have been witnessed are an unaccountable feeling of anxiety, urgent dyspnoea, scorching thirst, tormina of the bowels, abdominal tension, and profuse diarrhoea, the matters discharged being particularly offensive. Dimness of vision, giddiness, delirium, and coma, constitute the usual narcotic symptoms. Convulsions are rare. It may be mentioned as a peculiarity of this class of poisons, that the symptoms are rather slow in beginning, but are of unusually long duration. They have not in some instances commenced for twelve, and in several they have lasted for better than forty-eight hours.

The morbid appearances which have been noticed are lividity of the body, fluidity of the blood, distention of the abdomen, inflammation, and even gangrene of the stomach and intestines, and venous congestion of the lungs and brain.

It is scarcely necessary to say that there exists no antidote to the poisonous fungi. Our reliance must be entirely placed upon the prompt expulsion, by emetics or otherwise, of the noxious contents of the stomach; and it is worthy of being noticed here that the fungi continue for an unusually long time in this viscus, having in one instance been discharged by vomiting nearly three days after they had been eaten.

Ergot or spurred rye.—The seeds of the cerealia are sometimes rendered unwholesome by imperfect ripening, apparently owing to the presence of a free acid in the grain, for the flour is, if not perfectly cured, at least greatly improved by the addition to it of a little carbonate of magnesia. In some instances, however, they, or rather the meal prepared from them, acquires very deleterious properties from the presence of a remarkable production known to botanists under the name of secale cornutum or ergot of rye, from the plant in which it is principally developed. It has also been observed in wheat, oats, and barley, but more rarely, and in a state of less development. This ergot or spur of rye which replaces in the ear sometimes one, sometimes several grains, is a cylindric growth varying from three lines to an inch and a half in length, and of the thickness of a crow-quill. Internally it is of a greyish colour, but outside it is covered by a bluish-black husk, presenting two or three dotted streaks of a lighter shade. The amount of it present in rye is influenced by the nature of the soil and the character of the season. When the ground is damp and stiff, and the season unusually moist, we have combined the circumstances which have been found most favourable to its production. The district of Cologne in France, and several parts of Germany have in particular been infested by it, but it has scarcely ever been produced in these countries in sufficient quantity to render it an object of interest to the toxicologist.

With respect to the nature of this substance different opinions have been entertained, some viewing it as a spontaneous morbid growth, others as a parasitic fungus, and others still as the work of a species of papilio which punctures the glumes of the unripe plant, and thus causes an exudation of milky juices, which by inspissation are finally converted into the spur. In support of this latter theory it has been alleged that a similar growth may be produced by punctures inflicted with a needle.

The ergot has been subjected to analysis by several chemists. Vauquelin found in it neither starch nor sugar, but a considerable quantity of a principle of an animal nature, and very prone to putrefaction. According to Robert it includes prussic acid, but this statement is not in accordance with the experiments of other chemists.

When the ergot is exhibited to man in a

dose of about two drachms, the symptoms usually produced by it are vertigo, headach, suffusion of face, nausea, succeeded by vomiting and purging, spasms of the stomach and intestines, and an universal feeling of debility and fatigue. If gradually introduced into the system, as occurs to those who have used for a considerable time rye-meal impregnated with it, the effects are materially different and of a twofold description. Either a convulsive disorder is established, or the disease usually known under the name of dry gangrene. The former begins with dimness of sight, giddiness, and insensibility, symptoms which are quickly succeeded by frightful convulsions of the entire body. In this severe form the disease proves rapidly fatal; but in milder cases the convulsions occur only in paroxysms, and in the intervals the chief indication of disease which presents itself is an extreme voracity of appetite. This voracity either terminates in death, preceded by coma and convulsions, or in recovery after the previous appearance of anasarca, diarrhoea, cutaneous eruptions, or abscesses in different parts of the body. The latter affection, or gangrenous ergotism of the French, begins with a sense of weariness and debility. After the lapse of a considerable but variable period of time, sometimes one, sometimes several weeks, the extremities become cold, numb, and stiff, and are seized with excruciating pains. A pyrexial state next sets in accompanied with epistaxis, and, finally, the fingers and arms, afterwards the toes and legs shrivel up and drop off at the joints in succession. In this modification of ergotism the appetite is also from the commencement inordinate.

Alcohol.—The origin of this remarkable fluid, together with its physical and chemical characters, are so well known that any allusion to them here would be quite superfluous. We shall therefore proceed at once to the consideration of its influence upon the animal economy.

Alcohol and alcoholic fluids generally, when swallowed by man in moderate quantity, invariably produce a greater or less degree of excitement; that is, they augment the temperature of the body, accelerate the movements of the heart and respiratory organs, give tone and strength to the muscles, energy and rapidity to the operations of the mind, and in general call up a train of pleasurable emotions. Nor is this state of temporary exaltation followed by any material subsequent languor or depression. When, however, the limits of moderation are transgressed, and such a quantity of a spirituous fluid is used in successive doses as to produce the state usually designated by the term intoxication or drunkenness, the consequences are materially different. The excitement, indeed, just described is in the first instance observed, but it soon puts on a more formidable character, being attended by suffusion of face and conjunctivæ, difficult articulation, giddiness, incoherency of mind, and, very frequently, true delirium. An irrepressible drowsiness next succeeds, which terminates in deep and sometimes stertorous sleep, from which, in cases which terminate favourably,

the individual awakes affected by debility, giddiness and headach, universal languor, and very often nausea and vomiting. The result, however, is sometimes different. The somnolency just described passes not into sleep, but a state of general insensibility, accompanied by feeble and moderately rapid pulse, stertorous breathing, and dilated and non-contractile pupil, a combination of symptoms from which recovery is seldom witnessed.

The case just described is an instance of simple poisoning by fermented liquors, and many such have been observed. It, however, more frequently occurs that life is destroyed either by the occurrence, during the fit of intoxication, of apoplexy in an individual predisposed to the disease, or in consequence of his exposure to extreme cold, or his accidental suffocation during the lethargic or somnolent state.

Should the spirituous liquor be drunk not in divided portions, but all at once and in large quantity, apoplectic coma with stertorous breathing sets in, almost immediately, and death follows usually within a few hours.

In habitual drundards a particular affection, at present known under the name of delirium tremens, is often witnessed, which may with propriety be noticed here. Delirium, characterized by constant incoherent talking, is its leading symptom, and is accompanied by tremors of the limbs, particularly the upper extremities. In fatal cases coma, as in the preceding instance, precedes and ushers in death.

Looking to the preceding history of symptoms, alcohol, it would appear, should be classed with the purely narcotic poisons. Cases, however, have occurred, though very seldom, in which, after the cessation of its narcotic action, symptoms of gastro-intestinal irritation and inflammation have set in, which justify the position usually assigned to it in the arrangements of toxicologists.

The morbid appearances which have been observed in the stomach in cases of poisoning by alcohol are unusual redness and vascularity of its mucous lining. Such appearances are, according to Orfila, invariably witnessed in the stomachs of the lower animals. In man, however, though sometimes found, they are very generally wanting. In the head, as might have been anticipated from the symptoms, the principal lesions are to be found. These are venous congestion, serous effusion into the ventricles and between the membranes, and extravasation of blood into the substance of the brain, producing genuine sanguineous apoplexy. When delirium tremens proves fatal, serous effusion is found in the brain, and in some rare instances flakes of coagulable lymph are attached to the membranes. Andral also in a single case witnessed a very extensive softening of the mucous tunic of the stomach. Should death take place very quickly, as when a large draught of spirituous liquor is swallowed, post-mortem examination will not display any morbid lesions of the brain or other organs.

Alcohol is generally conceived to enter the circulation, and through it to exert its poisonous

influence on the nervous system; and in support of this theory the fact is alleged of a spirituous smell being perceptible not only in the stomach of persons who die of intoxication, but also in the brain and other organs. When, however, death occurs, as it often has, within a few minutes, it is difficult to admit that absorption could have taken place, and we are compelled, with Addison and Morgan, to refer its noxious influence to nervous impression and cerebral sympathy.

The diagnosis of a case of poisoning by alcohol will, in most instances, not be difficult. The symptoms already detailed, combined with the alcoholic odour of the breath, will often clear up the nature of the case even during life; and when it terminates fatally, the contents of the stomach, if subjected to distillation in a retort, will furnish a product which by rectification from dry carbonate of potash, or fused chloride of calcium, will acquire all the physical and chemical characters of alcohol. This method of research will always lead to a positive result when the individual dies shortly after swallowing the fermented fluid. Should the fatal event, however, be delayed for a few hours, the alcohol is absorbed, and cannot of course be subsequently detected in the stomach. We may also add that in cases of rapid poisoning, if the chemical search for alcohol be not instituted within a reasonable time, it will not prove successful, as the poison escapes by evaporation or transudation.

The treatment of a person labouring under dangerous drunkenness is very simple. The stomach must be emptied by an emetic, or should this fail or be too slow in its operation, by the application of the stomach-pump; and the somnolency or coma, should it have set in, is to be obviated by the assiduous use of the various means of stimulation recommended under the head of opium. In delirium tremens, opium in large and repeated doses has proved a very efficacious remedy. It is, however, only suitable during the continuance of the delirium and tremors. Should a somnolent or comatose state be established, its use should be strictly inhibited. From the morbid appearances which have been witnessed in cases of delirium tremens, such as the effusion of serum and coagulable lymph in the brain, there is good reason to conclude that the disease occasionally passes into, or is complicated with, phrenitis. Should such a combination be in any instance suspected, the exhibition of opiate preparations should be preceded by depletion from the head and other antiphlogistic means of treatment.*

IV. POISONOUS GASES.

The atmosphere in which we live, and by means of which those changes are effected in the blood as it circulates through the lungs, known under the term aeration, consists, in the main, of a mixture of four volumes nitrogen and one oxygen, a minute quantity of carbonic acid being also present, and a variable proportion of aqueous moisture. Such is the nature

of the gaseous medium which we respire, and it is the only aeriform fluid which admits of being inhaled for a length of time without the production of effects injurious to or destructive of life. No single known gas at least can supply its place, and the same may, in all probability, be said with truth of any artificial mixture differing in the nature, or even the proportion of its essential constituents from the natural atmosphere. Every known gas, therefore, may, under this point of view, be considered as a poison. All, however, are not equally energetic, and the manner of action of all is not the same.

The first circumstance deserving of attention which serves to distinguish some from others of the gaseous poisons is, that certain of them will, in the pure or unmixed state, pass into the lungs, while against others the glottis closes spasmodically, unless they be diluted with a sufficient quantity of atmospherical air. This difference of property has suggested a division of them into the *respirable* and the *irrespirable*: the former being oxygen, nitrous oxide, nitrogen, hydrogen, carbonic oxide, and carburetted hydrogen; the latter, ammonia, chlorine, muriatic acid gas, nitric oxide, nitrous acid vapour, sulphurous acid gas, carbonic acid, cyanogen, and sulphuretted hydrogen.*

Nysten† has resolved the poisonous gases into the *negative* and *positive*, or into those which merely operate by excluding atmospherical air, which alone can effect the proper aeration of the blood, and those which exercise on the parts with which they come in contact, or on the system generally, a directly injurious action. It is probable, however, that if we except nitrogen, there does not exist a truly negative aerial poison; and when we find Nysten arranging subcarburetted hydrogen, carbonic oxide, and nitrous oxide among the negative gases, there can be no doubt that the method which he adopted for determining to which class each individual belonged led him to erroneous results. This eminent physiologist laid it down as a principle that a truly negative gaseous poison can, when injected into the blood, produce no injurious effects save what are the result of its mechanical action; and, therefore, that when other and distinct morbid phenomena are observed to follow, they establish a direct or positive deleterious influence. It would be easy to show, from *à priori* considerations, that this criterion could not be relied upon. The conclusions, however, to which Nysten was guided by it are so inconsistent with experience, that any further objection to its validity would appear altogether unnecessary.

Of the positive gases or those which are directly noxious, all do not operate in the same way. Some irritate or even inflame the parts with which they come in contact, while the action of others is directed chiefly to the nervous system. Hence the common division of

* See a paper by Dr. Lendrick, Dublin Journal, No. iv. p. 7.

* This enumeration of poisonous gases is obviously imperfect. It, however, includes all those which merit the attention of the toxicologist.

† Recherches Chimico-physiologiques.

them into irritants and narcotics, which, being founded on their manner of action, is probably, in a practical point of view, the best which can be employed by the toxicologist. In the following table an attempt is made to combine the principles of classification which have been just explained.

I. NEGATIVE.

Nitrogen.

II. POSITIVE.

1. *Narcotic.*

Oxygen.

Hydrogen.

Nitrous oxide.

Carbonic oxide.

Subcarburetted hydrogen.

Sulphuretted hydrogen?

Cyanogen?

Carbonic acid.

2. *Irritant.*

Ammonia.

Chlorine.

Muriatic acid gas.

Nitric oxide.

Nitrous acid gas.

Sulphuretted acid gas.

Nitrogen.—This is one of the respirable gases, that is, when perfectly pure it can be drawn into the lungs. Being, however, incapable of effecting the arterialization of the blood, its inhalation cannot be repeated more than three or four times in succession without the production of asphyxia. The venous blood, in fact, reaches unchanged the left side of the heart, and passing from thence to the brain, suspends the influence exercised by this organ in determining the contraction of the respiratory muscles, and thus causes death by suffocation. As pure nitrogen is not a natural product, and as it is but sparingly produced in chemical processes, no instances have occurred of death resulting from its inhalation.

Oxygen.—This is the constituent of the atmosphere which performs the most important functions in the process of respiration. It was, indeed, long supposed to be the only element of the air we breathe essential to life, and the nitrogen was considered to act merely by diluting it, and thus reducing the energy with which it acts upon the system. That this latter gas operates at least partly in this way there can be little doubt. The experiments, however, of Dr. Edwards would seem to establish that it also is sometimes absorbed, and, therefore, in all probability, discharges other and higher uses in the animal economy.

In the earlier experiments performed upon the smaller animals immersed in a given volume of oxygen, it was observed that life was maintained a much longer time than it would be in an equal bulk of atmospherical air. This method of experimenting does obviously not enable us to examine apart the effects of oxygen gas, for carbonic acid is gradually evolved, and we witness merely the influence of the mixture upon the animal. To insulate the agency of the oxygen, so that it alone may be studied, it is necessary to cause this gas to be

inspired from one reservoir and expired into another, a thing which can scarcely be accomplished unless in the case of the human being; or, when the experiment is conducted by surrounding the animal with a given volume of the gas, to remove the carbonic acid by chemical means as fast as it is produced. Operating in the first-mentioned way, Allen and Pepys observed phenomena somewhat different from those which belong to ordinary respiration. A glow of warmth was felt over the entire body, accompanied by a gentle diaphoresis, the pulse was decidedly accelerated, and the animal temperature appeared to undergo a slight augmentation. The excitement thus produced rapidly subsided upon the termination of the experiment, leaving behind it no depression or other inconvenience whatsoever.* These experiments would seem to lead to the conclusion that pure oxygen when respired operates as a stimulant, but that its action is not sufficiently violent to justify us in considering it as a poison.

To such conclusion, however, it may be objected that the experiment in question was not carried sufficiently far to put us in possession of the true physiological action of the gas; that if it had been respired for a longer time, the observed effects would have been different: and some researches conducted not long since by Mr. Broughton† have, in point of fact, led him to the belief that oxygen when respired sufficiently long exercises a narcotic influence. The first effects noticed by this physiologist were increased activity of the pulmonary and aortic circulation. A degree of languor, which gradually passed into extreme debility, was next observed, and to this succeeded general insensibility and loss of power over the voluntary motions. The heart, however, continued to beat, and the intestinal muscles to contract long after the cessation of the movements of the diaphragm and purely voluntary muscles, and after sensibility had been completely extinguished. In rabbits, cats, and guinea-pigs, upon whom the experiments were chiefly performed, the symptoms just enumerated did not begin to manifest themselves until after the lapse of an hour, and death took place between the sixth and twelfth hour. Post-mortem examination shewed the blood of a bright scarlet colour in both arteries and veins, and unusually prone to coagulation.

The views of Broughton are pretty generally adopted, by Christison among the rest; and in accordance with them we have classed oxygen among the narcotic gases. We confess, however, we are by no means satisfied of their soundness. In his method of experimenting, the carbonic acid produced by the animal was mixed with the oxygen, and it is at least possible that the sedative effects observed were due to the former gas.

Hydrogen.—This gas in the pure or unmixed state may be respired with impunity a few

* Phil. Trans. 1808.

† Quarterly Journal of Science, January, 1830, p. 1.

times, the only remarkable consequence which follows being a peculiar modulation of the voice, which lasts until the greater part of the hydrogen is expired. But should its inhalation be continued much longer, speedy death by asphyxia is the consequence; as, like nitrogen, it is unable to effect the aeration of the blood. If this event be prevented by mixing oxygen with the hydrogen, a decidedly narcotic effect is produced. Thus, Allen and Pepys found that guinea-pigs made to respire a mixture of four volumes hydrogen and one oxygen, first became somnolent, and were finally thrown into a profound sleep, from which, however, they recovered perfectly upon being withdrawn from the mixture; and De Wetterstedt of Stockholm found a similar mixture to produce the same effect upon a young female labouring under phthisis.* In such experiments, it should be observed, some hydrogen disappears, which is of course absorbed by the blood.

Nitrous oxide.—The singular effects of this gas when respired were first studied by Sir H. Davy, who detailed its influence on himself, and gave publicity to the accounts drawn up by several of his friends of the sensations which they experienced.† The first feeling of Davy upon respiring the gas was giddiness, which was succeeded by an uncommon sense of fullness in the head, accompanied by loss of distinct sensation and voluntary power; but these, in less than half a minute, the respiration being continued, diminished gradually, and were followed by a sensation analogous to gentle pressure on all the muscles, attended by a highly pleasurable thrilling, particularly in the chest and the extremities. The objects around became dazzling, and the hearing acute. Towards the last inspirations the thrilling increased, the sense of muscular power became greater, and at last an irresistible propensity to action was indulged in. These effects ceased very soon after respiration, for in ten minutes he had recovered his natural state, and what is particularly worthy of notice, the excitement he experienced was not followed by the slightest languor or depression. By repeated trials he found that he could breathe nine quarts of the gas for three, and twelve quarts for more than four minutes, but that he could never respire it in *any* quantity so long as five minutes. The pleasurable sensations also were with him at their height about the middle of the experiment.

Several others have been affected in a similar manner from the respiration of the nitrous oxide, but the effects of the gas are not the same upon all individuals. Some, for example, have been thrown by it into a state of syncope, others into convulsions. The researches of Davy‡ prove that in such experiments the gas is absorbed in quantity by the blood. When injected slowly into this fluid, Nysten found

that it was condensed, and that the only effect resulting from it was a slight staggering.

Carbonic oxide.—Some interesting experiments upon the respiration of this gas were made a few years ago in the laboratory of the Dublin Society by the assistants of Mr. Higgins, the professor of chemistry. Three inhalations produced in one gentleman vertigo, tremors, and a lethargic state bordering on insensibility, which was succeeded by debility and headache of some hours' duration. Another, who after a forced expiration inhaled the gas three or four times, was struck down suddenly, and remained for half an hour apparently lifeless, and almost without pulse. After the failure of various other means of stimulation, he was at length revived by inflating his lungs with oxygen, but continued, nevertheless, throughout the day affected by convulsive movements of the body, stupor, severe headache, quick and irregular pulse, and subsequently with nausea, and slight febrile paroxysms of an intermittent nature.

Nysten found that when gradually introduced into a vein, carbonic oxide produced a state analogous to that of intoxication.

Subcarburetted hydrogen.—This gas is copiously disengaged in collieries, and, when mixed with a proper proportion of common air, constitutes the explosive atmosphere usually known under the name of fire-damp. We are not aware of subcarburetted hydrogen having been inhaled in the pure state, but as the fire-damp does not in any perceptible degree embarrass the respiration of the workmen in coal-mines, we are entitled to conclude that the gas is innocuous when diluted with fourteen volumes of atmospheric air, for a mixture thus composed cannot be ignited.

There are several other gaseous compounds of carbon and hydrogen, one of which, the olifant gas, has been known for a great length of time, but their effects when singly respired have not been made a subject of experiment by the physiologist; and the same may be said of the mixed compounds of the same elements which are found in the gases prepared from oil, coal, and resin. The experience indeed of gas-men proves that atmospheric air is not rendered injurious to health by being highly charged with the artificial illuminating gases; but an accident which occurred some time ago in Paris, shews that if a certain limit be transgressed, poisonous effects will follow. In consequence of the leaking of the gas-pipe which supplied a warehouse, five individuals who slept in the building, were attacked during the night with stupor, and one of them died with most of the symptoms of narcotic poisoning. The phenomena, however, witnessed in this case can scarcely be considered as due exclusively to the influence of the gas, for one of the lungs was found congested, and the bronchus distributed to it blocked up by a kidney-bean.*

The gaseous mixture which is produced by

* Berzelius, *Traité de Chimie*, vol. vi. p. 106.

† Researches, chemical and philosophical, chiefly concerning nitrous oxide and its respiration.

‡ Opus citat. p. 394.

* Christison, p. 704.

passing the vapour of water over red-hot charcoal, and which consists of subcarburetted hydrogen, hydrogen, carbonic oxide, and carbonic acid,* was inhaled by Sir H. Davy,† both in the pure form, and diluted with two-thirds its volume of atmospherical air. In the latter state, when breathed for about a minute, it produced slight giddiness and pain in the head, and a momentary loss of voluntary power. The pulse also was rendered quicker and feebler; but all the effects went off in five minutes. The first inspiration of it in the undiluted form caused a sort of numbness and loss of feeling in the chest and about the pectoral muscles. After the second he lost all power of perceiving external things, and had no distinct sensation except a terrible oppression on the chest. This feeling disappeared during the third expiration, but he felt (to use an expression of his own) as if sinking into annihilation. The further inhalation of the gas was now suspended, and after the lapse of a minute his pulse was found threadlike, and beating with excessive quickness. He now moved instinctively to the open air, where, upon arriving, his head became giddy, his knees trembled, and he had but just sufficient voluntary power to throw himself upon the grass. Here the painful feeling of the chest increased with such violence as to threaten suffocation; but upon respiring for about a minute a mixture of oxygen and nitrous oxide, he felt relieved, and in an hour the painful feelings had disappeared, leaving behind them only an excessive weakness and swimming of the head. In three quarters of an hour after this, having walked about slowly in the meantime, great giddiness again returned, accompanied by nausea, loss of memory, and deficient sensation. To these, in about an hour and a half, a violent pain in the forehead and between the eyes succeeded, and transient pains in the chest and extremities; but these affections gradually diminished, and at ten at night no disagreeable feeling remained.

From the preceding detail the conclusion of Davy would appear pretty well established, namely, that the gaseous mixture which he respired "acts as a sedative, i. e. that it produces diminution of vital action and debility, without previously exciting."

Carbonic acid.—This gas being copiously disengaged during the combustion of ordinary fuel, the burning of lime, and as the result of the vinous fermentation, the respiration of animals and the growth of plants, it is more frequently the cause of accidental as well as intentional death than any other of the aerial poisons. The action of carbonic acid was once conceived to be purely negative, or to depend merely upon its inability to aerate the blood. But this opinion is amply refuted by a variety of facts enumerated by Dr. Christison. 1. The state of asphyxia produced by

the respiration of an atmosphere charged with carbonic acid is removed with much greater difficulty than that which is the result of immersion in hydrogen or azote. 2. If the azote of atmospherical air be replaced by an equal volume of carbonic acid, such atmosphere will prove rapidly poisonous. 3. If a tortoise be made to respire atmospherical air with one lung and carbonic acid with the other, it perishes in a few hours. This experiment was performed by Rolando of Turin. 4. Effects analogous to those which result from the respiration of the gas are produced by its prolonged contact with the skin or stomach. In the latter method of application, for example, it gives rise, as is well known, to intoxication; and Collard de Martigny has shewn that when an animal is enveloped by an atmosphere of carbonic acid, the access of atmospherical air to the lungs being still permitted, so as to maintain ordinary respiration, death, if the experiment be continued sufficiently long, is the invariable consequence.

Carbonic acid in the pure state cannot, as Sir H. Davy has shewn, be inhaled; for the irritation it produces in the fauces is such that the glottis closes spasmodically, and thus prevents its entrance into the lungs. The undiluted form, then, may be considered as a true negative poison, destroying life by simple suffocation. Of death produced in this way many instances occur in distilleries and breweries, from the workmen incautiously entering, or falling accidentally, into the fermenting tuns. It also often accumulates in old wells, in mines, where it constitutes the choke-damp, and in caverns, like that of the Grotto del Cane near Naples, occurring in volcanic districts, in a state of such purity as suddenly to asphyxiate individuals who enter them.

In such situations, however, it will more frequently occur that the carbonic acid is diluted with a greater or less quantity of atmospherical air. If the proportion of the former gas be not too great, the mixture will enter the lungs, and Davy found, in an experiment performed on himself, that when it amounted to 30 per cent., such atmosphere could be respired for one minute, the only effects being a slight degree of giddiness, and inclination to sleep. But should the respiration of such a mixture be persisted in for a longer time, consequences of a much more serious description are observed. A sense of weight in the head, attended by giddiness, is the first symptom, and this is rapidly succeeded by a somnolent state, which finally terminates in coma with stertorous breathing. In convalescence from the asphyxia produced by a mixture of air and carbonic acid, violent and irregular convulsions, general insensibility, and dumbness have been observed.

Confined atmospheres, such, for example, as those of small and close apartments in which a number of individuals respire without any provision for renewing the air, or in which the combustion of carbonaceous matters is conducted without a flue, acquire deleterious properties of an analogous but still more ener-

* This gas was probably removed, as allusion is made to some method of purification which was employed.

† Op. cit. p. 467.

getic description. Nor is this difficult to be understood; for in such atmospheres carbonic acid is not only developed, but an equivalent portion of their oxygen is withdrawn. The emanations, indeed, from burning charcoal are not always of the same description. When the combustion is brisk, carbonic acid is the only product; but Orfila has shewn that, when languid, equal volumes of carbonic acid and sub-carburetted hydrogen are evolved;* and experience proves such mixture when respired to be in an eminent degree injurious to the animal economy. The same eminent toxicologist, it may also be observed, has established that when the coals are red-hot, considerably less atmospherical oxygen is consumed, than when the combustion is languid. The narcotism established in these cases continues for an unusual length of time, and, though delirium sometimes supervenes, it is not, as in other instances of narcotic poisoning, to be looked upon as the precursor of convalescence.

It is often said that if an atmosphere including carbonic acid supports the combustion of a taper, it is respirable, and such is the test relied upon by those employed in the sinking of wells for pumps, at the bottoms of which it is liable to accumulate. Such an atmosphere will undoubtedly admit of being respired for a certain length of time, but will, nevertheless, often finally induce a state of the most dangerous asphyxia. It is even said that a female servant fell *suddenly* down upon entering a cellar in which the vinous fermentation was going on, although the candle which she carried with her continued to burn.† The literal correctness of this statement may be doubted; but, even though it were shewn to be erroneous, abundant facts still remain to prove the fallacy of the method in question as a test whether a given atmosphere contaminated with carbonic acid be or be not poisonous.

Several instances of poisoning by the fumes of burning charcoal, and some of suffocation produced by the crowding of people into confined and narrow rooms, are upon record. Scarcely a month elapses without an account of death produced by a charcoal chaffer placed incautiously in bed-chambers without a flue; and in the celebrated narrative of the suffocation of one hundred and twenty-three out of one hundred and forty-six Englishmen, incarcerated for a single night in a dungeon at Calcutta, we have a very striking illustration of the injurious properties acquired by air which has been repeatedly respired. In all such cases, the effects, as has been already stated, are pretty nearly the same with those which result from the respiration of simple mixtures of atmospheric air and carbonic acid. If there be any distinction, it is that a greater or less degree of delirium is more constantly present in the former than in the latter instances.

In individuals destroyed by respiring air

contaminated by carbonic acid, the countenance is usually tranquil and composed, sometimes red, often particularly pale, but more usually of a livid colour. The eyes are prominent and exhibit a glistening appearance, and the tongue is black and protruded between the teeth. The lungs, heart, and brain, are in a state of venous congestion, and the ventricles of the latter organ include a considerable quantity of serum. According to some toxicologists the back is extremely livid, the blood fluid, and the muscles are in a great measure destitute of irritability. In some instances effusion of blood on the surface of the brain has been observed, and it is also said that the stage of rigidity which usually succeeds to death has occasionally not been established.

The treatment of poisoning by carbonic acid may be discussed under two distinct heads:—1st, when the asphyxia is complete; 2d, when the functions of the heart and lungs being performed, there still prevails a state of coma, or a greater or less degree of insensibility.

To remove the asphyxia produced by carbonic acid the means which have been found most efficacious are, the cold affusion, bleeding from the arm or jugular vein; or should this method of depletion not succeed, cupping from the nape of the neck or other part in the vicinity of the head. In conjunction with these, the artificial inflation of the lungs with oxygen, if practicable, should be resorted to, and it will be frequently found advantageous to employ the stimulating powers of a galvanic machine of about forty couples. (See article GALVANISM.) In this form of asphyxia also, as in other kinds, it will be proper to maintain the temperature of the body by external heat, and to apply to it assiduous and general friction with warm flannel.

As soon as the movements of the heart and chest are restored, our attention must be directed to the prevention of a relapse, and to the removal of the state of insensibility or torpor which remains. With a view to the accomplishment of these objects, the local bleeding from the vicinity of the head should be repeated, unless contra-indicated by peculiarities in the case; ammonia or its carbonate should be applied at intervals to the Schneiderian membrane of the nose, and even introduced frequently in small doses into the stomach. By the steady prosecution of this plan of treatment, the stupor, though generally deep and lasting, will in most instances be finally removed.

Sulphuretted hydrogen.—The experiments of Dupuytren and Thenard demonstrate sulphuretted hydrogen to be in the highest degree inimical to the animal economy, for they found air impregnated with 1-150th of this gas to prove fatal in a short time to a horse, with 1-800th in about the same time to a dog, and when containing but its 1-1500th, immediately to destroy a small bird. Sulphuretted hydrogen is evolved in nature, though in no great quantity, and impregnating certain mineral springs, acquires for them the title of *sulphurous*. It is also invariably disengaged

* Toxicol. Gén. ii. 474.

† Archives Gén. de Médecine, xiv. 205.

as the result of the putrefaction of organic matters, particularly those of an animal nature. Old privies for example, especially such as, like those of Paris, are unconnected with any sewer, and continue uncleared out for a length of time, exhale it in considerable quantity; not, however, pure, but in a state of mixture and combination with ammonia. Sulphuretted hydrogen is not alone poisonous when taken into the lungs. It is equally so when applied to other parts of the body. It also proves fatal whether forced into the cellular tissue, stomach, or rectum, or simply applied to the skin. Chaussier found that nine quarts introduced through the anus of a horse killed it in one minute, and that a rabbit to whose skin alone it was applied perished in ten minutes.

We are not aware that any instances are recorded of death produced by sulphuretted hydrogen alone. When evolved in virtue of putrefaction, this gas is accompanied by ammonia, and in all the alleged cases of poisoning by sulphuretted hydrogen the volatile alkali has also been a component part of the noxious atmosphere. The effects of such atmosphere were detailed about forty years ago with great particularity by M. Hallé, in a work upon the nature of the exhalations from the Parisian privies. According to this authority the symptoms vary with the degree of concentration of the exhaled vapours.

When undiluted with atmospherical air, they determine a sudden and complete asphyxia, from which recovery is very rare, unless the affected individual be almost immediately withdrawn from the influence of the exhalations.

When the noxious vapours are respired in a state of admixture with a large proportion of atmospheric air, their injurious effects are more slowly developed, and are of a two-fold description. In some a somnolent state terminating in coma is produced, from which, however, they may be roused, though with difficulty; all recollection of what occurred in the interval being entirely effaced. In others a variety of symptoms, which differ in different individuals, first present themselves, such as pains, particularly of the stomach and arms, delirium, dyspnoea, a state approaching to asphyxia, with dilated and immoveable pupils, and feeble and irregular pulse; and to these succeed violent tetanic spasms of both trunk and extremities. Finally, in fatal cases, a short time previous to death, the patient becomes remarkably tranquil, and indeed almost insensible. In the mildest cases, or where the vapours have been much diluted, and the exposure of short duration, nausea, a certain degree of lethargy, with slight abdominal and thoracic pains, constitute the only symptoms which have been observed.

In individuals poisoned by exhalations including the hepatic gas, the blood in every part of the body is found fluid, and of a dark colour, the muscles destitute of contractility, and the lungs in a state of sanguineous congestion. The smell, also, peculiar to sulphuretted

hydrogen emanates from the body, and may, according to Chaussier, be detected in the different organs by introducing into them slips of polished silver, or a small quantity of recently precipitated carbonate of lead.

The substance just mentioned, or, what will answer equally well, a slip of filtering-paper moistened with a solution of sugar of lead, constitute as delicate tests as can be desired for sulphuretted hydrogen. The former is blackened by the gas, while upon the latter a film of sulphuret of lead is formed, so thin as to exhibit a beautiful iridescent play of colours.

Should it be deemed expedient to deprive an atmosphere of any sulphuretted hydrogen it may include, this may be very readily and completely done by introducing into it a little chlorine gas, which will seize upon one of its elements, the hydrogen, while the other is deposited. The same object may also be accomplished by nitric acid in the vaporous state.

With respect to *treatment*, it will be sufficient to refer to what has been already said; for the manner of action of sulphuretted hydrogen and carbonic acid being the same, their effects should, in all probability, be combated in a similar manner.

Cyanogen.—There have been no opportunities of observing the effects of this gas upon the human subject, but the experiments of Coullon, and those of Hurrefield, referred to by Christison, prove it to be a powerfully narcotic poison; the symptoms which characterise it being coma, and more rarely convulsions. Like prussic acid, it sometimes produces a local and temporary paralysis of the parts of the body to which it is applied.

Irritant gases.—The manner of action of the irritant is in one respect the same with, in another essentially different from, that of the narcotic gases. Both, oxygen being excepted, are incapable of aerating the blood, and would for this reason, if for no other, ultimately destroy life. In addition, however, to this, the narcotic gases exercise upon the nervous system an injurious influence of a specified description, and the irritant ones excite in the mucous membrane with which they come in contact a greater or less degree of irritation and inflammation. In the pure state, the irritant gases are all irrespirable.

Ammonia.—The aqua ammoniæ of the pharmacopœia, at ordinary temperatures, is constantly exhaling ammoniacal gas, and is hence often applied as an analeptic remedy to the nares in syncope, hysteria, epilepsy, asphyxia, &c. From this application of it several accidents have arisen, for, in virtue of its escharotic powers, when applied in too great quantity, it corrodes and of course inflames the mucous membrane lining the different bronchial passages. The symptoms which in such event present themselves are of course those of a very severe bronchitis, and the morbid appearances are extreme vascularity of the lining membrane, exudation of lymph upon its surface, and, at some points, excoriation and ulceration. To prevent consequences of this

description, the aqua ammoniæ, before being held to the nose, should be diluted with about three volumes of water.

Chlorine.—This gas is often developed in the laboratory of the chemist, and, in great quantity, in factories for the preparation of the bleaching salt of lime; and, though highly irritating to the larynx and lungs, admits of being inspired when sufficiently diluted with atmospheric air. In this state, however, it frequently, by its stimulating and corrosive qualities, produces an inflammation of the bronchial mucous membrane, which either terminates fatally, or lays the foundation of some formidable form of thoracic disease. The younger Pelletier fell a victim to phthisis thus produced; and a gentleman of this city (Dublin), Mr. Roe, is said to have died some years ago of a chronic bronchitis which originated in a similar cause. Paradoxical, however, as it may seem, the respiration of an atmosphere impregnated with a small quantity of chlorine has recently been recommended as an efficient means of contending with tubercular phthisis. Experience, indeed, proves that air slightly impregnated with it is not injurious to health; for, as Christison remarks, the workmen employed in the manufacture of chloride of lime are not less healthy than those engaged in other laborious occupations. Dyspeptic affections connected with acidity of the stomach would appear to be the only injurious consequences which result from its habitual inhalation.

Muriatic acid gas.—There can be no doubt that this gas will, when respired sufficiently long, and in a sufficient state of concentration, produce an acute bronchitis. Its effects, however, when so applied have not been observed, or at least not recorded. In consequence of its corrosive powers, Guyton Morveau employed it several years ago as a disinfectant; but in this respect there can be no doubt that it possesses an efficacy inferior to chlorine or the vapour of nitric acid.

Nitric oxide, and nitrous acid vapour.—When the nitric oxide comes into contact with oxygen, and it cannot be respired without such an occurrence, it is converted into nitrous acid; so that, in a practical point of view, and in reference to our present discussion, the consideration of the former merges in that of the latter. So irritating are the vapours of nitrous acid, that a very minute quantity of them will render the atmosphere in which they exist irrespirable, by determining the spasmodic closing of the glottis. This, for example, occurred to Sir H. Davy, who, intending to breathe nitric oxide, for some time previously respired pure nitrous oxide, for the purpose of excluding oxygen altogether from the lungs. His attempt, however, was unsuccessful; for the small quantity of oxygen in the mouth and fauces gave rise to the formation of a sufficient quantity of nitrous acid to cause a convulsive closing of the larynx, as already described, and to produce extensive inflammation of the tongue, mouth, and throat. In reading the account of this experiment, one cannot but

feel astonishment that it should ever have been instituted by so intelligent an individual. Had he accomplished his intention of respiring the gas, upon suspending the process, air would of course have been inhaled, and the nitrous acid thus formed in the lungs by the union of the nitric oxide with atmospherical oxygen, would to a certainty have produced destructive corrosion and inflammation.

Notwithstanding the stimulating qualities of nitrous acid, if mixed with a sufficiently large quantity of air, it will pass into the lungs; and it is worthy of remark, that when in such instances injurious consequences follow, pneumonia, not bronchitis, is the disease usually established. Such at least, as Desgranges relates, was the nature of the attack experienced by a chemical manufacturer who incautiously inhaled the vapours given off from a carboy of nitric acid accidentally broken; and by some hatters, whose cases are given by Reitz in a German journal, who slept in an apartment in which the manufacture of nitrate of mercury was proceeding, a preparation employed in the felting of furs, and which is obtained by the action of nitric acid on mercury.

Sulphurous acid.—This compound, which at common temperatures and pressures is a gas, is the sole product of the combustion of sulphur, and is thus occasionally prepared for the purpose of bleaching silk or woollen goods, of whitening grain during the process by which it is kiln-dried, and with a view of restraining the vinous fermentation. Certain varieties also of anthracite coal which abound in iron pyrites, during their combustion frequently evolve this gas; and the same has also frequently occurred in collieries in which some of the beds have either spontaneously or by accident taken fire. Nor is iron pyrites the only sulphuret which leads to accidents of this description. In quicksilver mines the native cinnabar often burns for a length of time, filling the galleries and shafts with sulphureous vapours, which greatly incommode the workmen, and sometimes make it necessary to suspend their operations until the combustion is extinguished, and the atmosphere within the mine renewed by appropriate means of ventilation.

Sulphurous acid is a very suffocating gas, and must be largely diluted with atmospherical air before it will pass through the glottis. When applied even in this attenuated state to the mucous membrane which lines the air-passages, it excites in it an extreme degree of irritation, and would no doubt ultimately produce, provided its contact were continued sufficiently long, a state of active inflammation.

Consequences, indeed, of this description have not been observed, for in the great majority of cases, as when it proceeds from the combustion of pyritous coal, it is accompanied by a large proportion of carbonic acid, the narcotic influence of which screens and obscures the proper action of the sulphurous gas. An atmosphere, however, of this compound nature would appear to affect the system

to a certain extent in a peculiar manner, and to be more injurious than one impregnated with carbonic acid alone. Such inference at least would seem to follow from the narrative given by Surgeon Braid of an accident which occurred at Leadhills in 1817, and which is alluded to by Dr. Christison. Smoke from one of the steam-engines having got into the workings, four individuals who endeavoured to force their way through the impure air were immediately asphyxiated, and several others, who in two hours after descended to the same part of the mine, were very quickly seized with dyspnoea, headach, palpitation, vomiting, debility, and pains of the lower extremities. When first seen by Mr. Braid, who visited them while below, the greater number were in a delirious state, as was indicated by the frantic violence of some and the terror manifested by others. Three, in addition to the four who had first descended, perished, but in a few days the rest perfectly recovered. Similar accidents have since occurred at Leadhills, and, according to Mr. Rald, in a colliery connected with a burning mine in the possession of the Devon Company.

The morbid appearances are not given by Surgeon Braid; but they were probably essentially the same with those which belong to poisoning by carbonic acid alone. Should such be the case, there can be no doubt that the same line of curative treatment ought in both cases to be pursued.

(James Appjohn.)

TRANSFORMATIONS.—This term denotes those adventitious or accidental tissues which, when developed in organs, usurp to a greater or less degree the place of the natural structure, so that it appears to be, if it have not actually been, transformed into the new substance. Hence modern pathologists, Dupuytren, Cruveilhier, Andral, and others regard these accidental tissues as transformations properly so called. We cannot, however, admit that all the accidental tissues described by them as transformations are strictly so. We have familiar instances of real transformation in the ossification of cartilage where that does not take place as an obvious effect of age, as in the ossification of the laryngeal cartilages from disease in the mucous membrane; or of the costal cartilages in phthisis; or in the alteration which an exposed mucous membrane exhibits, and the close resemblance which it assumes to the cutaneous tissue—analogue, as Beclard has remarked, to what we see in trees, when roots are changed to branches, and vice versa under altered circumstances.

In treating of the various transformations noticed by morbid anatomists, we shall follow the order of the natural and healthy development of these tissues, as the same order is frequently observed in their morbid changes. We shall therefore commence with the cellular and terminate with the osseous tissues.

1. *Cellular transformations.*—The produc-

tion of these tissues is generally due to the effusion and organization of coagulated lymph, and is more particularly observed in the union of *serous surfaces* under disease, particularly between the surfaces of the pericardium, of the pleura, and of the peritoneum, sometimes with the total obliteration of their cavities.

These adventitious formations are frequently accompanied by a very considerable number of small granulations, which are converted into a dense and thick cellular tissue, as seen on the pleura, peritoneum, &c. This change is not, strictly speaking, a transformation, since we find the serous membrane itself unchanged, the false membrane being deposited above or below its surface.

The *mucous membranes* are much less frequently the seat of this change, but the accidental cellular tissue sometimes seen between the globe of the eye and the lid, the occasional obliteration of the nasal and the biliary ducts, of the Eustachian and the Fallopian tubes, and sometimes even of the vagina, are due to this organization of lymph.

It may, indeed, be looked upon as the germ of, and as affording a matrix for, the other morbid structures, and observed equally with respect to natural growth or morbid formations; it has already been considered among the inflammatory products.

2. *Vascular transformations.*—The next step after the deposition of lymph assuming a cellular structure, is the generation of bloodvessels by which the part becomes organized; this generation of vessels being one of the most curious and important points in pathology, and being the offspring of nearly all the morbid products, deserves a more minute investigation.

If we examine by the aid of the microscope a clot of effused lymph, we observe, after a certain period, a series of continuous vesicles forming a kind of canal, or a single canal itself without any vesicular appearance; this is found after a time to contain a fluid which gradually assumes the character of blood; the canal elongates at each extremity, and vessels are formed laterally, so as to give it the same disposition which we find in the trunk of the vena portæ and its hepatic and abdominal ramifications. The vessels by their further development at length inosculate with those of the parent or surrounding tissue. Kaltenbrunner describes the latter vessels as being ruptured and projecting the globules of the blood through the clot, and thus forming the canals of communication as observed in a part under inflammation.

The process we have now described, and which has been alluded to by Hunter, Home and Bæer, Laennec, Beclard, Lobstein, Carswell, and several others, is identical with the commencing organization of the embryo.

From some of these observations, and from the experiments of Vogel, Home, and Brand, there is reason to believe that the formation of these vesicles and tubes is due to the disengagement of carbonic acid gas found

in small proportion in the human blood. During its coagulation there is an extrication of this gas, which may be observed to form a number of vesicles or small canals in the clot of blood, and, remaining after its desiccation, may be shewn by careful and fine injection. The development of the radicle and plumula of plants has been ascribed to the same mode of formation.

Erectile or vascular tissue.—This comprehends those accidental developments of the vascular system recognised under the name of *nævi materni*, or the aneurism by anastomosis, or spongy aneurism: these may either be accidental or congenital. The proper seat of this species of tumour is the skin or its cellular membrane; it is extremely rare in any of the internal organs; its principal situation is on the lips or scalp, and young subjects are more liable to this kind of formation. It consists of a congeries of bloodvessels with a considerable dilatation of the veins, showing sometimes a distinct pulsation followed by a kind of vascular erection, particularly on the approach of the menstrual period, &c. It has some resemblance to the natural erectile tissues of the clitoris and nipple, or the substance of the placenta. When not congenital, it commonly begins with a small spot, which soon acquires a development that might not have been expected from so small a commencement. Its roots occasionally shoot into the muscular fibres beneath. It seems to be a disease strictly local, but capable of reproduction while any portion remains, therefore requiring its total extirpation in order to effect its cure.

The character above mentioned will distinguish this kind of tumour from the fungus hematodes of Hey, although unfortunately the structure of which we now treat is known under the latter name by most of the continental writers. The late researches of Recamier authorise us in believing that many hemorroidal tumours are of this description, and not from varicose veins; that the transudation from these tumours depends upon their connection with the arterial vessels, and upon their increased action in that part, and not upon any mechanical obstructions in the system of the vena portæ or elsewhere preventing the return of the venous blood.

3. *Membranous transformations.*—False membranes, the origin of which we have previously described, are found accidentally developed in various parts of the body, forming bands of communication and union between the different viscera of the chest and abdomen, becoming at length an integral part of the body, and assuming its vital properties; they are subject, therefore, to the same transformations and diseases as the parent tissue to which they belong. Irritation from the pressure or friction of any foreign body may give rise to the formation of this tissue, as exemplified in the formation of false articulations after dislocation or fracture; in the capsules formed around any foreign body lodged in the part (as a bullet, for

instance), and circumscribing the coagula seen in the brain in apoplexy, which have been therefore designated apoplectic cells.

The various *serous, synovial, and other cysts* come under this head, although they are not owing to the same cause; the lining membrane of these cysts may undergo the same changes as we observe in other serous membranes from disease: it may become granulated and converted into a false and imperfect mucous membrane, as observed in pulmonary vomicae, &c. The contents of these cysts are still more various than the structure of the lining membranes which produce them, and may contain either the simple constituents of the blood or various morbid products. They sometimes contain fluid or coagulated serum, serum tinged with blood, pure blood (or other substances resembling it, but of a darker colour) or its fibrous coagulum, albuminous mucus, fatty or tubercular matter, or a kind of substance resembling concrete albumen, and even several species of other cysts. Two or more of these products may be found in different cells of the same cyst, some of which would appear to be secreted by the lining membrane in different stages of its progress, from one kind of secreting surface to another. The more simple contents of these cysts strictly resemble the constituents of the blood, and were probably the offspring of the cyst itself. The surrounding cellular tissue evidently forms the cyst in many instances by its gradual change into a serous surface. From their various contents these cysts have been called serous, synovial, melicerous, atheromatous, and steatomatous, &c. The serous cysts, that are to be distinguished from true hydatids, are more frequently met with in the kidneys and ovaries than in any other parts.

It would be out of place here to enter into the much agitated question of the cystic origin of the various other tumours to be mentioned hereafter. Where the cysts are found to contain pus, and open externally or take a direction to do so, it is found that a serous is gradually changed into a surface highly vascular, granulated, and imperfectly mucous. These accidental membranes resemble the mucous membranes of the ureter, biliary ducts, &c. in not being possessed of either the follicular glands or villi of ordinary mucous surfaces.

The lining membrane of the tubercular cavities of the lungs and common fistulæ are examples of this.

4. *Cutaneous transformations.*—As the mucous surfaces become more exposed to the air, they gradually assume more and more the character of cutaneous surfaces, of which they are naturally a continuation, as observed in prolapsus uteri, &c., but generally without the vascular tissue in which the colouring matter resides. The cicatrices in the skin of the negro, as accidental cutaneous tissues, are usually white.

Fibrous transformations.—The accidental mucous membranes alluded to above sometimes undergo a metamorphosis into fibrous tissue. These fibrous transformations are fre-

quently produced at the expense of the cellular membrane in the form of bands, irregular patches, or of granulations; and tumours of various kinds, simple or lobulated, such as the pancreatic and mammary of Abernethy, often confounded with scirrhus, sometimes connected with organs in apparently a healthy state, and sometimes accompanied with inflammation or atrophy of those organs.

The coats of arteries are more frequently the seat of this kind of change than the veins, and observed in the course of nature where these vessels are no longer necessary (as in the umbilical and other vessels of the fœtus), and as the result of disease when vessels are the seat of aneurism or of wounds, and are thus rendered useless.

The synovial membrane, the cartilages, and even the muscles may undergo this change, as connected with fractures or dislocations. A muscular or a tendinous wound is united by this tissue, and not by its own substance.

5. Cartilaginous transformations.—These are produced at the expense of any of the other tissues that precede it in the natural order of growth, that is, the cellular or parenchymatous, the serous, fibrous, and fibro-cartilaginous.

1. Hence they are found in the different organs themselves, or under their serous membranes, or in the cellular tissue of organs connecting different textures, or under the inner coats of arteries. 2. They are found in situations where they might be least expected, for instance, in the form of round cartilaginous bodies, floating in the interior of veins, particularly of the pelvis, being readily felt or moved about in the vessels by the hand. Hence they have been called phlebolites. They are also found loose and detached in the cavities of joints, where they vary extremely both in number and in size, either with rough or smooth surfaces. 3. In these various situations they may be in the form of small points, broader patches, larger knots, as seen in the serous membranes of the chest and abdomen, and in the serous cysts above alluded to. 4. In the joints as well as in the veins it would seem they are formed in the cellular tissue under the lining membrane, and carrying that membrane before them in their growth, they become attached at length by a mere peduncle, which at last gives way and leaves them floating in the interior. 5. In all these instances their structure is homogeneous, and as we find in natural cartilages, they are without a trace of vessels except in the event of their becoming ossified.

6. Transformations into osseous tissue or ossifications.—In these formations, like the preceding, the same law of successive development is observed, being as strictly followed as in the healthy formation of bone; so that the cellular membranes, fibrous and cartilaginous, may any of them become transmuted into an osseous matter, but differing somewhat in its chemical composition from healthy bone, in form, structure, and composition.

1. They occur either granular, tubercular, or stalactitic, membraniform, or lamellated.

2. They may be seated in the sub-serous cellular tissues of the natural cavities or of cysts, varying much in extent. 3. Sometimes they are isolated, more frequently in company with other morbid products, as seen in the parenchyma of different organs, but these have more the character of earthy deposits than of bone.

In structure they are found in radiated fibres more nearly approaching the texture of natural flat bones. In composition they are very various both with respect to their earthy or saline ingredients, as well as the proportion of animal matter they contain.

It is commonly said all the tissues may become osseous, but correctly speaking, the cellular membrane, fibrous and cartilaginous tissues are, perhaps, the only parts that are convertible into bone, and with respect to the sub-mucous cellular tissue this change is seldom if ever observed.

It is well known that as age advances the phosphate of lime predominates more and more in the system, and when this substance has consolidated the bones, it transports itself to other parts according to their greater or less affinity or approach to the osseous structure.

The first in the degree of affinity is the cartilaginous tissue; this is a necessary step to arrive at the osseous state, since cartilages become bone by the simple addition of the phosphate or carbonate of lime.

In old age the cartilages of the ribs and the larynx, and trachea, and sometimes the primary bronchi, are the first to undergo this change; afterwards the symphysis of the pubes, the sutures of the cranium, and the articulation of other bones become ossified, and even the cartilages of many of the joints. A remarkable exception to this was discovered by Harvey in dissecting the body of Thomas Parr, who died at the age of 142 years.

1. The ossification of the cartilages generally commences by coloured spots in their centres, and open spaces observed in them that are filled with a kind of medullary matter, and the ossification gradually extends to the whole of the cartilage.

The fractures or other wounds of cartilages are re-united by means of a ligament or band formed by the thickened perichondrium becoming ossified. This consolidation is a much slower process than that of the formation of bone.

2. Of *fibro-cartilage*.—The most frequent instance of ossification of the fibro-cartilages is that of the cartilages of the ribs, which almost uniformly undergo that change in advanced life; sometimes in phthisical subjects are ossified even at an early period; and, on the other hand, one or two rare instances are recorded in which the cartilages were perfectly natural even though the subjects had reached an unusually protracted period of life.

3. Of *fibrous tissue*.—The articular tendons and ligaments sometimes present points of ossification, whilst, on the contrary, the aponeuroses are perhaps never ossified, except the

tendinous part of the diaphragm. The dura mater, pericardium, proper tunic of the spleen, the sclerotic of the eye, and the periosteum, are very subject to ossification.

The ossification of the fibrous tissues of the heart, and more particularly of the arteries, seems the natural consequence of advancing age as well as of disease. The greater liability of arteries to this change appears connected with their possessing more of a fibrous texture than veins. It commences in the cellular or fibrous tissue of these parts: (see DISEASES OF THE HEART AND ARTERIES.) The valves of the heart very frequently participate in this change, and even those of the veins, but more rarely, passing from the fibrous to the cartilaginous and osseous states.

4. Of the *muscular tissue* of the heart, the left ventricle seems the most subject to ossification, and afterwards the right, and, lastly, the auricles. True ossification of the muscular tissue itself is very rare, nor are the cases on record, with one or two exceptions, fully worthy of credit. Reynauldin has described a very remarkable case, in which the ossification was of considerable extent, the parietes of the left ventricle being converted into a petrified mass.*

5. Of the *nervous system*.—Osseous concretions have been occasionally met with in the cerebrum and cerebellum, and even in the nerves; the retina itself is said not to have escaped, or at least it is certain that other membranes of the eye have been ossified, particularly the hyaloid membrane.

6. Ossifications of the *serous membranes* have been seen in the pleura and peritoneum and the tunica vaginalis in old hydroceles.

The ossification of the synovial membrane is frequently the result of specific inflammation, and generally produces a perfect ankylosis of the joint. With respect to the *parenchyma of organs*, there is reason to believe that the uterus, testicle, and the thyroid gland are the only seats of true ossification; in other instances it is the fibrous and not the parenchymatous tissues that become ossified.

It will probably not be considered out of place here to add a few words on the *accidental development of the teeth*. The teeth of this kind that we meet with are generally such as are the least removed from their natural state (those we call supernumerary), and are found either in the alveolar processes, or in their immediate neighbourhood. Among other cases reported by Lobstein is that of a man fifty years of age, in whom three teeth were found under the tongue, each in its proper cyst; another in whom a tooth in its cyst was found in the orbit of the eye; in a third instance a cyst was seen upon the diaphragm, which contained four perfect teeth, besides a quantity of fatty matter and hair. Ruysch describes a fatty tumour of the stomach which contained four molar teeth, and a tumour the size of a child's head, situated upon the lumbar vertebræ, which contained two in-

cisors, two canine, and eight molar teeth: two other incisors were imbedded in a rudiment of the jaw-bone.

Connected with parturition several cysts have been observed containing a fatty and lardaceous matter with portions of bone as well as teeth; these have either preceded or followed the birth.

But the ovaries are most frequently the seat of these singular productions; numerous cases in proof of this are on record.

In all these instances the laws relative to the ordinary production of teeth have been followed, the capsules having been filled as usual with gelatinous fluid, the crown having preceded the formation of the fangs, as found during the different periods of their progress from the capsules to the milk teeth. The other teeth followed the usual order of succession, and the first set have been occasionally followed by those of the second dentition, the molar teeth being as usual the most numerous. Lastly, all that had a form sufficiently definite to be recognized were found to correspond exactly with the natural ones of the human species.

It might be of some interest to ascertain how far the circumstances connected with some of these osseous deposits correspond with what has been observed relative to the bone-earth or phosphate deposits in the bladder. These are known (so well pointed out by Dr. Prout) to arise at a more advanced age from debilitating causes acting through the nervous system, and inducing an irritable and cachectic habit of body, with sallow skin, disordered stomach and bowels, pain and distress of mind, and are found to be as much increased by mercury and alkalies, as they are relieved by acids and tonics.

Laennec has observed that in the worst cases of chronic pleuritis, attended with sero-sanguineous effusions into the chest, ossification of the pleura may be anticipated. We want further data on this subject.

In reference to other more remote or immediate causes of these different transformations, it may be stated in a general way that they are not necessarily connected with pre-existing irritation or inflammation, although these states not unfrequently precede, accompany, or follow such changes of structure.

In many instances they are clearly dependent upon pressure or the repeated friction that a part may be subjected to, or upon some further demand made upon the part, or some new function imposed, for the accomplishment of which a new structure is required.

(F. Duesbury.)

TRANSFUSION.—The operation of transfusing the blood of one animal into the veins of another gave rise, about the middle of the seventeenth century, to one of the most celebrated controversies which has ever agitated the professors of medicine. Transfusion was then supposed to be a recent discovery, and the most extravagant notions concerning its value prevailed. The honour of its invention

* Vid. *Andral*, vol. i. p. 343, and *Journal de Corvisart*, Janv. 1816.

was contested by the French and English, though passages in the ancient poets* not obscurely indicate that it was known at a very early period; and Libavius (in *defensione Syntagmatis Arcanorum Chymicorum contra Henningum Schneumannum*, *Actione* 2, p. 8, an. 1615) thus plainly describes the method by which it was performed fifty years previously to the origin of the French and English controversy. “*Adsit juvenis robustus, sanus, sanguine spirituosus plenus: adstet exhaustus viribus, tenuis, macilentus, vix animam trahens. Magister artis habeat tubulos argenteos inter se congruentes, aperiat arteriam robusti, et tubulum inserat munitaque: mox et ægroti arteriam findat, et tubulum femineum infigat. Jam duos tubulos sibi mutuo applicet, et ex sano sanguis arterialis, calens et spirituosus saliet in ægrotum, unaque vitæ fontem afferet, omnemque languorem pellet.*” Boyle, in his work on the Usefulness of Experimental Philosophy, relates the experiments performed by Dr. Christopher Wren, Savilian professor in the University of Oxford, who transfused medicated infusions into the veins of animals. Dr. Wren’s method consisted in putting a ligature on a vein, and having made an opening between the ligature and the heart, in introducing a slender syringe or quill fastened to a bladder, containing the matter to be injected, and then propelling it into the current of the circulation. Dr. Lower afterwards connected the carotid artery of one animal with the jugular vein of another, by means of a tube; and whilst blood was thus transfused, he also permitted it to flow from time to time from a tube inserted in the upper portion of the jugular vein of the animal on which transfusion was practised, that, as plethora was induced, it might be relieved. The operation was continued until the animal from which the arterial blood was taken died at the side of that into which it passed. This experiment Dr. Lower frequently exhibited in the universities, and the dog which had received the fresh charge of blood generally leaped from the table immediately after the operation, shook himself, and ran away without ailment. Dr. Lower proposed, in a letter addressed to Mr. Boyle, that experiments should be made to ascertain the effects of exchanging the blood of the old and young, of the sick and healthy, of hot and cold-blooded, and of tame and wild animals. He expected that this exchange of blood would alter the nature of the animals in which it was made. “The most probable use of this experiment,” he says, “may be conjectured to be that one animal may live with the blood of another; and, consequently, that those animals that want blood, or have corrupt blood, may be supplied from others with a sufficient quantity of such as is good, provided the transfusion be often repeated, by reason of the great expense that is made of the blood.”

The operation was introduced into Germany

by Major, professor of medicine at Kiel; and in 1666 it was first performed on man in France by Denis and Emmerets. In the succeeding year their example was followed by Lower and King; and in 1668 two Italian physicians, Riva and Manfredi, repeated the experiment.

In Paris, transfusion of the blood of animals into the human subject occasioned the most violent excitement. A fierce controversy was directed by Lamartinière and Perault against Denis and Emmerets, which was scarcely extinguished by the decision of the authorities forbidding transfusion. Each party engaged in this dispute committed the most extravagant excesses. The protectors of transfusion laid claim to the discovery of an universal remedy, which would restore health, youth, and vigour, assuage diseases of the mind, calm the most violent dispositions, and might even prolong life beyond its natural term. Their opponents contended that not only were these pretensions false, but that the operation was always dangerous and sometimes fatal. The whole controversy degenerated into a contest of the most virulent abuse, in which each party degraded itself in the attempt to overwhelm its rival with reproach, by denouncing it with every ignominious epithet.

The whole city was agitated by this contest; it became the topic of the day; and as it occasioned eager debate in every circle of society, from the courtier to the student of science, some account of experiments which attracted so much notice may not be useless or uninteresting.

Denis and Emmerets performed transfusion by connecting the artery of the emittent animal with the vein of the recipient, blood having been generally abstracted from the latter. Their first experiments were made on brutes. The blood of three calves was transfused into three dogs, without any evil consequences; and that of four wethers into a horse twenty-six years old. From these and other experiments on brutes, they proceeded to a moderate transfusion of blood in the human subject. Calves or sheep were, from some hypothetical notions concerning the qualities of their blood, preferred for these experiments, and the first trials were said to have been unattended with evil consequences. From the method employed, however, the quantity of blood transfused in each trial could not be accurately ascertained; and it is probable that the eager character of the inquirers led them to imagine that greater than the actual quantities of blood passed in each experiment. Some fatal cases soon occurred. M. Gasper de Gurie de Montpoly relates one which is well calculated to expose the extraordinary expectations indulged by the promoters of transfusion. Baron Bond, son to the first minister of state of the king of Sweden, being affected with a malady which terminated in mortification of the intestines, underwent the operation twice, was reported to have been strengthened by it the first time, but died soon after the second operation.

Denis performed his first experiment on the

* ———— *Quid nunc dubitatis inertes? Stringite ait gladios: veteremque haurite cruorem: Ut repleam vacuas juvenili sanguine venas.—Ovid.*

human subject on the 15th of June, 1667, on a young man of fifteen or sixteen years of age, who had been much weakened by repeated bleedings. He had become very languid, torpid, and slightly dropsical. Denis reports that the first operation restored him to perfect health.

On the 23d of November, 1667, Dr. Lower and Dr. King made the first trial of the transfusion of the blood of animals into the human subject, on a man named Arthur Coyn, at Arundel House, in the presence of many persons of consideration and intelligence. Having prepared the carotid artery in a young sheep, a silver pipe was inserted into it, and the blood was permitted to flow freely out into a vessel. In the space of a minute about twelve ounces of sheep's blood escaped, and this fact guided them in judging of the quantity afterwards transfused. A rough approximation, at best, could by this means be attained, and even this was vitiated by the subsequent employment of a smaller tube. The arterial pulse was observed to have been communicated to the vein in the arm of the man during two minutes, and then the experiment terminated. Due allowance being made for the diminished size of the pipe, nine or ten ounces of blood were supposed to have been transfused. The man professed to have received great benefit from the operation, and, it is said, no ill consequence ensued.

The crisis of the controversy was brought about by an experiment performed by Denis on an insane man. The insanity of this unfortunate person was periodical, and was attributed to severe disappointment. He had, during the seven or eight preceding years, alternately recovered and relapsed, but the fit generally lasted eight or ten months. He had been bled in his feet, arms, and head eighteen times, and had bathed forty times. Numerous applications to his forehead had been tried, and potions administered, but the remedies seemed rather to exasperate than to relieve his malady. His last relapse had occurred four months before the operation was tried, at a place twelve leagues from Paris. He had been confined, but contrived to escape, and ran away to Paris, in a dark night, quite naked. He was said to have spent these four months without sleep, rending his clothes, running naked about the Marais du Temple, and endeavouring to burn everything that he could lay his hands upon. M. de Montnor proposed to Denis and Emmereets to subject this man to a trial of transfusion. They encouraged the experiment, saying, that they "could indeed give good assurance for his life, and that the operation was incapable of causing the death of any one, if discreetly managed;" but professing to doubt whether it would relieve his malady. They, however, encouraged the hope that some improvement might be expected from transfusing the blood of a calf, which might, they supposed, from its mildness and freshness, allay the heat and ebullition of the patient's blood.

The operation was performed on the 19th of December, before many spectators distinguished

by rank and professional eminence. M. Emmereets opened the crural artery of a calf, and made every other necessary preparation in their presence; and after having drawn from the patient about ten ounces of blood, only five or six ounces of the blood of the calf could be introduced on account of the constrained position of the patient and the pressure of the spectators. The operation was, moreover, discontinued, because the man complained that he was about to swoon. Nevertheless he supped two hours afterwards, and passed the night in singing, whistling, and other of his usual extravagances. During the following days little change occurred in his symptoms, and the absence of improvement was attributed to the smallness of the quantity of blood transfused. Eager to perceive some advantage, they imagined that his violence had in some degree subsided, and determined to repeat the experiment once or twice. The second trial was made on the Wednesday following the first experiment, in the presence of Hourdelot, Lallier, Dodar, de Bourges, and Vaillant, all very able physicians. As he was very thin and meagre, having been wandering through the streets in nakedness and hunger for some months, it was thought proper to abstract only two or three ounces of blood from him, and to transfuse a pound. The quantity was much more considerable than in the first experiment, and the effects, which were immediate and very sensible, are thus described. As the blood entered his veins, he felt an increase of heat along his arm and in both axillæ. His pulse speedily rose, and a copious perspiration covered his face. Immediately afterwards the pulse became very irregular; he complained of pain in his loins, that he was sick, and that he should be suffocated unless released. The pipe was therefore removed from the vein, and during the closing of the wound he vomited freely food which he had taken about half an hour previously. He continued to vomit much, and was frequently purged during the early part of the night, but fell asleep about ten o'clock, and did not awake until the following morning at eight o'clock. Denis reports that he then "shewed a surprising calmness and presence of mind." He made a glassful of black urine, confessed himself to M. de Veau with much propriety, and continued drowsy and unwilling to be disturbed during the rest of the day. Next night he slept well. On the following morning he filled another urinal with water as black as that of the preceding day, and bled so freely from the nose that it was considered proper to take two or three small vessels of blood from him. Next day he again confessed himself, and was admitted, at his own request, to the sacrament by M. Bonnet, it being then a time of jubilee. After this day his urine was restored to its natural colour. His wife came to Paris after having vainly sought him elsewhere. He received her with much joy, and told her all that had occurred to him. He treated her with kindness, and she rejoiced in his manifest improvement. Denis was not immediately satisfied with the

symptoms of his patient, and from what he observed, thought that a third transfusion would be necessary for his cure; but as he gradually improved the operation was deferred, and sanguine hopes were entertained that he would be gradually restored.

He continued in this promising condition two months; at the expiration of which period, having indulged in various excesses, he was attacked by a violent fever. Denis and Emmets were importuned by his wife to try the operation again; and though they professed to have been perfectly satisfied with the result of the previous trial, were with great difficulty induced to repeat it, and only in consequence of the continued importunity of the wife, who had previously resorted to various remedies without effect. "When the operation was attempted the third time," says the sentence given at the Chastelet, "it was at the instant request of his wife: those that were to perform the operation refusing to do it without the permission of the solicitor-general; some days after that, the operation was begun, but as scarcely any blood issued, either out of the foot or the arm of the patient, a pipe was inserted, which made him cry out, though it appeared not that any blood of the calf passed into his veins; the operation was given over, and the patient died the next night." From other accounts it appears, that as soon as the transfusion was commenced, the patient was seized with shivering, and complained of great oppression, crying out, "Arrêtez:—je me meurs—je suffoque." Lamartinière accuses the transfusers of disregarding their patient's cries, and continuing the operation until he died in their hands. Denis, on the other hand, affirms that little or no blood entered the man's veins; accuses the wife of having administered poison to him; says that he demanded that the body should be examined; and the inspection being refused, that he applied to the magistrates to be heard in his own justification. Meanwhile, the enemies of the operation united, and are said to have offered money to the woman to give evidence against the transfusers. These contests terminated with the sentence of the Chastelet, which decided "that the operation had succeeded well the first two times, and had been undertaken the third, but at the earnest request of the woman, who moreover had ill observed the orders of those that had made the operation, and who was suspected to have caused the death of her husband," &c.—"And then, that for the future no transfusion should be made upon any human body, but by the approbation of the physicians of the Parisian faculty."

This sentence was fatal to the practice of transfusing the blood of animals into man. Probably the patient whose death occasioned this declaration against the operation, died from the admission of air into his veins, but the experiment had in no case been followed by an auspicious result, though in some it had produced no evil consequences. It had been applied to no rational purpose, had not been supported by any well-devised experiments,

had sometimes been pernicious, and, once at least, fatal. Transfusion was, therefore, proscribed, in France by a decree of the court of the Chastelet, and elsewhere by public opinion. As the blood of animals had alone been used, every subsequent discovery has tended to support the justice of this decision. The extravagant notions entertained by the promoters of this operation, that it could remove disease and prolong life, as they had elevated public expectation to the highest pitch by their promulgation, so, when they were dissipated, they rendered the prostration of its credit greater and more permanent; and no inquiry was made whether there remained not purposes of a more reasonable character to which, under such modifications as science should suggest, so powerful an agent might be applied.

Dr. Harwood, professor of anatomy in the University of Cambridge, attempted to revive the inquiry concerning the utility of transfusion, by making it the subject of his thesis in 1785. He performed many experiments on animals, which he exhibited in his lectures on comparative anatomy in the schools of the University. One of his experiments is thus related in a note to Dr. Hutton's abridgment of the *Philosophical Transactions*. "A dog, of middling size, from whose jugular vein eight ounces of blood had been previously evacuated, was supplied with an equal quantity from the carotid artery of a sheep. During the operation, the dog shewed evident marks of uneasiness, but was little affected in any other way, till about twenty-four hours after the operation, when he had a shivering fit, succeeded by a considerable degree of heat, thirst, and the usual symptoms of fever, all of which disappeared in the course of the next day, and the dog remained afterwards in perfect health. This experiment being several times repeated, and the quantity of transfused blood being occasionally increased or diminished, the feverish symptoms were observed to be more or less violent in proportion to the *quantity of arterial blood* introduced into the vein of the recipient animal. It now occurred to Dr. Harwood that the uneasiness of the animal during the operation, and the febrile disease with which he was attacked some hours afterwards, might probably arise from the preternatural degree of stimulus occasioned by the introduction of the highly oxygenated arterial blood into the right side of the heart. The experiment was therefore repeated with this difference, that the blood was conducted through the tube from the jugular vein of a sheep, instead of an artery. The animal was perfectly composed during the operation, and did not suffer the slightest inconvenience at any time afterwards." The conclusion to be drawn from these experiments is very different from that proposed by their author. It is very probable that little if any blood was transfused in the second experiment, as the force of the current in the jugular vein is not great. The experiments therefore prove, that though small quantities of blood may be introduced from animals of a different species into the dog, yet, that the

operation occasions a constitutional disturbance which has a direct relation to the quantity of blood transfused. Accordingly, two pounds of blood having been taken from a large pointer, and three pounds of blood from the jugular vein of another dog introduced, the recipient animal was severely affected with vomiting and purging; afterwards was very drowsy and stupid; then suffered much from fever, which terminated in a copious evacuation of blood, by stool, by urine, and by vomiting. He took no nourishment for three days after the operation, except water, and was more reduced than Dr. Harwood ever saw an animal in that time. Afterwards he gradually regained his health, and lived some years. But another dog, having been bled till he fell into convulsions, and was apparently expiring, on being replenished with blood drawn from the jugular vein of a sheep, began to respire half a minute after the supply was commenced; and when he had received a quantity of sheep's blood equal to that which he had lost, he leaped from the table and walked home, without experiencing any apparent inconvenience, either then or at any subsequent period. This experiment was performed before a very crowded meeting at the public schools in the botanic garden of the University. It was frequently repeated afterwards, and a variety of animals were subjected to the same experiments with equal success. Dr. Harwood concludes from these experiments, "that the blood of a herbivorous animal may be substituted for that of a carnivorous animal, and *vice versa*, without danger or even inconvenience to the animal which receives it." Later experiments shew that this conclusion must be regarded with extreme suspicion; but the experiments of Dr. Harwood are so well authenticated, and were, in general, so carefully conducted, that the question (notwithstanding the more recent investigations of Prevost and Dumas) is still open to investigation.

The great defect in most of the experiments yet related, is the want of precision in ascertaining the quantity of blood transfused. Concerning the majority, it cannot be confidently affirmed that any considerable quantity was received by the animals subjected to the operation. When the blood of a different species was injected, much temporary disturbance often occurred in the health of the recipient animal, but it generally recovered from a moderate transfusion. This constitutional disturbance must be attributed to a difference in the qualities of the blood of the animals bled, which blood circulating through the various tissues occasioned an unnatural excitement, that gradually subsided as the elements of this foreign fluid were assimilated to the blood of the recipient animal.

Little is known concerning the distinguishing qualities of the blood of different animals, and for what is known we are chiefly indebted to the investigations of Prevost and Dumas.*

The sources of variety yet discovered chiefly consist in a difference in the proportion of the serum and globules, and in the form of the globules, which are either elliptical or spherical. They are spherical in all mammiferous animals. Hewson* even says that they have not an equal diameter in the same animal, and that in some animals these molecules change their size according to the age of the animal. They are elliptical in birds (Prevost and Dumas), and differ little in size in this class; a difference which is also only observable in their greater diameter. They are also elliptical in all cold-blooded animals: arterial blood contains a greater quantity of globules than venous, and they are found in a greater relative proportion in the blood of birds than in that of any other class. Then follow the mammiferous animals, and of these the carnivorous appear to have more than the herbivorous. In general, the number of the globules has a certain relation to the comparative development of the animal heat. In the cold-blooded fewer globules are found than in any other genera.

The investigations of chemists have, however, failed to discover many causes of difference in the blood of animals, which are of a nature so subtle as to elude their researches. The sense of smell detects in the halitus of the blood; the eye discerns in its colour and consistency; and observation concerning the time in which changes occur in it when at rest, and concerning the nature of the changes themselves, expose a sensible difference in its qualities, the source of which no analysis has yet determined.

An animal bled until complete syncope is produced, every muscular motion extinct, and the action of the heart and respiration suspended even for some minutes, (as is proved by experiments which will be related,) may be revived by the transfusion of blood from an animal of the same species. But if the blood be transfused from an animal of another species, but whose globules are of the same form, though differing in size, the animal is only imperfectly restored, and can seldom be kept alive more than six days.† In the animals on which this experiment was tried by Prevost and Dumas, the pulse became quicker, the respiration remaining undisturbed; but the heat of the body fell with remarkable rapidity when it was not artificially sustained. After the operation the dejections became mucous and bloody, and continued so till death.

If blood containing spherical globules be injected into a bird, the animal dies as though it were poisoned, with violent symptoms of distress of the nervous system; an effect which occurs, whether the animal have been previously copiously bled or not. The transfusion of sheep's blood, in the experiments of Prevost and Dumas, restored cats and rabbits from excessive hemorrhage which would have occasioned immediate death, but only revived them

* *Annales de Chimie et de Physique*, vol. xviii. p. 261.

* *Phil. Trans.*, vol. xliii. p. 230, &c.

† Prevost et Dumas, *Annales de Chimie et de Physique*, loc. cit.

for a few days. But in ducks a similar injection excited violent and rapid convulsions, followed by death.

Physiology and practical medicine are deeply indebted to Dr. Blundell for his ingenious researches concerning transfusion. Having, in the course of his extensive obstetrical practice, witnessed many distressing deaths after hemorrhage when the flow of blood itself had been arrested, he conceived that by the transfusion of human blood the exhausted energies might be recruited.

Before performing this operation on the human subject, he performed a series of experiments on animals,* which form a most valuable contribution to medical science. From these experiments it appears that after respiration has ceased, and the abdominal muscles are relaxed, little time elapses ere an animal becomes irrecoverable by the process of transfusion. Dr. Blundell, however, succeeded in reviving by transfusion a dog which had ceased to respire during five minutes. He also nourished a dog three weeks by the mere transfusion of blood into the external jugular vein, having in this period injected nearly eighty-four ounces of blood from other animals of the same species.

Dr. Blundell's experiments on the transfusion of blood from animals of different species are quite consistent with those of Prevost and Dumas. He concludes that the blood of one genus cannot be substituted, indifferently and in large quantities, for that of another. Dr. Haighton had transfused some ounces of the blood of a sheep into a dog, without producing dangerous symptoms; but several dogs which might have been revived after copious hemorrhage by the injection of blood from animals of their own species, died when considerable quantities of human blood were substituted for that lost by bleeding. Dr. Leacock had also previously published similar facts in his thesis in 1817. The experiments of the older transfusers, and those of Dr. Harwood, however, shew that small quantities of the blood of animals of some species may be introduced into the circulation of animals of certain other species without occasioning death, though the operation is generally followed by unpleasant consequences.

From Dr. Blundell's experiments, it also appeared that blood might be received into a cup and passed through a syringe without being thereby rendered unfit for the purposes of life, though it appeared to undergo some slight deterioration. Practical medicine is thus indebted to Dr. Blundell for reviving the only reasonable application of the operation of transfusion which has yet been proposed,—viz. to replenish the system in cases of severe and sudden hemorrhage, when the larger vessels have been drained of blood, and death is imminent. These cases most frequently occur in obstetrical practice, when from the partial separation of the placenta, or imperfect contrac-

tion of the uterus, and other similar accidents, sudden and violent hemorrhage hurries the patient to the brink of the grave. When great quantities of blood have thus been lost, though the hemorrhage has ceased, the pulse is generally quick and thready, the face becomes Hippocratic, the animal heat is greatly reduced, jactitation supervenes, and stimulants and food are frequently rejected; the patient rallies for a moment, only to sink into deeper collapse, and often little chance of recovery remains. Though in some extreme cases of this kind the patients have been known to struggle through, they remain long afterwards in a state of miserable weakness, suffering from diarrhoea, dyspepsia, and distressing nervous maladies, and the constitution not unfrequently receives a shock which is ultimately fatal. Generally they have no such respite; and, at this last crisis, when life seems about to ebb away, Dr. Blundell proposes to replenish the system by transfusing blood from a healthy man.

For this purpose Dr. Blundell has invented an apparatus which he has denominated an impellor, consisting of a syringe and tubes, and another called a gravitator. Dr. Blundell has contrived to impel, by this instrument, blood rushing from an artery into the venous system of an animal for twenty or thirty minutes, during which period nearly all the blood in its body must have passed through the apparatus. Yet the animal did not appear to suffer materially in consequence of the operation. Care ought to be taken to prevent the entrance of air or clots into the instrument or tubes, and the blood ought to remain as short a time as possible in the basin. Performed by a cautious and skilful surgeon, the operation is simple and not attended with great danger, and is certainly justifiable in cases of extreme collapse from loss of blood.

Since Dr. Blundell has revived this operation, it has not unfrequently been performed for the relief of persons sinking from excessive hemorrhage. Among the earliest and most earnest of its supporters, Messrs. Waller and Doubleday are distinguished, and to their fearless support the degree of credit which the practice has attained is in a great degree to be attributed. Other surgeons in this country and on the continent have since successfully performed it, and evidence has at least been given that the dangers attending it have been exaggerated. Doubtless it has been applied to some cases which might have recovered without such interference, but every operation in surgery is liable to the same imputation. The examples on record prove, at least, that in cases of extreme exhaustion from hemorrhage, which without such interference might have terminated fatally, the operation has produced a more rapid restoration than could have been attained by ordinary means, and that without the production of any materially unpleasant symptoms. Cases, which were apparently in the last stage of a fatal exhaustion, have been revived, when, in the opinion of practitioners of skill and experience, they could have been restored by no other agent. The distressing

* Blundell's Physiological and Pathological Researches.

secondary consequences of extreme exhaustion from hemorrhage are said to have been avoided, and a more rapid restoration of health to have occurred, when the operation has been resorted to, than could otherwise have been expected, even had the patient eventually recovered.

In the present state of our knowledge, however, transfusion ought never to be performed excepting when all other remedies have failed, and the danger has become extremely great. So many hidden dangers are discovered by experience, that prudence is one of the chief signs of wisdom, and rashness of ignorance and folly. An astute practitioner will be careful also not to expose a practice of such moment to unmerited reproach, by employing so powerful an agent in cases in which a favourable termination is, without its aid, still within the legitimate limits of hope.

The shock communicated to the nervous system by a great loss of blood is so great, that even if transfusion be performed before sensibility is extinguished and respiration has ceased, it is sometimes incapable of restoring the patient. In such extreme collapse the mechanical supply of blood to the large vessels cannot restore the powers of the exhausted brain, and the patient inevitably sinks. If the last agony of life has commenced, there are no facts to prove that in man transfusion can restore its phenomena, though it appears probable, from the testimony of those practitioners whose names are associated with the operation, that when such a state was certainly approaching, patients have been rescued even from its verge.

The operation is reported to have been successful in cases of extreme exhaustion from hemorrhage which threatened speedy death. It is, however, greatly to be regretted that the reports of some of these cases are not sufficiently minute, and do not always include a description of the whole plan of previous treatment, and of the progress of the symptoms. Without such information, the number of those who regard the operation with distrust will not rapidly diminish.

Large bleedings, followed by the injection of water into the veins, were proposed by M. Majendie as a remedy for hydrophobia, and this method has been tried both by himself and by M. Dreffebach of Berlin, but without success. Saline injections in the collapse of cholera seem, even more notoriously than other expedients for the relief of that disease, to have fallen into disrepute, and no other reasonable plan of injection has been proposed.

When the operation is decided upon, Dr. Blundell is of opinion that a moderate transfusion only is necessary to restore the equilibrium of the trembling balance, which vibrates with the patient's fate. What is the average quantity of blood required for this purpose has not yet been determined by experience; but, in the absence of such a test, Dr. Blundell's opinion is of the utmost value. He thinks that half a pint or a pint of blood "may be considered a very ample supply," and feels persuaded that many females have sunk from uterine hemor-

rhage, who would not have died could they have retained the last ten or sixteen ounces of blood which they lost.

The syringe and basin invented by Dr. Blundell, and improved by various instrument-makers, (Weiss, Reid and Scott, Lanudy) should be used in this operation, care being taken that it is perfectly clean, air-tight, free from rancid oil, or any other impurity. One or two persons should be ready to supply blood from the arm, and, if possible, individuals not likely to be much disturbed by the operation should be selected for this office. The arm of the patient should then be prepared. The vein into which it is proposed to transfuse the blood, should be laid bare by an incision with a scalpel. When this vessel is fully displayed, a probe should be passed beneath it at the lower portion of the incision. A small opening should then be made with a lancet in the vein immediately beyond the probe, of sufficient size to admit the beak of the syringe or the extremity of the tubule which is to be inserted in the operation. The whole apparatus should be warmed to the temperature of the human body, and the various joints should be adjusted with the utmost care, so that the operator, having confidence that no air can be admitted into the apparatus, may proceed with caution, but with decision, when transfusion is commenced. These preliminary arrangements concluded, the arm of the person who is to supply the blood should be bound up, and a free incision having been made into the vein, the blood should be permitted to flow into the brass basin attached to the extremity of the syringe. As the blood accumulates in the basin, it should be absorbed by raising the handle of the syringe, and should then be propelled onwards through the tubule attached to it. When the air has all been expelled from the tubule, and blood unmingled with any bubbles of air issues from it, the beak should be inserted into the vein, and blood should be constantly drawn up from the basin and propelled into the vein, not more than one ounce and a half of blood ever being permitted to accumulate in the basin. This process should be steadily performed, with a calm and unembarrassed mind, the operator watching the expression of the countenance and the state of pulse.

In the extreme feebleness to which the vital action of all the tissues is reduced in cases of severe hemorrhage, it is desirable that the supply of blood should be very gradual, lest the action of any vital organ should be impaired by a sudden congestion of its tissue. The heart is especially liable to this danger; and Dr. Blundell advises that, if unpleasant symptoms occur after two or three ounces of blood have been transfused, the operation should be suspended for a moment, and a certain interval permitted to elapse, during which the patient may recover. When these symptoms have passed away, the operation may be resumed. A few ounces of blood may be sufficient to save a patient from immediate death, and Dr. Blundell thinks that even four

or five ounces may sometimes accomplish this; but if the secondary consequences of severe hemorrhage are to be avoided, and a more rapid restoration is desired, these happy results cannot be anticipated with propriety, unless a more copious supply be administered. The syringe to which a tubule and basin are adapted is much to be preferred to the syringe invented by Dr. Blundell, and also to the gravitator. The use of these latter instruments will, we think, be entirely superseded by the excellent apparatus which may be procured at several of the instrument-makers' establishments.

(J. P. Kay.)

TUBERCLE.—The term tubercle is employed to designate a peculiar morbid product, which pathologists describe as occurring in various organs in the form of a small round body, said by some to consist at first of a firm, grey, somewhat transparent substance, which afterwards becomes opaque and of a dull yellow colour, and may then be broken down between the fingers like a morsel of cheese. These characters are said to represent what is called the first period, or crude state of tubercle. At a subsequent but indefinite period, the crude tubercle loses its primitive consistence,—in virtue, it is believed, of certain inherent properties, by means of which it is converted into a liquid mass of the consistence of cream. It is further stated that this process, which constitutes the period of softening, is perceived always to take place in the centre of the crude tubercle, and proceeds from thence to its circumference. Such is the description of tubercle given by Laennec,* but which is considered by several eminent pathologists to be inaccurate. Andral† in particular describes tubercle at its origin as a pale yellow, opaque, small, round body, of various degrees of consistence, and in which no trace of organization can be detected. He denies that the grey semitransparent corpuscle described by Laennec, and since by Louis,‡ constitutes the primitive state of tubercle, or that the process of softening takes place invariably in the centre of this substance. The latter change he ascribes to the admixture of pus secreted by the tissues subjected to the stimulus of tubercle as a foreign body, and not to any change originating in the tubercle itself.

Definition of tubercle.—The following is, we conceive, a correct definition of tubercle, or rather of the tuberculous matter which constitutes the essential anatomical character of those diseases to which the term tubercular is now exclusively restricted. Tuberculous matter is a pale yellow, or yellowish grey, opaque, unorganized substance, the form, consistence, and composition of which vary with the nature of the part in which it is formed, and the period at which it is examined. To comprehend fully the manner in which the latter circumstances modify the physical characters of

tuberculous matter, it will be necessary to make a few remarks on the seat of this morbid product in general; a circumstance in the history of tubercle, which, notwithstanding its importance and the frequent anatomical researches of which it has been the object, has not, we believe, been satisfactorily determined.

The prevailing opinion among pathologists is, that the seat of tuberculous matter is the cellular tissue of organs;—that it may, however, be formed on secreting surfaces, as in the mucous follicles of the intestines; perhaps in the air-cells and bronchi; the surface of the pleura and peritoneum; and likewise in false membranes or other accidental and new products; and in the blood itself.

Seat of tuberculous matter.—1st. In the *mucous system of organs*.—Considered in a general point of view, and in relation to the different tissues, systems, and organs of the body, the mucous system is by far the most frequent seat of tuberculous matter. In whatever organ the formation of the tuberculous matter takes place, the mucous system, if constituting a part of that organ, is, in general, either the exclusive seat of this morbid product, or is far more extensively affected with it, than any of the other systems or tissues of the same organ. Thus the mucous system of the respiratory, digestive, biliary, urinary, and generative organs, is much more frequently the seat of tuberculous matter than any other system or tissue which enters into the composition of these organs.

It is, however, much more easy to detect the presence of the tuberculous matter in the mucous system of some of these organs than in that of others. Thus it is at once conspicuous in the fallopian tubes and uterus, in consequence of the extent of the mucous membrane which lines their internal surface, and where it may be so abundant as to fill or even distend the cavity of either. Its presence in the ureters and pelvis of the kidney, in the lymphatics and lacteals, is ascertained with the same degree of facility as in the former organs. But in those organs in which the organization of the mucous system is very minute, as the liver, prostate, lymphatic glands, intestinal follicles, and pulmonary vesicles, it is sometimes very difficult to demonstrate the presence of the tuberculous matter in this system. The seat of the tuberculous matter in the mucous system of these latter organs is always rendered more palpable and more easy of demonstration, the more slow the progress of the disease, and the more the tuberculous diathesis has been developed and free of complication, as under these circumstances the mucous canals or cells into which the tuberculous matter is deposited, often acquire an increase of bulk which renders them capable of being submitted to accurate anatomical inspection.* On the contrary, the difficulty of determining the

* *Traité de l'Auscultation Médiate*. Paris, 1826.

† *Précis d'Anatomie Pathologique*. Paris, 1829.

‡ *Recherches sur la Phthisie*. Paris, 1825.

* Dilatation of the air-cells in emphysema has enabled Dr. Alison to perceive distinctly the tuberculous matter contained in these cells. *Edin. Medico-Chir. Trans.* vol. i. p. 427.

seat of the tuberculous matter in the mucous system of the same organs increases with the more rapid progress of the disease, and more especially with the degree of inflammation, as a complication, with which it has been accompanied. For when the deposition of the tuberculous matter takes place under such circumstances, for example in the lungs, the minute bronchi and air-cells are rendered more or less obscure in consequence of this matter being effused not only into their respective cavities, but also into the cellular tissue which separates their walls the one from the other. Great congestion, the presence of coagulable lymph or pus, induration or softening of the pulmonary tissue, render it either extremely difficult or impossible to determine satisfactorily the seat which we assign to the tuberculous matter in the lungs. The more minute but more solid texture of the lungs in children than in adults, and more particularly than in old persons, renders it also much more difficult to ascertain the seat of the tuberculous matter in these organs in the former than in the latter. We would therefore recommend those who may be desirous of investigating this point for themselves, to choose a portion of lung free from those complications to which we have alluded, from an old person, containing only a small quantity of tuberculous matter, and to submit it to careful dissection by means of fine scissors, a sharp-pointed scalpel, or lancet. A single bronchus should be selected, and laid bare to its terminal extremity before being opened. A common lens may be useful; but injection and maceration create obstacles rather than afford assistance.

2. *On serous surfaces.*—The deposition of tuberculous matter on serous surfaces is often observed, as in the cellular tissue in general, and on the free surface of serous membranes in particular. In those organs into the composition of which the serous and mucous tissues enter, the tuberculous matter may be seen in both at the same time, as in the bronchi and air-cells, and in the interlobular cellular tissue; but in such cases it will be found, as we have said, to predominate in the former. And in those organs, such as the brain, muscles, bone, &c. in which there is no mucous tissue, we find the tuberculous matter deposited in the cellular tissue which unites their fibres or lamellæ.

3. *In the blood.*—It very rarely occurs that tuberculous matter can be detected in the blood contained within its proper vessels, but it is frequently met with in this fluid in the cells of the spleen. This organ is particularly favourable for ascertaining the presence of the tuberculous matter in the blood. Its spongy structure admits of the accumulation of the blood in such quantity, that the tuberculous matter can be seen forming in this fluid at some distance from the walls of the cells in which it is contained. Thus, we can perceive the blood coagulated in one cell, coagulated and deprived of its red colouring matter in another, and in a third converted into a mass of solid fibrine containing in its centre a small nodule of tuber-

culous matter. It also sometimes happens that the blood is effused in consequence of rupture of some of the cells of the spleen, and an opportunity afforded of witnessing its successive or simultaneous conversion into fibrine and tuberculous matter.

Repeated, careful, and minute anatomical researches have led us to regard these, the mucous and serous surfaces and the blood, as the exclusive seats of the tuberculous matter. In no instance is this morbid product deposited in the molecular structure of organs. It always makes its appearance on free surfaces as a product of secretion. We must, however, again repeat that although it may form on serous surfaces, its *seat of election* is the *free surface of mucous membranes*. There, as into the great emunctuary of the system, it appears to be separated from the blood, and becomes visible to us under a variety of forms afterwards to be described. As a morbid constituent of the blood, we can take no cognizance of the existence of tuberculous matter, otherwise than through the medium of the secretions, or until this fluid has ceased to circulate. Then it is seen to separate from the other constituents, the serum, fibrine, and colouring matter of the blood, and is distinguished from them by the peculiarity of its physical characters.

External configuration or form of tuberculous matter.—The round form which this substance is said to present is a purely accidental circumstance, is common to many other morbid products, and expresses one only, and perhaps the least important, of the many forms which this matter assumes in the several organs in which it is found. Thus, from the homogeneous nature of the cerebral substance, and the equal resistance which at every point it opposes to the accumulation of the tuberculous matter, the form of the latter must be nearly round. Such, also, and for similar reasons, is its form in the cellular tissue. But in other organs the form of this morbid product is as various as that of the parts in which it is contained. It assumes the form of a shut or open globular sac if confined to the secreting surface, and of a solid globular tumour of various sizes, if it fills completely the cavity of the air-cells; and, for similar reasons, it presents in the bronchi a tubular or cylindrical form, having a ramiform distribution, terminated by a cauliflower arrangement in the air-cells. In the mucous follicles its form is similar to that which it receives from the air-cells. In the biliary system it has a ramiform distribution, from its being contained in the ducts and their dilated bulbous extremities. In the cavity of the uterus and fallopian tubes, the infundibula, pelvis, and ureters, it is moulded to the respective forms of each of these parts; and such also, it is obvious, must be the case when it is contained in the seminiferous ducts and prostate gland, in the lacteals, lymphatics, and their glands. On the surface of serous membranes, whether natural or accidental, it may have either a globular or lamellated form, as the secretion in which it originates may have taken place in distinct points, or from a continuous surface of

greater or less extent. When the secretion of tuberculous matter takes place in such a manner as to become disseminated throughout a considerable extent of an organ, as when it is said to be infiltrated, it has then no definite form unless it occupies, for example, the whole of the lobe of a lung, when it assumes that of the affected lobe. The granular arrangement of the tuberculous matter in the lungs is owing to the accumulation of this morbid product in a small number of contiguous air-cells; and the lobular character which it sometimes presents in the same organ is produced by its being deposited in the air-cells of a number of lobules, the neighbouring lobules being healthy.*

Consistence and colour of tuberculous matter.
—Tuberculous matter does not acquire its maximum of consistence until an indefinite period after its formation. It is frequently found in its primitive state in the bronchi, air-cells, biliary ducts, and their dilated extremities, in the cavity of the uterus and fallopian tubes, &c., that is to say, resembling a mixture of soft cheese and water, both in colour and consistence. But when much resistance is offered to its accumulation, as in the lymphatic glands, and even sometimes in the air-cells of a whole lobule, it may feel as firm as liver or even pancreas. These extreme degrees of consistence of tuberculous matter depend not only on the resistance which the tissues of these and other parts oppose to its accumulation, but also on the removal of its watery part some time after it has been deposited. Hence it follows that tuberculous matter may, when first perceived, be either very soft or remarkably firm. In the first case it is pultaceous, and feels somewhat granular when rubbed between the fingers; in the second, friable; and in both it is of a pale yellow colour and opaque.

The grey semitransparent substance already alluded to by no means necessarily precedes the formation of the pale yellow or opaque tuberculous matter. Thus it is never seen in the cavity of the uterus or fallopian tubes; in the ureters, pelvis, or infundibula of the kidneys, &c.; nor do we recollect to have seen it in the cerebral substance. We have never met with it in the bronchi, unless in some of their minute or terminal branches. On the contrary, this semitransparent substance is frequently seen in the air-cells, and on the free surface of serous membranes, particularly the peritoneum; and in both it is certainly sometimes observed to precede the formation of opaque tuberculous matter; because, first, a number of cells of the same lobule are seen filled with the former, whilst the remaining cells contain the latter substance; secondly, because on the peritoneum the grey semitransparent substance is generally more abundant than the pale yellow opaque matter; and, thirdly, because a small nucleus of the latter is frequently inclosed

in a considerable quantity of the former. The following is the explanation which we would offer of these exceptions to the regular and ordinary formation of the tuberculous matter. But it is necessary to remark that the formation and manifestation of this matter as a morbid product cannot take place unless the fluid from which it is separated—the blood—has been previously modified. We have already noticed this important fact, and shewn that the tuberculous matter is contained in the blood; and hence it follows that a healthy secreting surface may separate from this fluid not only the materials of its own peculiar secretion, but also those of tuberculous matter. Such is, indeed, what takes place in the air-cells. The mucous secretion of their lining membrane accumulates where it is formed; but it is not pure mucus; it contains a quantity of tuberculous matter mixed up with it, which after a certain time is separated, and generally appears in the form of a dull, yellow, opaque point, occupying the centre of the grey, semitransparent, and sometimes inspissated mucus. This process of separation of tuberculous matter from secreted fluids is strikingly exemplified in tubercular peritonitis. When we examine the peritoneum in this disease, the three following stages of the process are frequently extremely well marked: first, on one portion of this membrane there is seen a quantity of recently effused coagulable lymph; secondly, on another we find the same plastic semitransparent substance, partly organised, and including within it, or surrounding a globular mass of tuberculous matter; and, lastly, on another part the coagulable lymph is found converted into a vascular or pale cellular tissue, covered by an accidental serous membrane, beneath which, and external to the peritoneal or original secreting surface, the tuberculous matter is seated, having the form of a round granular eminence, resembling in colour and consistence pale firm cheese. In this as well as in the preceding case, we cannot but perceive that the formation of the tuberculous matter originates in a process similar to that of secretion; that its separation from the blood may be accompanied with that of natural and also other morbid secretions; and hence the reason why its physical characters are sometimes obscured, particularly in the first stage of its formation.

Composition of tuberculous matter.—The composition of this matter, when examined anatomically and chemically, presents considerable variety. We have already said that it is composed essentially of a cheesy-looking material, without any trace of organization. It has, in fact, no definite internal arrangement, and the changes of bulk, consistence, and colour which it undergoes, are entirely dependent on the influence of external agents. In some animals, but more particularly in the cow, it is frequently found to present a concentric lamellated arrangement, which, however, does not belong to the tuberculous matter. It is owing to the presence of albumen, and sometimes even of fibrine, which, as in the cases referred to, are secreted along with the tuberculous

* Coloured representations of all these varieties of form, as well as of the seat of tuberculous matter on the free surface of mucous and serous surfaces and in the blood, may be seen in the First Fasciculus of the *Illustrations of the Elementary Forms of Disease*, now publishing by the author of this article.

matter. These substances, intermixed with tuberculous matter, are found lining the bronchial tubes, or filling their entire cavity, and forming masses sometimes an inch in diameter. They often assume the form of globular membranous cysts when they are contained in dilated air-cells, and then have a striking resemblance to hydatids. Or, they present the form of detached tubes or globular membranes, rolled up and mixed with tuberculous matter, like layers of boiled albumen or dead hydatids, a circumstance which has been taken advantage of to support the theory of the hydatid origin of tubercles; a theory which, if not founded in error, must obviously be regarded as extremely limited in its application, since we have shewn that tuberculous matter is, in general, formed *ab origine* on the secreting surface of hollow organs, where it is often seen as distinctly as if it had been thrown into them from a syringe.

The chymical composition of tuberculous matter varies not only at the different periods at which it is examined, but also in different animals, and probably in different organs. In man it is chiefly composed of albumen with various proportions of gelatine and fibrine; and in the cow in particular, it contains a large proportion of the earthy salts, in which the phosphate of lime is said either to predominate or to exist in the same proportion, along with the carbonate of the same earth, as in bones. The following are the proportions of these ingredients found in six grammes* of firm tuberculous matter by M. Hecht of Strasburgh:†

	Gramme.	Decigrammes.
Albumen	1	4
Gelatine	1	2
Fibrine	1	8
Water (or loss). . .	1	6
	<hr/> 6	<hr/> 0

One hundred parts of crude pulmonary tubercle were found by Thénard to contain ‡—

Animal matter	98,15
Muriate of soda	} 1,185
Phosphate of lime	
Carbonate of lime	

and some traces of oxide of iron.

The most important fact connected with the chemical composition of tuberculous matter is, that, either from the nature of its constituent parts, the mode in which they are combined, or the conditions in which they are placed, they are not susceptible of organization, and, consequently, give rise to a morbid compound, capable of undergoing no change that is not induced in it by external agents.

Softening of tuberculous matter.—When the process of softening takes place in tuberculous matter, it is clear, from what we have just stated, that it cannot, as Laennec believed, be owing to any change originating in this morbid product. Besides, when speaking of the con-

sistence of this matter, we shewed that in many organs it is always in a state of fluidity, and consequently does not require to undergo the change in question, supposed to be necessary to, or at least to facilitate, its expulsion. When the tuberculous matter has become firm, owing to the circumstances already explained, it may, and generally is, at some future period converted into a granular-looking pulp, or grumous fluid of various colours, from the admixture of serosity, pus, blood, &c., which have been effused or secreted by the tissues subjected to its irritating influence. The pus and serosity pervade the substance of the tuberculous matter, loosen, and detach it. These changes are further promoted by atrophy, ulceration, or mortification of the surrounding or enclosed tissues, the bloodvessels of which have been compressed or obliterated by the tuberculous matter. If these changes take place slowly, for example, in the lungs, the tuberculous matter is expectorated in the form of a grey, somewhat puriform looking fluid; but if they are effected speedily, it is often detached and expelled in masses of various sizes, resembling fragments of cheese that have been left some time in water.

The process of softening of tuberculous matter is said always to commence in the centre, not only of masses of this substance, but likewise of every individual portion of it which has assumed the round or tubercular form. This opinion is extremely incorrect; and, indeed, the explanation which we have just given of this process, when it does take place, shows that such cannot be the case. However, there must be some real or apparent circumstance connected with this *central* softening, so minutely described by Laennec, which has not been understood by this ingenious author, nor even by those who disagree with him on this particular point. The facts which we have pointed out regarding the mode of formation, the seat and forms of the tuberculous matter, enable us now to offer a satisfactory explanation of the appearances which led Laennec and others into error, respecting the commencement of softening of this substance. We have already stated that when tuberculous matter is formed in the lungs, it is generally contained in the air-cells and bronchi. If, therefore, this morbid product is confined to the surface of either, or has accumulated to such a degree as to leave only a limited central portion of their cavities unoccupied, it is obvious that when they are divided transversely, the following appearances will be observed:—1st, a bronchial tube will resemble a tubercle having a central depression or soft central point, in consequence of the centre of the bronchus not being, or never having been, occupied by the tuberculous matter, and of its containing at the same time a small quantity of mucus or other secreted fluids; 2d, the air-cells will exhibit a number of similar appearances, or rings of tuberculous matter grouped together, and containing in their centres a quantity of the same kind of fluids. When the bronchi or air-cells are completely filled

* A gramme is nearly equal to 15½ English grains.

† Lobstein, *Traité d'Anatomie Pathologique*, t. i. p. 378.

‡ Andral, *Precis d'Anatomie Pathologique*, t. i. p. 417.

with tuberculous matter, no such appearances as those we have just described are observed; and hence the reason why tubercle, in such circumstances, has been said to be still in the state of *crudity*, or that state which is believed to precede the softening process.

Softening begins most frequently at the circumference of firm tuberculous matter, or where its presence as a foreign body is most felt by the surrounding tissues. Hence the reason why softening is also frequently seen making its appearance in several points of an agglomerated mass of this substance, which has included within it portions of the tissues in which it was formed. This is frequently observed in the lungs, and in cellular tissue in other parts; whereas in the brain, the substance of which has, from the commencement, been separated and pushed outwards by the tuberculous matter, the softening process begins, and is always most marked on the circumference or surface of this morbid product.

There is another circumstance which should have been noticed before, and which requires some explanation,—viz. that state of tuberculous matter which is said to be *encysted*. Encysted tubercle has generally been described as existing in the lungs, but the result of numerous researches fully satisfies us that the term encysted, whether applied to pulmonary tubercle or to tubercle in any other organ, is almost always incorrect. In the lungs encysted tubercle is a deception; the distended walls of the air-cells having, in all probability, in almost every case been taken for cysts. In like manner the extremities of the biliary ducts, when dilated and filled with tuberculous matter, have been described as encysted tubercles; and we have already said that the dilated air-cells, particularly in the cow, which may vary from the size of a pea to that of a cherry, have frequently been regarded as hydatids. We do, however, meet with encysted tuberculous matter, but not until it has undergone important changes which precede its ultimate removal from the organ in which it was formed. We shall explain these and other changes connected with them when treating of the progress and termination of tuberculous matter.

Locality of tuberculous matter.—When treating of the seat of tuberculous matter, we endeavoured to show that this inorganizable substance is separated from the blood after the manner of secretion, and is collected on the free surface or in the cavities of mucous and serous tissues; and farther stated, that in no instance, so far as our researches had extended, had we been able to detect its presence in the molecular structure of any of the elementary tissues of the body. Hence, by the term *locality* of tuberculous matter, we mean only to imply a certain relationship between the existence of this matter and particular organs, including an enumeration of the organs in which it is found, the relative frequency of its occurrence in different organs and in portions of the same organ, its extent, and the number of organs which it affects.

Organs of respiration.—Of all the organs

of the body, those of respiration occupy the first rank, both as regards the extent and the frequency of the tuberculous deposition. The quantity of the matter deposited in the lungs, when compared with their bulk, presents great variety. In some instances only a few minute granular masses of the tuberculous matter are observable, either collected together and limited to a circumscribed portion of the pulmonary tissue, or separated from one another and scattered throughout the whole of a lobe, of one or both lungs. In other instances this matter exists in the form of large contiguous masses, and occupies the whole of a lobe, more frequently the greater part of two or three lobes; and, lastly, it has sometimes been met with in such quantity as to occupy nearly the whole of one lung and a great part of the other. The comparative frequency of the tuberculous deposition in each lung and in their several lobes is a circumstance which, as well as the extent of the disease, is of great value in a diagnostic point of view. We shall, therefore, only observe, in regard to this circumstance, that the superior and posterior portion of the upper lobe of either lung, but more frequently of the left, is so generally the situation in which the formation of the tuberculous matter first takes place, that its existence elsewhere may be regarded as a secondary occurrence. From the result of our own experience we should indeed say that there is no exception to this rule when the deposition of the tuberculous matter has not been preceded by local disease, such as circumscribed bronchitis, pneumonia, or pleurisy; for, under such circumstances, any portion of the lung may become the primary seat of the deposition.

The presence of tuberculous matter in the larynx, in the trachea, and its larger divisions, is not often observed. We have met with it in a few instances in the follicles of these parts, and occasionally in the sacculi laryngis.

Organs of digestion.—Of these organs the small intestines are by far the most frequently affected with the tuberculous deposition at every period of life. In the great majority of cases it is confined to the inferior portion of the ileum, more frequently in the glands of Peyer than in those of Brunner. Succeeding to the ileum in the order of frequency is the caput cœcum coli, in the situation of the glands of Brunner. The deposition of the tuberculous matter seldom takes place in the other portions of the colon, and still less so in the rectum. It is equally rare in the jejunum, and we have never met with it in the duodenum, stomach, œsophagus, pharynx, or mouth. In few cases, even of the most extensive tuberculous diathesis, do we meet with tuberculous matter in the *liver* of the adult; whereas, in children it is by no means rare to find this organ affected, although it seldom contains more than a few small, round, isolated masses scattered throughout its substance. We have never seen this matter in the *pancreas* of the human species, and only once in that of the monkey. Mons. Lombard, however, states that in one hundred cases of tuberculous disease in children

which he examined, he found tubercle five times in the pancreas; whereas in the same number of cases he did not meet with a single example of tubercle in the liver,*—results very different from those to which we have been led by our own dissections.

Organs of circulation.—It is seldom that these organs present any trace of tuberculous matter. In the few cases in which it has been found in the *heart*, it was contained in the intermuscular cellular tissue; and we are far from agreeing with Andral in opinion that the plaster-looking matter, or cretaceous substance so often found in the coats of the *arteries*, is a tuberculous deposit. The occurrence of this matter in the arteries almost exclusively in the aged, or at least seldom to any extent until between the age of forty and fifty, its occurrence, too, indifferently in those who are or who are not affected with tuberculous disease, and frequently in those in none of whose organs any trace of tuberculous matter is observed, are circumstances which, notwithstanding any similarity which may exist between the physical and chemical characters of the two substances, would fully warrant the pathologist in regarding them as essentially different in their nature.

Regarding the *spleen* as an appendage to the vascular system, this organ may be said to be frequently affected with the tuberculous deposition in children, but it is seldom so in adults. In the former this organ is also much more extensively affected than in the latter; in some cases we have found it almost entirely filled with tuberculous matter in the form of large masses, but more frequently this matter is grouped into small round masses varying from the size of a pin's head to that of hemp-seed, contained in the cells of the organ, and separated from one another by the elastic fibrous tissue of which it is composed.

Urinary organs.—The tuberculous matter is found in the kidneys, infundibula, pelvis, and ureters. It may be so great in quantity as to occupy the entire cavity of these latter parts, and thence pass into the urinary bladder. It is generally small in quantity in the kidneys, and appears in the form of small round masses scattered throughout their substance. Both kidneys are generally affected when the deposition has taken place in their substance, and only one of them when it is contained in the cavity of the infundibula, pelvis, or ureter. The kidneys are much more frequently affected with tuberculous diseases in children than in adults.

The *organs of reproduction* furnish us with occasional examples of tuberculous deposition, occurring in the testes, vasa deferentia, vesiculæ seminales, and prostate; in the uterus, Fallopian tubes, ovaries, and mammæ. It seldom occurs in these organs before the age of puberty; is more often observed in the male than in the female, in the testes and prostate than in the ovaries and Fallopian tubes; more frequently in the testes than in the prostate, in the Fallopian tubes than in the ovaries or

uterus, and less frequently in the vesiculæ seminales and mammæ than in any of the former organs. The deposition of the tuberculous matter seldom takes place in both testes at the same time. It generally commences in the epididymis of one of them, and extends from thence to the body of the organ, which in some cases it entirely occupies. The quantity of the tuberculous matter is also not unfrequently very considerable in the uterus and Fallopian tubes; we have found the cavities of both filled with it, and the Fallopian tubes distended to the size of the finger or thumb.

The *brain, cerebellum, and spinal cord*, are not unfrequently affected with tuberculous deposition. The brain is more frequently affected than the other portions of this system, and sometimes to a considerable extent. In some instances we have seen the tuberculous matter collected in the form of round masses, varying from the size of a pin's head or pea to that of a cherry or hen's-egg, situated in various parts of the brain, sometimes in several parts at the same time, as in the medullary substance, in the cortical substance of the convolutions, and in that of the corpora striata or thalami of one or both hemispheres. It may occupy, also, the medullary and cortical substance of the cerebellum and spinal cord. It may be contained in one or both lobes of the former, and sometimes forms a tumour as large as a hen's egg. The tuberculous matter has been found to occupy, in the great majority of cases, the cervical portion of the latter. In a few instances only has it been found in the lumbar portion; in one case we met with it in both portions, forming two tumours, one of which was as large as a pea, the other nearly twice as large, and situated in the central brown substance of the cord. Tuberculous deposition is oftener observed in the brain and cerebellum in infants than in children, and in the latter than in adults.

Having already noticed the formation of tuberculous matter in the *absorbent system*, we have now chiefly to mention the frequency of its occurrence in the several divisions of this system, viz. in the glands, lymphatics, and lacteals. The following may be regarded as the relative frequency of the occurrence of tuberculous matter in these glands in the order in which they are named:—the bronchial glands, the mesenteric, the cervical, submaxillary, lumbar, axillary, and inguinal. The bronchial and mesenteric are far more frequently and more extensively affected than any of the other glands; the bronchial in both these respects much more so than the mesenteric in children, the mesenteric, perhaps, more frequently than the bronchial in adults. In some cases we find all these glands affected in the same individual, but the quantity of the tuberculous matter is generally greatest in the bronchial or mesenteric; and those of the former situated at the bifurcation of the trachea are always most extensively diseased, and frequently contain tuberculous matter when those of the large bronchi and neck contain none. Although it is reasonable to conclude, judging

* Essai sur les Tubercules.

from the frequency and extent of the disease in these two latter systems of glands, that they are also those first affected, there are certainly cases in which the tuberculous deposition not only commences, but is also most extensive in those glands situated on the external parts of the body, particularly in those of the neck. Hence great enlargement of the glands in this situation in scrofulous subjects is not always to be considered as evidence of extensive disease of those of the bronchi or mesentery.

The lymphatics and lacteals contain tuberculous matter much less frequently than their respective glands. Indeed, the former are not unfrequently found to contain no tuberculous matter when the latter are filled or even distended with it,—a circumstance which shews that the tuberculous matter is not necessarily absorbed and carried into the glands, but, on the contrary, is originally deposited within them.

The deposition of tuberculous matter in the *osseous system* is a much more rare occurrence than in any of the organs already named. The bodies of the vertebræ and spongy extremities of the long bones are the situations in which this matter is generally observed. The deposition takes place in the cellular structure of the bones in which it accumulates, and often terminates in the production of caries, circumscribed necrosis, and generally in perforation. In such cases the bony system is that in which the deposition generally commences, and is also that which is chiefly affected. When the tuberculous affection begins in any of the organs already mentioned, and exists in them to a great extent, the bones are seldom affected: at least, in a number of cases of tubercular phthisis, *tabes mesenterica*, &c. in which we have examined the bones, we have only in a few instances found them to contain tuberculous matter.

We have never found tuberculous matter in *cartilage, fibrous tissue, serous, synovial, or mucous membranes, tendon, or muscle*. When tuberculous matter has been found in the serous, synovial, and mucous membranes, the morbid condition of these membranes which always accompanies the presence of the tuberculous matter in them, has not been properly appreciated; for in such cases these membranes, particularly the mucous and synovial, are completely disorganized by inflammation, and converted into a reddish brown pulp. It is in this substance that the tuberculous matter is deposited, as may be ascertained by examining the mucous membrane of the intestines, and the synovial membrane of the knee-joint, when in this state of disease.

What are called *false membranes, or accidental cellular, and serous tissue*, become affected with the tuberculous deposition in the same manner as the natural tissues of the same class.

Considerable variety prevails with regard to the *number* of organs affected with the tuberculous deposition in the same individual. It is rare to find the tuberculous matter confined to one organ; it generally is present in two or three organs, as the lungs, intestines, and

bronchial or mesenteric glands, and is occasionally met with in all the organs which we have before named, in the same individual. The two organs by far the most frequently affected in the same individual are the lungs and small intestines, and after these the small intestines and mesenteric glands. Sometimes the lungs alone are affected; sometimes the bronchial glands; and occasionally the peritoneum. It is, perhaps, only in children that the tuberculous affection is confined to the bronchial glands, and in adults that it is limited to the lungs or peritoneum. We have always found tubercles in the lungs when any other organ of the body was affected with them in the adult, except in tubercular peritonitis. In this case the peritoneum may be studded with tubercles, and masses of them may also exist in the adhesions which unite together the intestines and other abdominal viscera, and yet not a single tubercle be found in the lungs. We have seen several examples of this kind, and also of extensive tuberculous disease of the bronchial glands in children with complete integrity of the pulmonary organs, and therefore we are disposed to modify somewhat the law laid down by Louis, viz. that tubercles are *always* found in the lungs when they exist in any other organ of the body.* It is, however, important to observe that the exceptions to this law are not very numerous, and, besides, seem to us to admit of satisfactory explanation; for in every case in which we have found the tuberculous affection confined to the peritoneum, it was obvious that this was the consequence of previous inflammation of that membrane.

Inflammation of any organ may be followed by the deposition of tuberculous matter in that organ, in the manner in which we have already explained. We have frequent examples of the subcutaneous glands of the neck and submaxillary glands becoming tuberculous after an acute attack of inflammation, although previously they were neither enlarged, indurated, nor otherwise diseased. It is also, in all probability, owing sometimes to a similar cause that one testicle, one kidney, or one lung only is affected, whilst the corresponding organ of the opposite side remains in a state of perfect integrity. We remember the case of a female which is highly illustrative of the present question. The patient was twenty-one years of age, and had pneumonia and bronchitis in consequence of sitting during the greater part of the day between an open door and a fire for several weeks in cold weather. The *left* side was turned towards the door during the whole time, and to this side these two affections were exclusively confined. Nearly the whole of the *left* lung was found after death to be in the state of tuberculous infiltration, and the mucous membrane of the bronchi of the same lung more or less inflamed, as far up as the bifurcation of the trachea. Here the inflammation stopped abruptly. The right lung was

* *Recherches Anatomico-Pathologiques sur la Phthisie*. Paris, 1825.

healthy throughout, except at the summit of the upper lobe, where there were only a few crude tubercles, just sufficient to attest the existence of the diathesis rendered so peculiarly manifest in the left lung under the influence of a morbid stimulus. But there are other causes besides inflammation which determine the presence of tuberculous matter in particular portions of organs, and more frequently in one portion of an organ than in any other. It is, indeed, easy to conceive that a diminution as well as an increase in the function of an organ may favour the deposition of tuberculous matter. If, as we have endeavoured to shew, the tuberculous matter is separated from the blood and deposited on the free surface of mucous and serous tissues, may it not follow that the presence of this substance in one portion of an organ, and its absence in another, may depend in great measure on a greater or less degree of facility afforded for its escape? Considered merely in this mechanical point of view, it is not improbable that we may find an explanation for the localization of the disease in certain portions of organs, and its absence in others. Thus, if we compare the functional activity, or, rather, the extent of mobility possessed by the inferior and superior lobes of the lungs, we at once perceive a most remarkable difference in favour of the former. The inferior lobe ascends and descends throughout a space equal to that to which the diaphragm is capable of contracting, and expands in all directions to the fullest extent of the dilated inferior walls of the thorax. The upper lobe, on the contrary, has hardly any motion of ascent and descent, and a very limited lateral expansion. Under these circumstances, what should be the effect produced on a substance such as tuberculous matter effused into the vesicular structure of these two lobes? In the former we should naturally expect that there would be a continual tendency towards the expulsion of this matter, whilst in the latter there would be the same tendency to its accumulation. The result of observation is greatly in favour of this explanation; for, besides the extreme frequency of the tuberculous deposition in the upper lobe, and its rare occurrence in the inferior lobe of the lung, it derives additional support from the fact that the latter is often the seat of inflammation, notwithstanding its immunity from tuberculous disease, whilst the former is obnoxious to this latter disease, although, comparatively speaking, seldom the seat of inflammation. May it not be owing to the facility with which the tuberculous matter escapes, that we do not find it accumulated on the mucous surface of the larger bronchi, or of the trachea, or on that of the intestines? We have no proof that it is not deposited on the free surface of the mucous membrane in these situations. The facts we possess would seem to prove the contrary, since we have shewn that its deposition in the mucous follicles and air-cells in the same organs is a frequent occurrence, and in these in all probability it accumulates because of the same facility not being afforded to its

escape as in the other portions of the mucous membrane alluded to.

There are various other circumstances which appear to us either to determine the locality or favour the extension of the tuberculous deposition in the manner in which we have endeavoured to explain. A narrow conformation of the chest depending on natural causes, or the influence of those mechanical instruments employed by females to accomplish this change in the inferior half of the thorax, may partly account for the great frequency of the disease in both sexes in the former case, and its greater frequency in the female than in the male in the latter case. The influence exercised by all those arts, trades, and professions which limit the free and full expansion of the pulmonary organs, either in consequence of a constrained position of the body, but more particularly of the chest, or from the partial and inefficient action of the respiratory muscles, must operate in giving a tendency to the localization of the disease. It is an important fact that, notwithstanding the greater frequency of tuberculous affections in children than in adults, the lungs are much less frequently affected in the former than in the latter. We do not know that this difference can be fully explained, but we are disposed to believe that it may in some measure be owing to the much greater activity of the lungs in children than in adults:—we mean that kind of activity of these organs in children which is the consequence of almost continued change of place and position of the body: running, leaping, tumbling, wrestling, and the numerous little gesticulations in which the upper extremities and muscles of the chest, shoulders, and neck, are called into play in every possible direction and to the utmost of their extent, demand of necessity the most active cooperation of the lungs; thereby rendering the accumulation of the tuberculous matter in the air-cells and bronchi much less likely to take place in children than in adults, placed as the latter are, both by habit and occupation, in opposite circumstances. Whatever kind of employment or mode of life necessitates or facilitates an active and ample display of the respiratory function, is generally admitted as a powerful means of preventing the occurrence of tubercular phthisis. We are far from believing that such prophylactic means operate merely on the mechanical principle of the localization of the tuberculous deposition in the lungs, inasmuch as when these organs are placed under the favourable conditions just mentioned, the circulation, nutrition, secretion, and innervation of the same organs must acquire a vigour and harmony of action which will render them the least apt to receive or retain any morbid impression or change whatever.

We have no doubt that the physical explanation of the localization of the tuberculous matter in the lungs applies also to the localization of this deposit in other organs, the structure and functions of which do not afford a ready exit to foreign substances contained within them, which are not in a state of fluidity. The follicular structure of the intestines; the bron-

chial and mesenteric glands; the biliary system of the liver; the infundibula and pelvis of the kidneys; the Fallopian tubes, and even the cavity of the uterus, present, in a greater or less degree, those conditions of structure and function which, under a variety of circumstances, must prevent the free exit of the tuberculous matter when deposited within them. All these facts would go for nothing were we to admit the generally received opinion that the *cellular tissue is the almost exclusive seat* of the tuberculous deposition; for if it were so, we should, in accordance with the principle which we are now endeavouring to establish, find this tissue much more generally affected with the disease than it is. If the tuberculous matter accumulates on the free surface of mucous canals, it should, *à fortiori*, do so in the cellular tissue,—a circumstance which rarely occurs except in those organs in which the mucous tissue is present.

The much greater frequency of the tuberculous deposition in the spleen in children than in adults seems to admit of explanation on physical principles. We have already given it as our opinion that the presence of the tuberculous matter in this organ at any period of life is the direct consequence of its separation from the blood, when this fluid is brought to a state of stagnation, and undergoes spontaneous decomposition. This is not a mere assertion, for we sometimes find the quantity of the tuberculous matter greater in this organ than in any other organ of the body in children; and in the monkey this is not only the case to a much greater extent, but the masses of this substance contained in the spleen of this animal are even sometimes found softened and large excavations formed, whilst in other organs, as the lungs and bronchial glands, no such changes have taken place. From these facts, viz. the greater quantity of the tuberculous matter in the spleen than in other organs in the same animal, and the existence of those changes which follow the presence of this matter in the former and not in the latter, we should conclude that the disease originated in the spleen in such cases, or that it was not the consequence of the absorption of the tuberculous matter from a remote part, and its subsequent deposition in this organ. The localization of the disease, therefore, may be determined by all those causes which give rise to an inordinate accumulation of blood in the spleen. The extremely active habits of children, the hurry and violence which they carry into many of their amusements, often produce such a degree of sanguineous engorgement of the spleen as to arrest them in the midst of their pursuits, from the severity of the pain which it excites. If under these circumstances an inordinate accumulation of blood is thus so obviously produced in the spleen in children, it should be still greater and more frequent in its occurrence in the monkey, from the reckless and almost incessant gambolling in which this creature indulges, even within the narrow limits usually allotted to it during its captivity in this country. Finding this correspondence between the fre-

quency and extent of the tuberculous deposition in the spleen and the state of the circulation, or rather the *remora* of the blood in this organ, we should not expect to find the same results if the conditions to which we attribute the localization of the disease in the present case were absent. Let us, therefore, take a case of an opposite kind, in an animal obnoxious to tuberculous disease, as the cow, yet in which the spleen is hardly ever affected, whilst the lungs are often and extensively so. Confined in a dairy, and condemned to an almost absolute state of rest for years, the circulation in this animal is never in a condition to produce congestion of the spleen, and this organ escapes the disease, which in the lungs occurs in all its severity, because of the function of respiration being reduced to its minimum, and thereby favouring, on the principle already explained, the accumulation of the tuberculous matter in these organs. We might cite numerous examples of tuberculous diseases succeeding to local accumulations of blood produced mechanically, or originating in a state of debility, such as that which is induced by the sedative effects of cold; but those already brought forward seem to us to afford sufficient evidence in favour of the position which we laid down at the commencement of these remarks,—viz. that there are other causes besides inflammation which determine the presence of tuberculous matter in particular organs, and more frequently in one portion of an organ than in another. We are, however, desirous that it be clearly understood that the influence of the causes which we have enumerated is confined merely to the *localization* of the disease, and that a marked distinction should be made between the *actual presence* of a disease in a *tangible form*, and that *general condition of the economy* whence it originates and derives the peculiarity of its local characters: for we are as fully warranted in believing that a tendency to the deposition of tuberculous matter, or that the tuberculous diathesis may exist, without the deposition of this matter actually having taken place, as we are justified in admitting the existence of a calculous diathesis, without the accompanying formation of calculi in the urinary organs of those persons in whose urine the elements of these foreign bodies are daily observed. It is in this latter affection that the distinction between the localization of, and the tendency to, a disease, is so conspicuous and beneficial in its practical application; and if the theory of tuberculous formations which we have endeavoured to elucidate be founded in fact, it may not be too much to hope, that by means of a more intimate knowledge of organic chemistry, we may yet be able to detect in the mucous secretions or in the blood, those changes which indicate the existence of the tuberculous diathesis, and thus perhaps be led to discover a remedy for the disease before it has effected its localization, and produced changes in themselves incurable.

Physical characters of the tissues in which the tuberculous matter is contained.—The tissues in which tuberculous matter is contained

may present unaltered all those physical characters which they possess in the physiological state; or they may present those which belong to various pathological states. It is an important etiological fact, that the mucous and serous tissues in immediate contact with the tuberculous matter, and even when this matter is considerable in quantity, may be found of their natural colour, consistence, thickness, and of that degree of transparency which is natural to them. Such is the state in which we have often found the mucous membrane of the bronchi and air-cells, when filled with tuberculous matter, and also the lymphatics, lacteals, and absorbent glands when similarly affected. It is, however, more common, even at an early period of the deposition of the tuberculous matter, or at least before it has acquired considerable extent, to find the tissues in contact with it or in its neighbourhood, more or less and variously affected. *Dilatation* is a frequent occurrence, and the obvious and necessary consequence of the accumulation of the tuberculous matter in the air-cells and bronchi, follicles of the mucous membrane, Fallopian tubes, absorbents, &c. and is sometimes carried to a great extent, without being accompanied by any other very obvious change. In such cases there is often produced *obliteration* of the cavities, ducts, or canals in which the tuberculous matter is contained, and consequently cessation of their respective functions. It is chiefly to this mechanical effect, the obliteration of the lacteals, that the emaciation which accompanies *tuberculosis mesenterica* is owing, and also that which accompanies the first and second stages of *phthisis pulmonalis*, together with the difficulty of breathing in this disease, both of which symptoms are often in proportion to the extent of the tuberculous deposition in the lungs.

There are two forms of *phthisis* to be here observed; in one of which the chief symptom is difficulty of breathing, on account of the tuberculous matter being deposited and collected throughout a multitude of points of the whole of both lungs, in the form of small round masses, varying from the size of a pin's head to that of a hemp-seed. The pulmonary tissue around these masses soon becomes infiltrated with serosity, thereby increasing the obstacle to the admission of the air, and consequently the difficulty of the breathing. In this manner death may be produced by *asphyxia* in the course of a few weeks, before softening of the tuberculous matter or ulceration of the pulmonary tissue has taken place. In the other form of *phthisis* a rapid deposition of the tuberculous matter follows an attack of bronchitis or pneumonia, and is diffused in such quantity throughout the whole of a lung as to convert it into a solid substance resembling boiled liver. This, we believe, never occurs except in a lung affected with tuberculous disease previous to the attack; and if the respiration has not been embarrassed before, it now becomes greatly so, continues rapidly to increase, constitutes the most distressing symptom of the disease, and hurries on its fatal termination.

A diminution in the capacity of the bronchi is also not unfrequently produced by the presence of tuberculous matter situated external to these tubes. We have met with several examples in children, of compression of the large bronchi, which was the obvious cause of the difficult breathing observed during life. The tuberculous enlargement of the bronchial glands has appeared to us the sole cause of this change in the capacity of the large bronchi, and in some cases the difficulty of breathing which they occasion by compressing one or both divisions of the trachea, is very great. Such cases puzzle the physician extremely; for a clear sound may be elicited by percussion from every part of the chest, and by means of the stethoscope the respiratory murmur may be distinctly heard, although feeble, throughout the whole of both lungs. Being unable to discover the existence of any organic lesion of these organs, the nature of the disease and the cause of the chief symptom equally escape his researches, and the patient is perhaps treated for asthma or angina pectoris. Judging, therefore, from our own experience, and from the fact already noticed, viz. the great frequency of tuberculous disease of the bronchial glands in children, and particularly at the origin of the bronchi, we should not hesitate to give it as our opinion, that if a patient, say of four, six, or ten years of age, were affected with considerable difficulty of breathing without any lesion of the lungs or other obvious cause capable of giving rise to this modification of the function of respiration, such a patient had tuberculous disease of the bronchial glands with compression of the bronchi near the bifurcation of the trachea. When we consider the frequency and extent of tuberculous disease of the bronchial glands, it is surprising that the large bronchi are not found more frequently compressed than they are, and that cases should not have occurred even of their obliteration. The only case of the latter kind which we have seen (and so far as we know there is no similar case on record) occurred in a monkey, which, from its singularity and the possibility of its occurrence in the human species, deserves to be noticed in this place. A group of bronchial glands in the form of a round tumour about the size of a chesnut, very firm, and entirely composed of tuberculous matter, surrounded the left division of the trachea, the walls of which were so compressed as to prevent entirely the passage of the air through it. A section carried through the middle of the diseased bronchial glands exposed the left bronchus lodged in the centre of the tumour formed by these bodies, in the form of a narrow band, the opposite surfaces of its mucous membrane being brought into immediate contact. The corresponding lung was greatly diminished in bulk and void of air, such, in fact, as it is found in the case of extensive effusion into the cavity of the pleura. But this cavity presented no trace of effusion of any kind, adhesion, or other morbid state. The left side of the chest was, however, contracted, as it is observed to be after the cure of chronic pleurisy. From the striking

resemblance between the physical signs of a case of this kind, and those to which the cure of chronic pleurisy gives rise, it would certainly be difficult even for the best practical pathologist to distinguish the one from the other. The details of this singular case will be found in an interesting paper on the tuberculous affection of monkeys,* by our amiable friend Mons. Reynaud, an able pathologist, to whose kindness we are indebted for the opportunity of examining this case, and the most of those contained in his memoir.

Thickening and induration of the tissues containing tuberculous matter are changes which occur in consequence of pressure or the deposition of coagulable lymph. The former, when combined with dilatation, renders parts extremely conspicuous which in the natural state are just perceived by the naked eye, such as the air-cells, minute bronchi, or mucous follicles, and by means of which we are enabled to ascertain the precise seat of the tuberculous matter in these parts. But of all the changes which succeed to the presence of the tuberculous matter, the most important are those which depend either on the degree of irritation or mechanical pressure to which this substance gives rise—such are inflammation, softening, ulceration, mortification, congestion, hemorrhage. *Inflammation* is the most frequent and dangerous result of the presence of the tuberculous matter, and is probably excited by the mechanical effects of this substance on the contiguous tissues. The occurrence of this pathological state and the degree of its severity do not depend altogether on the quantity of the tuberculous deposit, although it is generally observed to be most extensive in the vicinity of the largest masses, and certainly always commences in that portion of organs in immediate contact with these masses. This is best seen in the substance of the brain in contact with large tumours formed of tuberculous matter. The cerebral substance becomes red and vascular, softens, and is sometimes converted into a creamy-looking pulp. The inflammatory congestion excited by large masses of tuberculous matter in the lungs is a very frequent occurrence; but instead of being succeeded by softening, as in the brain, it is followed by induration or consolidation of the pulmonary tissue from the deposition of coagulable lymph into the cellular texture, generally producing that state called grey hepatization. Inflammation of the pleura pulmonalis and intestinal peritoneum is often observed as the direct effect of the presence of tuberculous matter situated beneath them, and the redness and vascularity is frequently found to be limited to that portion of these membranes directly opposite to the accidental deposit. We allude to these rather minute anatomical details in order to shew the connection, as cause and effect, between the presence of tuberculous matter and inflammation of the tissues in which it is found; for it has been asserted that the

tuberculous matter does not give rise to inflammation from irritation as a foreign body,—an assertion which is not only contradicted by daily observation, but is at variance with the law, that all inorganizable substances foreign to the part in which they are contained, excite that pathological state which, from its nature, tends either to eliminate such substances, or to protect the injured part from their irritating effects by the formation of a tissue of the lowest grade of organization. It is because we know that tuberculous matter gives rise to inflammation, that we are often able to predict the occurrence of this pathological state at a certain stage of the progress of tuberculous affections of the brain, lungs, intestines, absorbent glands, &c., to explain some of the most dangerous symptoms and complications of these affections, and not only to combat them on rational principles, but sometimes even to prevent their occurrence. It is also from a knowledge of this circumstance, together with that derived from the locality and comparative frequency of the tuberculous deposition in different organs, that we attribute the occurrence of cephalitis, meningitis, or myelitis, &c. in a phthisical patient, to the presence of this accidental product in the brain, its membranes, or spinal cord. In the present state of our knowledge there is, perhaps, no practical rule regarding the local treatment of tuberculous affections of equal importance with that which is founded on the pathological fact of inflammation being the frequent, if not the necessary consequence of the mere mechanical presence of the material by means of which we recognise the local existence of these affections. To protect the individual and the affected organ from the influence of all those agents, internal and external, which tend to create an inordinate degree of excitement, or favour the development of active congestion or inflammation, is the rule to which we allude, and to which there can be no exception in the treatment of tuberculous diseases.

The frequency of inflammation as the consequence of the presence of the tuberculous matter, is sufficiently attested by the increased vascularity, *red softening*, and *ulceration* of the mucous follicles and mucous membrane of the intestines and bronchi. The inflammation thus produced is not, however, always followed by the same result. In the brain it proves fatal by the general disturbance of the functions of this organ, and before any other change than softening of the cerebral substance has taken place. In the lungs and intestines it gives rise to extensive solutions of continuity termed tubercular excavations and ulcerations, which always occupy those situations in which the tuberculous matter is most frequently deposited in these organs. The direction in which these solutions of continuity are propagated, as their extension in breadth and depth in hollow, and towards the surface in solid, organs; the peculiar characters of these solutions of continuity; the nature of their contents, and the pathological conditions of the tissues which enter into the composition of their walls,

* De l'Affection Tuberculeuse des Singes, &c. Archives Générales de Médecine.

are subjects of great interest in the history of tuberculous affections, but do not require to be discussed in this place.

The occurrence of *mortification* is sometimes the consequence of the inflammation excited by the presence of the tuberculous matter, but more frequently of the pressure which it occasions, the subsequent obliteration of blood-vessels, and the cessation of nutrition in a limited portion of an organ. For an explanation of the manner in which the death of tissues and portions of organs is produced by this cause, we beg leave to refer the reader to the article *MORTIFICATION*.

Mechanical *congestion* and *hemorrhage* are pathological effects to which the tuberculous matter generally gives rise to a greater or less extent. They are not, however, observed to occasion any sensible modification of function, except when they occur in the lungs. The congestion may be partial or general, according to the situation and the quantity of the tuberculous matter contained in these organs. Should this substance be situated towards the root of the lungs, the congestion may be general, from the trunks of the pulmonary veins being compressed and opposing a free passage to the return of the blood to the heart. When, on the contrary, the tuberculous matter occupies the substance of the lungs at a distance from the large veins, the congestion is seldom general, because the lungs are seldom generally affected with the tuberculous deposition, and consequently the venous circulation is not interrupted to any great extent. This is by far the most frequent form of congestion, and often occurs during the first stage of tubercular phthisis, aggravating the usual symptoms of the disease, and occasioning hemorrhage from the mucous membrane of the air-cells and bronchi,—a circumstance, the occurrence of which is not unfrequently followed by considerable relief from the oppression and difficulty of the respiration occasioned by the congestive state of the lungs. It is to this mechanical state of congestion that we are disposed to ascribe the occurrence of hemoptysis, which so frequently announces the early existence of tubercular phthisis. We are aware that this variety of hemoptysis is believed to be the consequence of active congestion excited by the presence of the tuberculous matter; but we are the more disposed to reject the opinion that irritation is the cause of the hemoptysis, by reason of the state in which we find the blood-vessels in those parts of the lung containing crude tuberculous matter. In these situations the veins are more or less compressed, or several of them are even obliterated, either in consequence of the compression alone, or the formation of fibrinous coagula within these vessels. Such a state of the veins must be followed by greater or less congestion and hemorrhage in an organ such as the lungs, in which the vascular system predominates, and the blood is effused on the surface of the mucous membrane from the greater facility afforded to its escape. Hemorrhage from the mucous membrane of the digestive canal seems

to us to afford an apt illustration of that which takes place from the mucous membrane of the bronchi, for congestion of the chylopoietic viscera is a necessary consequence of obstructed circulation of the liver, either from disease of the heart or the presence of tumours in the liver itself; and even hemorrhage from the bowels may be the ultimate effect of these causes, although it more frequently follows the sudden obliteration of the trunk of the portal vein or its hepatic branches. It is, however, right to observe that we have had only one opportunity of examining the lungs of a phthisical patient, who died of a concomitant affection, and who had several slight attacks of hemoptysis during the short time he lived in the hospital. The greater part of the upper half of both lungs contained a great number of masses of crude tuberculous matter, occupying here and there a single lobule, or two, three, or more lobules, between which veins, some of them as large as a crow-quill, were compressed or obliterated. The pulmonary tissue was red, vascular, and oedematous, but not otherwise diseased; and a great number of the bronchi were filled with fluid and coagulated blood even to their terminal extremities.

There is a fatal form of hemorrhage which occurs in phthisis pulmonalis, and also in tuberculous disease of the bronchial glands, and which takes place in consequence of a communication being formed between a large blood-vessel and a neighbouring bronchus or a tubercular excavation. We have seen a remarkable case of the former kind, in which a communication was formed between the left division of the trachea and that of the pulmonary artery, in consequence of a tuberculous gland situated between them. The patient, a child, perished in the course of a few minutes. The lungs were healthy. Hemorrhage from excavations is by no means common, from the well-known fact of the vessels which traverse them being seldom pervious. Hemorrhage of this kind may be extremely deceptive, as the quantity of blood effused may be in great part retained in one or more excavations, and be followed by extreme prostration and even death, although only a small quantity of blood has been ejected.

Progress and termination of tuberculous disease.—In the preceding pages we have endeavoured to describe the more remarkable and important changes which take place in the tissues which are the seat of the tuberculous matter, in those more remote from it, and in this morbid product itself. The length of time required for the production of these changes; the average duration of the disease in both sexes at different periods of life; under the influence of temperament, occupation, locality or climate; of the various complications to which we have alluded, and of acute and chronic affections of various organs, are subjects which could not be treated with advantage in a general article such as the present, and more especially as the results of researches on these subjects will have a more immediate practical application, by being introduced into the spe-

cial divisions of tuberculous disease. For these reasons, also, we would beg leave to refer the reader to other articles for information on the symptoms, diagnosis, prognosis, and treatment of tuberculous disease in its various stages and complications. We shall, therefore, confine ourselves to a statement of those facts, more especially those of an anatomical nature, which demonstrate the favourable termination or cure of tuberculous disease, and the necessary dependence or origin of this affection in a morbid condition of the economy, hereditary or acquired.

The cure of a disease is indicated—1st, by the cessation of those symptoms which are peculiar to it, or the restoration of those modifications of function to which its existence gives rise; 2d, by the disappearance of the local cause of the disease, or by the presence of certain lesions which are known to follow as the consequence of such local cause, and of no other. Such indications of the cure of tuberculous disease have been observed, even in those organs, the lungs, in which this disease was long considered, and still is by most medical men, to prove inevitably fatal. There are few physicians who will hesitate to give their assent to the fact, that scrofulous swellings are curable, even without ulceration or suppuration having taken place in them. Such cases, we are aware, are regarded by some as simple, chronic, inflammatory swellings of the lymphatic glands; but this opinion we by no means believe to be correct, for among the great number of cases which we have examined, we have never found these glands, when generally affected, exempt from the presence of tuberculous matter; and even when the cutis is pale (if they are situated beneath this tissue), we have sometimes found them almost completely filled with this morbid product. When, therefore, enlarged glands in a scrofulous patient ultimately disappear, we may almost with certainty conclude that we have witnessed the cure of a tuberculous disease. *Tabes mesenterica*, which consists in a similar diseased state of the mesenteric glands, has also been known to terminate favourably. We are not, however, aware that a single case of this kind has been published by any pathologist, and in which the mesenteric glands were found, at some remote period, to furnish anatomical evidence of the previous existence of the disease and of its cure. We ourselves have had only one opportunity of determining these two important points. The patient, who, when a child, was affected with *tabes mesenterica*, and also swellings of the cervical glands, some of which ulcerated, died, at the age of twenty-one, of metritis, the seventh day after delivery. Several of the mesenteric glands contained a dry cheesy matter, mixed with a chalky-looking substance; others were composed of a cretaceous substance; and a tumour, as large as a hen's egg, included within the folds of the peritoneum, and which appeared to be the remains of a large agglomerated mass of glands, was filled with a substance resembling a mixture of putty and dried mortar, moistened with a small quantity

of serosity. In the neck, and immediately beneath an old cicatrix in the skin, there were two glands which contained in several points of their substance (which was healthy) small masses of hard cretaceous matter. We have also been able to trace the several steps of the same curative process in the bronchial glands, in individuals who had recovered from scrofula and pulmonary phthisis, but who died some time after of other diseases. We have found these glands situated at the bifurcation of the trachea, where they are most frequently and most extensively affected with the tuberculous deposition, as well as some way up the trachea, containing a greater or less quantity of a substance resembling putty or dry mortar, the consistence of which was sometimes equal to that of sandstone or bone. This substance has generally a stellated form, or presents a number of sharp spiculæ projecting from a central mass, which sometimes excite inflammation, ulceration, and hence perforation of the walls of the trachea or bronchial tubes with which they come in contact. A direct communication is thus formed between the cavity of these tubes and the diseased glands, through which the cretaceous bodies pass; and they are rejected along with the expectorated fluids. We have seen several examples of cure of tuberculous disease of the bronchial glands, effected in this manner. The patients were generally advanced in years, and had frequently observed the cretaceous matter in their sputa, portions of which we have examined and found to present all the physical characters of that which was afterwards detected in the bronchial glands. When these diseased glands have evacuated the whole of their contents, they are found atrophied, and converted into a fibrous tissue, which fills up the external orifice of the perforated air-tube. The accidental opening now contracts, becomes obliterated, and leaves in its place a puckered depression or cicatrix, seen on the internal surface of the air-tube.

Similar appearances indicating the removal of the serous and albuminous parts of the tuberculous matter, and the condensation of its earthy salts, have frequently been observed in the lungs of persons whose history left no doubt as to their having, at some former period of their lives, been affected with tubercular phthisis. The important fact of the curability of this disease has, in our opinion, been satisfactorily established by Laennec.* All the physical signs of tubercular phthisis have been present, even those which indicate the existence of an excavation, yet the disease has terminated favourably, and its perfect cure has been demonstrated by the presence of a cicatrix in that portion of the lung in which the excavation had formerly existed. In the few remarks which we think it necessary to make on this important part of our subject, we shall confine ourselves to a short description of those changes which take place in the tuberculous matter,

* *Traité de l'Auscultation Médiate*, &c. 2d edit. Tome premier, p. 580.

pulmonary tissue, and bronchi, which indicate that a cure of tubercular phthisis has taken place. The tuberculous matter, whether contained in a bronchial tube, the air-cells, or cellular tissue of the lungs, has assumed a dry, putty-looking, chalky, or cretaceous character. If these changes in the tuberculous matter are observed in an excavation, the surrounding pulmonary substance is generally dark-coloured and firm; and if the excavation exists in the course of large bronchial tubes, those situated between the excavation and the surface of the lungs are obliterated, whilst those in the opposite direction terminate either in a shut extremity near the excavation, or are continuous with the lining membrane or accidental tissue which incloses the altered tuberculous matter. The existence of this accidental tissue is an important circumstance as regards the cicatrization of tubercular excavations. It is formed by the effusion of coagulable lymph on the internal surface of the excavation, or into the substance of the contiguous pulmonary tissue; it has, in the former situation, so long as a ready exit is afforded to its secretion, the characters of simple mucous tissue; but at a later period, and especially when the latter condition is wanting, it becomes gradually and successively converted into serous, fibrous, fibro-cartilaginous, and cartilaginous tissues. The cartilaginous and the osseous transformations of this accidental tissue are, however, rare, particularly the latter. It much more frequently presents and retains the fibrous character, and possesses the property of contracting so as to diminish the bulk of the excavation, and carry with it the pulmonary tissue with which it is connected. The diminution of bulk which accompanies the removal of the tuberculous matter, and the contraction of the accidental tissue, give rise to a puckering of the lung, which is best seen where the pleura has been forced to follow the retrocession of the pulmonary tissue beneath it, and around what is called the cicatrix: for there sometimes remains only a small globular, oval, or even linear portion of fibrous or fibro-cartilaginous tissue in a part of the lung, where, from the extensive puckering of the lung around it, there must have formerly existed an excavation of considerable extent.

When the tuberculous matter is contained within the bronchi, or a cavity formed by the dilatation of the air-cells, it does not appear that any accidental tissue is formed during the cure. This matter appears to be gradually removed by expectoration, if the bronchi remain pervious, or by absorption if they have become closed; and then we have the same obliteration of the terminal branches already noticed, and the same puckering of the surrounding tissues. So complete is sometimes the cicatrization of a tuberculous excavation, that the fibro-cartilaginous substance by which it is generally recognised has entirely disappeared, and there remains only a small nucleus of cretaceous matter not larger than a pin's head. Even this, the remains of the tuberculous matter, may also have disappeared; so

that, to a common observer, the pulmonary tissue appears to be in all respects healthy. But when more narrowly examined, we perceive that there is a central point towards which the course of several bloodvessels and bronchi is directed. These bloodvessels and bronchi can be traced terminating in this point, either by dissecting them with care, injecting, or inflating them. There are many circumstances, into the details of which we cannot enter, which prove most satisfactorily that the obliteration of the bloodvessels and bronchi in such cases is the consequence of the entire removal of a quantity of tuberculous matter, and the cicatrization of the cavity in which it was contained.

There are two circumstances of importance connected with the changes which take place in the tuberculous matter, in the bloodvessels and bronchi, during and after the cure of tubercular phthisis, which require to be mentioned, viz. the *situation* and *extent* of the lung in which these changes are observed to occur. We formerly stated that the upper and back part of the superior lobe of the lungs is by far the most frequent situation of tuberculous deposition in these organs. It is also in this situation that the changes we have described are generally found. Indeed, it may be said that it is in the upper lobes alone that they are observed, for we have met with them only in two or three cases in the upper part of the middle lobe of the right and inferior lobe of the left lung; whereas we have seen them so often in the upper lobes, that, not having *counted*, we shall not venture to name the probable number of cases, lest we should be accused of exaggeration. It is a curious fact that we have seen them oftener in *females* than in *males*, in the former of which the greater frequency of tubercular phthisis is also generally admitted. But a much greater difference in the frequency with which these changes occur, is observed relative to *age*. Thus we have met with them almost exclusively between fifty and seventy, having found them only in two or three cases at an earlier period, and never in children.

The *extent* of the upper lobe of the lung occupied by cretaceous matter and cicatrices varies considerably. Most frequently the presence of one or both is confined to a circumscribed portion of the summit or back part of the lobe. Sometimes cretaceous matter, and cicatrices in various stages of their progress, occupy the upper half or two-thirds of this lobe, and the bronchial glands may, at the same time, present similar appearances. The upper lobe of one lung, or of both lungs, may present these appearances; or, being present in this lobe on one side, they may be accompanied with tuberculous deposition and excavations on the other side. Lastly, cretaceous matter, cicatrices, or both, may be accompanied by the presence of tuberculous matter and excavations in the same or neighbouring lobe; thus indicating, when the other circumstances already mentioned are taken into account, the dependence of the former on the previous

existence of the latter. There must be few practical pathologists who will not consider these anatomical facts as evidence that tubercular phthisis is a curable disease. No objection has been brought forward calculated in the slightest degree to invalidate the conclusion to which we have been led by the repeated observation of the changes we have described,—viz. that these changes are positive indices of the removal of the *material* element of the disease, and also of the cure of those lesions of structure to which it gives rise even at an advanced period of its progress. We feel all the importance that would deservedly be attached to an accurate statement of the conditions under which the cure of tubercular phthisis was effected, in the great number of cases in which we have found these anatomical proofs of this happy termination of the disease. On this point, however, our information is too vague and incomplete to be of any practical utility; but we cannot avoid repeating the fact that pathological anatomy has, perhaps, never afforded more conclusive evidence in proof of the curability of a disease than it has in that of tubercular phthisis.

The cure of tuberculous disease in other organs has not been satisfactorily demonstrated. We have, however, as was before done by Jenner, and since by Dr. Baron, frequently produced tubercles in the liver of the rabbit, and afterwards ascertained that their complete removal was effected by absorption and excretion. When this is accomplished by the latter process, which is most commonly the case, no trace of the disease remains; and when effected by absorption, we have found the surface of the liver marked by irregular furrows or depressions, apparently produced by atrophy of the organ around the seat of the tuberculous matter.

The *origin* of tuberculous affections in a morbid condition of the economy is the last, and perhaps the most important part of our subject, but on which we propose to make only a few observations.

In a former part of this article we endeavoured to show the necessity and importance of making a broad distinction between the localization or actual presence of a disease in an organ, and that general morbid condition of the economy in which it originates, and derives the peculiarity of its local characters. The absolute necessity of this distinction is obvious as regards all those diseases which consist essentially of two elements—a local or general modification of function, and the actual presence of an organic lesion or product. The presence of tuberculous matter constitutes the material element of the disease now under consideration, and like every other morbid product of the same class, has its peculiar and distinctive characters. It is in consequence of the tuberculous matter presenting these peculiar characters, that we consider it to be a disease *sui generis*; and it is also in consequence of this matter being formed in particular organs, as it were indifferently (at least as regards the rapidity and extent of its formation), under every variety of morbid agency to which

these organs may have been subjected, that we cannot admit its formation to be the necessary consequence of any of those local causes to which it has been ascribed. Were we to examine these causes in detail, we should find that there is no necessary connection between any one of them and the formation of the tuberculous matter. The most obvious of these causes, and that to which by far the greatest importance has been attached, is inflammation, or certain real or imaginary modifications of it. Now it is well known to every practical pathologist whose mind is not biased by preconceived theory, that inflammation, whatever may have been its degree, extent, or duration, whatever may have been the tissue or organ affected with it, is not necessarily followed by the formation of tuberculous matter or any other product of a similar kind, inasmuch as in such cases we often meet with no trace of this particular product in the affected organ after death; and, on the contrary, the formation of tuberculous matter is found to take place in organs, the functions of which were never observed to have been deranged, and in which, after death, none of those lesions could be detected which are known to follow the presence of inflammation. Under such circumstances it would be absurd to ascribe the origin of tuberculous matter to inflammation—an effect and its cause are always inseparable under conditions of a similar kind. Applying this law to the solution of the question before us, we arrive at a fact which of itself is sufficient to overthrow every argument which has been brought forward in support of the local origin of tuberculous disease, and which supercedes the necessity of those researches which have been made to prove or disprove such a theory, by determining the relative frequency and order of succession of local lesion and functional derangement, observed in the affected organ, viz. *that the products of inflammation are always the same under conditions of a similar kind.* These products are *coagulable lymph* or *pus*; and that inflammation has *always a tendency* towards the formation of one or both of these products, is proved by the infinitely more frequent occurrence of these than of any other morbid product, consequent on this physiological change. We are therefore entitled to conclude that *pus* and *coagulable lymph* are the *natural products* of inflammation, and that, were the conditions under which this pathological state takes place always the same, its products would be so also. Hence it follows that when other products than these make their appearance in inflammation, the legitimate conclusion is, that some other morbid condition besides inflammation is present, and to which morbid condition alone must be owing the essential and distinctive characters of such products.

In what this morbid condition consists we have no means of ascertaining. The etiology of tuberculous disease furnishes the strongest proofs, independently of those which we have brought forward, of the reality of its existence, and the certainty of its origin under the in-

fluence of circumstances which effect a general change, perhaps more especially in the function of nutrition in general, and which is made manifest to us by the presence of a particular morbid product, through the medium of secretion. The production of the tuberculous disease in the rabbit, by changing as it were the conditions of its existence, that is to say, by forcing it to live on food not suited to its species, and by confining it in a cold, dark, damp, and narrow habitation, strongly illustrates the influence of those physical agents to which the origin of the disease in the human species is attributed by the generality of pathologists, and also the general character of the change thereby induced. The production of this disease in the cow takes place under similar circumstances, with the exception of cold; the treatment of this animal when confined within the walls of a dairy being, in point of fact, an experiment of the same kind, and followed by similar results, but to a far greater extent. Such, also, is the treatment of the monkey in this country, an experiment of a more decided kind, in which animal the extent and fatality of the disease is seldom equalled, even in its worst forms, in man.

The conditions under which tuberculous disease prevails in the human species, are so similar to those to which we have just alluded, that their influence in its production must be admitted to operate on the same general principle. These remarks apply to the formation of tuberculous disease under circumstances where there is no reason to suppose that it has been favoured by any original tendency or disposition. For more ample information on the *acquired* origin of this affection, and also on its *hereditary* origin, we again beg leave to refer the reader to the article TUBERCULAR PHTHISIS.

(R. Carswell.)

TUBERCULAR PHTHISIS, OR CONSUMPTION, PHTHISIS TUBERCULOSA, PHTHISIS PULMONALIS.

The term phthisis (*φθισις*, from *φθίω*, *consumo*, *consumor*, *to waste*, or *decay*) was introduced into medicine when there existed little precise knowledge of the morbid condition upon which the emaciation and other characteristic symptoms of the disease depended. It was first used as a generic term to signify consumption of every kind, and was afterwards more distinctly specified according to the organ in which it was supposed to originate, as phthisis pulmonalis, phthisis hepatica, phthisis mesenterica, &c.; indeed it has even been applied to the wasting attendant on various diseases, as phthisis rheumatica, phthisis syphilitica, phthisis scorbutica, and many others. These indiscriminate appropriations of the term gave rise to much vagueness and confusion in its practical application. But as the knowledge of morbid anatomy became more precise, disease of the lungs was found to be most frequently connected with consumption; and hence phthisis pulmonalis not only attracted far greater attention than any other form of the

disease, but a large proportion of the other species were found to resolve themselves into this, having been discovered to be mere complications of it. Phthisis pulmonalis was now divided into various species, according to the real or imaginary nature of the pulmonary disease upon which the symptoms were supposed to depend.

At length, Laennec, finding, in the course of his extensive researches into pulmonary diseases, that tubercles formed almost the universal cause of consumption, proposed to restrict the term phthisis to the disease produced by tubercles in the lungs; and since the publication of his great work in 1819, (an important era in our knowledge of pulmonary diseases,) the term has been so restricted in France. The accuracy of Laennec's opinions has been confirmed by the subsequent investigations of Louis and Andral, whose minute and laborious researches have given a precision to our knowledge of the subject which was unknown before their time. But, notwithstanding the advantages which have resulted from the adoption of these views, they have tended to keep alive the idea that pulmonary phthisis is a local disease, referrible to a local cause: and thus the constitutional origin of tubercles, by far the most important part of the subject, has been neglected.

Before we can hope to acquire an accurate knowledge of consumption, we must carry our researches beyond those morbid alterations which constitute the pulmonary disease and are only a secondary affection,—the consequences of a pre-existing constitutional disorder, which is the necessary condition that determines the production of tubercles.

An imperfect acquaintance with the nature of tubercles and with the morbid state of the system in which they have their origin, has led to great discrepancy of opinion concerning the nature and causes of phthisis pulmonalis. There are many, even at the present day, who regard tuberculous disease of the lungs as the result of inflammation; an opinion which we consider as not only erroneous, but as having been productive of a very mischievous practice. Inflammation of the respiratory organs may, and we believe often does give rise to tubercles, and unquestionably accelerates their progress; but we also believe inflammation to be incapable of producing tubercles in a healthy constitution.

Chronic inflammation of the different tissues of which the lungs are composed, is often accompanied with symptoms closely resembling those produced by tuberculous disease. Chronic bronchitis and chronic pleurisy afford examples of this kind; and the distinction between these and tuberculous disease of the lungs, becomes, in some cases, very difficult. Hence they have been, and still are often confounded, and considered, as regards each other, in the light of cause and effect. This error originates not in the nature of the subject, but in a want of correct observation; and we are of opinion that when the history of these inflammatory affections is carefully investigated, they may, in a very large proportion of cases, be discriminated.

minated from pure tuberculous disease. That the distinction is not more frequently made is owing more to our own imperfect and careless inquiries into the history of the cases which come before us, and to our negligence in examining minutely all the signs and symptoms which they present, than to any real obscurity in the nature and characters of the diseases themselves. The truth is, that in the highly tuberculous constitution, tuberculous disease of the lungs very often occurs in a slow, insidious manner, and, in a large proportion of such cases, has made considerable progress before it manifests itself by any remarkable local symptoms, or is even suspected to exist by those who regard consumption as originating in inflammatory diseases of the lungs. In such examples of latent tuberculous disease, an attack of catarrh, a slight inflammation of the pleura or of the lungs, or hæmoptysis, is not unfrequently the first circumstance which excites the attention or awakens the fears of the patient and his friends; and to this accidental occurrence, to which the presence of tubercles in the lungs renders the person peculiarly liable, the origin and cause of all the future mischief is attributed. Nor is it surprising that an ordinary observer should arrive at such a conclusion; and, ascribing the disease to that which was first cognizable by his senses, should consider the "neglected cold," the "inflammation of the lungs," or the "breaking of a bloodvessel," the original cause of all the subsequent evil. But, after all the light which modern pathologists have thrown upon the nature, the diagnosis and prognosis of tuberculous disease, it may well excite surprise that medical men should still regard these affections as the chief causes of Phthisis. In a vast proportion of cases of this nature, a more minute inquiry into the patient's previous state of health, and a closer investigation of the symptoms, would have led to the conviction that long before the pneumonia, the hæmoptysis, or even catarrh, tuberculous disease of the lungs existed, and that those affections were consequent upon, or at least subsequent to, the existence of pulmonary tubercles, or had occurred in a tuberculous constitution by which their effects were modified. In another part of this article we shall state the grounds upon which this opinion rests, and at the same time endeavour to show that tuberculous disease of the lungs may be detected long before it generally is;—that what is usually considered the early is in reality an advanced stage of the disease;—and that tubercle, even in its nascent state, is, as has just been stated, a secondary affection, originating in, and dependent upon, a morbid condition of the general system, viz. tubercular cachexia.

Our principal object in this article is to take a comprehensive view of tuberculous phthisis as originating in a morbid state of the constitution; to inquire into its nature, origin, and causes as an hereditary affection; to point out those circumstances which are capable of inducing it at the different periods of life; and to attach the proper value to those pulmonary

diseases which are considered by some as the real causes of consumption, but by others, more correctly in our opinion, as merely determining causes, and often only complications. If we succeed in giving a satisfactory exposition of this, the most important, but hitherto most neglected part of our subject, we may hope to lay the foundation of a sounder pathology of tuberculous disease, and to establish a more rational and more effectual mode of prevention and treatment during that period of its progress in which medical treatment is of much avail, and a cure can be considered possible. For no physician, acquainted with the morbid anatomy of phthisis, can for a moment indulge the hope that we shall ever be able to cure what is usually termed "confirmed consumption," if we except the small proportion of cases in which the tuberculous deposit is confined within narrow limits. The state of the lungs in the advanced stage of phthisis is to be regarded as the result of a series of morbid processes which have terminated in the destruction of the organ; and we might as reasonably expect to restore vision when the organization of the eye is destroyed, or the functions of the brain when the substance of that organ is reduced by disease to a pulaceous mass, as to cure a patient whose lungs have been extensively destroyed by tuberculous disease. "*Quelle est la maladie qu'on guérit,*" asks Portal, "*quand l'organe dans laquelle elle réside a souffert une désorganisation complète?*"*

Had the labour and research that have been wasted in fruitless experiments to cure an irremediable condition of the lungs been directed to the discovery of the causes and nature of tuberculous disease, with the view of deducing rules for its prevention and treatment, consumption would be regarded in a light very different from that in which it is looked upon at the present period. Our view of tuberculous consumption comprehends not merely the period succeeding the actual development of pulmonary tubercles, but the whole course of the disease from the very commencement of the constitutional disorder. By a knowledge of this constitutional disorder, we may reasonably hope to prevent, in many cases, the occurrence of the disease, and, in a small proportion, to arrest its progress in its nascent state and even to remove its local effects: and if we go a step further back, and investigate the causes which give rise to the tuberculous diathesis in the parent, we may also hope to diminish the hereditary disposition in the offspring. This is, no doubt, opening a very wide field of inquiry; but it is most certain that, unless we enter into the subject in its fullest extent, we shall do little effectual towards diminishing the frequency, or reducing the mortality of this very prevalent and most destructive malady.

It is not, we believe, advancing too much when we state that, among the whole range of human infirmities, tuberculous diseases are the most deserving the study of the physician, whether we regard their immense

* *Sur la Phthisie, Introduction.*

frequency or appalling mortality. Confined to no country, age, sex, or condition of life, they destroy a larger proportion of mankind than all other chronic diseases taken together. In this country, and over the whole temperate region of Europe and America, tuberculous disease of the lungs causes probably a fifth part of the whole mortality; and in some districts, and even in whole countries, the proportion is much larger. It has been calculated by the late Dr. Young, Dr. Woolcombe, and others, from the best data which the bills of mortality afford, that in Great Britain and Ireland, consumption causes one fourth part of the deaths that occur from disease. If, then, we add to consumption, tuberculous disease of the glandular system, of the brain, of the large joints, of the spinal column, &c. and deduct the mortality which occurs during the first months of life, we shall probably be within the truth in stating that one third part of the mortality of this country arises from tuberculous diseases: and if to this frightful destruction of mankind we add the numerous crippled and disfigured sufferers whom we daily meet with, the blind, the deaf, and the maniacal, (for mania is not an infrequent consequence of this disease,) and, above all, the painful reflection that the predisposition to this destructive class of maladies is transmitted from the parent to the offspring,—we shall surely have no need to press upon medical practitioners the claim which tuberculous disease has, above all others, upon their earnest consideration.

A very important question in the history of tuberculous diseases naturally presents itself to our consideration in this place, viz. their increasing or decreasing frequency. Every member of the profession has too ample opportunities of satisfying himself of the extensive prevalence of strumous diseases; but some doubts may exist as to their being comparatively more prevalent at the present time than they were some fifty or a hundred years ago. By the bills of mortality, it would appear that the number of deaths from consumption in this country is less at present than thirty years since;* but the known inaccuracy of records of this kind should render us cautious in giving too implicit faith to conclusions drawn from such sources. The labouring classes of the population in this country are at present in a more comfortable state than they were half a century back: they fare better, are better clothed, and more comfortably lodged;—circumstances which are all favourable to health, and consequently to the diminution of tuberculous disease. Although we can in these circumstances perceive a probable cause of such diminution of tuberculous disease in the lower orders, we confess we have our doubts whether their more general indulgence in the use of ardent spirits has not prevented such abatement. But whether tuberculous diseases have diminished or not during the last half

century among the labouring part of our population, we are of opinion that they have increased in the upper and middle ranks of society. This is an inquiry of great moment. If it were clearly shown that the disease is gradually abating among all ranks of the people, we might perhaps leave it in the hope that its diminution would keep pace with the improvement of society. But if, on the contrary, we arrive at the conclusion that scrofulous disease is on the increase, or, in other words, that the health of the middle and upper ranks of society is progressively declining, we shall have the strongest reasons for inquiring into the causes which lead to such deterioration of health, with a view to obviate it.

That a general delicacy of constitution and a proneness to scrofulous diseases are on the increase, is a conclusion, the accuracy of which we leave to be decided by the experience of the profession. We have all an opportunity of observing and comparing the state of health of the rising generation with that of their fathers and grandfathers. On taking a survey of the constitution of these three generations, we think it will be found, in a large proportion of instances, that the deterioration of health is progressive from father to son. We are far from believing that this is invariably the case; but we do believe that it will be found generally so: at least, such is the conclusion to which we have been led from personal observation.

It is unnecessary in the present article to enter upon the consideration of the whole series of tuberculous diseases, as part of the subject has been already treated in this work. (See SCROFULA, TABES MESENTERICA, and more particularly the admirable article TUBERCLE.) But, although our chief object will be to enter more particularly into the history of pulmonary tubercle, our observations will apply to the whole class of tuberculous affections, more especially when treating of the nature, the causes, and treatment of the disease.

SECT. II.—OF THE TUBERCULOUS CONSTITUTION AND TUBERCULOUS CACHEXIA.

As we shall have frequent occasion, in the course of the present article, to refer to that morbid condition of the system which precedes and attends tuberculous disease, we shall commence by giving a brief view of the characters by which it may generally be recognised. It is right, however, to premise that these are so variously influenced by the age, complexion, temperament, and other circumstances of the individual, that it is a matter of considerable difficulty to describe them. It must also be observed that this morbid condition itself is progressive, and therefore varies in intensity.

The tuberculous constitution, when of hereditary origin, is manifested by a peculiar appearance of the countenance, by the form and development of the body, by the anormal state of various important functions, and by a peculiar disposition to certain diseased actions. The aspect of the countenance generally affords decisive indications of the presence of the affection: in early childhood it has a pale, pasty appearance, the cheeks are generally full and

* Elements of Medical Statistics, by F. Bisset Hawkins, M.D.

the upper lip and *alæ nasi* large. If the complexion be dark, the colour of the skin is generally sallow; if fair, it has an unnatural white appearance, resembling blanched wax rather than healthy integument; and the veins are large and conspicuous. At a more advanced period of youth, the indications exhibited in the countenance are more clearly marked. The eyes, particularly the pupils, are generally large, the eye-lashes long; and there is usually a placid expression, often great beauty of countenance, especially in persons of a fair, florid complexion. On the other hand, the features are generally less regular in those of a dark complexion, and the skin is commonly coarse and of a sallow dingy colour; although there are many exceptions to this, in the fine dark eye, regular features, and delicate skin of such persons. Still, it is difficult to describe with accuracy the tuberculous physiognomy, as it varies in every intermediate shade, between the pale, faded, but changing colour of persons little under the influence of this morbid condition, and the peculiar cast of countenance which attends the confirmed cachectic state.

In early infancy there is little remarkable in the form of the body; it is generally large, but wants the firmness of health. As the child increases in age, we find for the most part that it is not well proportioned; the different parts are rarely in keeping, and there is a want of symmetry in the whole. The head is often large, the trunk small, the abdomen tumid, and the limbs are unshapely, being either large and clumsy, or disproportionately slender with large joints; but this is only the case in the more perfect examples of the tuberculous constitution. The growth of the body is also generally unsteady in its progress; very frequently it is slowly and imperfectly developed: it may increase for a time in the usual manner, and then remaining stationary for years, again proceed, especially towards puberty, with extraordinary rapidity. This last circumstance in the growth of all young persons, but more particularly in the tuberculous, is frequently observed after any acute disorder, such as fever, measles, &c.

The functions most evidently deranged are those more immediately connected with nutrition, particularly those of the digestive organs. The dyspepsia of the scrofulous constitution has peculiar characters by which it may generally be known. These have been accurately described by Dr. Todd in the article *INDIGESTION*, (vol. ii. p. 654,) under the name of *strumous dyspepsia*, a condition of the digestive organs which is not only present in the hereditary strumous constitution, but is capable, we believe, of generating this constitution and of leading ultimately to tuberculous cachexia. In Dr. Todd's opinion, "it presents a more characteristic feature of this habit of body than any physiognomical portrait which has yet been drawn of it. In this respect it is more to be depended on than either the fine skin, the clear, delicate complexion, the light hair, large blue eyes, and

dull scleroticæ of one variety; or the foul, dull, swarthy-coloured skin, the sallow complexion and swollen countenance, the dark hair, and tumid upper lip of the other." Again, "upon whatever temperament the disordered habit which we call scrofula may engraft itself, we venture to say that this form of dyspepsia will also there be found; and, therefore, being constantly present with it, preceding and accompanying the various symptoms which issue from it, it would be contrary to all reason to refuse to it an important share in the development of this disordered habit, and in the production of the local affections which have hitherto too much engrossed the attention, to the exclusion of a proper consideration of the constitutional disease." We have cited Dr. Todd's observations, although forming part of this work, because they cannot in our opinion be too strongly pressed upon the consideration of the profession, so much importance do we attach to this disordered state of the digestive organs as a source of tuberculous disease. We shall return to the consideration of this subject when treating of the causes.

The intellectual functions are often performed with a preternatural degree of activity, a premature development of the mental faculties being a frequent accompaniment of the tuberculous habit; a circumstance which demands our attention on account of the practical rules to be founded on it in regulating the education of such persons. But this state of the intellect is by no means a constant attendant on the scrofulous constitution; indeed, the very reverse often prevails. Hence we have two opposite states of the mental as well as physical constitution; the one, attended by a florid complexion, thin, fair skin, and great sensibility to impressions, along with a corresponding acuteness of mind; the other, characterized by a dark complexion and coarse skin, with a languid, torpid condition of the bodily functions, and a like dulness of the mental faculties.

If we take a more particular survey of the functional derangements of the tuberculous constitution, we shall find that digestion is rarely well performed; that the bowels are irregular, more frequently slow in their action than the reverse, and that the evacuations are not of the natural appearance which they are known to possess in healthy persons. The urinary secretion, also, often deviates from the healthy standard, being generally turbid, particularly when the bowels are costive. The cutaneous functions are rarely in a healthy state; the skin is either pale, soft, and flaccid, or dry and harsh, and frequently affected with eruptions. In general, the insensible perspiration is defective, although copious partial perspirations are not uncommon, particularly in the feet, where they often have a fetid odour. The physical powers are generally below the usual standard. The limbs, though full, are soft, and want both the form and firmness of health. The circulation is generally feeble, as is indicated by a weak pulse, cold extremities, and inability to bear much bodily fatigue. This state of the circulating

system forms an essential element in the tuberculous constitution, at least we have rarely or never found it wanting, and we regard it as affording an explanation of many of the most important phenomena of the disease. A full development of the body and great muscular power are not, however, incompatible with the tuberculous constitution. Several of our celebrated pugilists have died tuberculous; and very lately one died of phthisis, within our knowledge, a short time after an obstinately contested fight, which proved fatal to his antagonist. Independently of their bearing on the present subject, such examples deserve attention, as showing the effect of training in increasing the strength even of the tuberculous system.

The tuberculous constitution is, also, further characterized by a peculiar liability in the subjects of it to certain diseases affecting in a special manner the mucous surfaces. We have already noticed the irritation of the digestive organs; there exists also, in general, a strong disposition to catarrhal affections, generally confined in early youth to the nasal cavities, often very tedious, and not unfrequently attended with a copious and long-continued discharge of thick yellow mucus. Epistaxis is also common in young children of the strumous constitution. The eyelids and the ears also are very liable to chronic inflammation, which is often attended in the latter organs by a discharge of puriform matter. Inflammation and a chronic congestive state of the mucous membrane of the internal fauces is likewise common, frequently terminating in chronic enlargement of the tonsils. The bowels are easily deranged, and often discharge large quantities of mucus upon slight causes of irritation. Slight febrile attacks are also common, being generally connected with irritation of the digestive organs. Eruptions on the hairy scalp are very frequent; and the external lymphatic glands become readily enlarged from slight irritation of the neighbouring mucous surfaces or of the skin, and from exposure to cold, &c. The catamenia in young females are also very often tardy in appearance and irregular in their return.

By the term Tuberculous Cachexia, we designate that particular condition of the system which gives rise to the deposition of tuberculous matter, on the application of certain exciting causes which will be noticed in a future part of this article, but which have no such effect on a healthy system. This morbid constitutional affection has been noticed by various authors under different names, (*latent scrofula*, *scrofulous diathesis*, &c.) and described under the present appellation in our work on 'Climate.' It is a state which may exist from birth, or be acquired at almost any period of life, from infancy to advanced old age. When thus acquired, the characters by which it is recognised are less clearly marked and less easily distinguished than when it occurs as an hereditary affection, or is engrafted on the tuberculous constitution. We want in a great degree the external features and form

which characterise the hereditary disease. But even when the disease has been acquired after maturity, the peculiar pallid hue approaching to a sallow tinge, together with the sunk and faded state of the features, are in general sufficiently well-marked to indicate the patient's condition. In persons of dark complexion this is accompanied by an unvarying sallow, or rather leaden hue of skin, and a dull pearly appearance of the sclerótica; and in the fair and florid, by a pasty aspect of the countenance, alternating with the irregular red and white mottled appearance of the cheeks, passing often from the paleness of death to a dark purplish hue, in a way more easily recognised than described. In more advanced life, the deep sallow cast of countenance, varying occasionally to a tinge of yellow, predominates and constitutes the slowly acquired but deeply-rooted constitutional disorder.

SECT. III.—OF TUBERCULOUS DISEASE OF THE LUNGS, OR PHTHISIS, PROPERLY SO CALLED.

In describing the course of tuberculous consumption, we shall endeavour to trace the connexion between the external symptoms, local and general, and the progressive morbid changes in the lungs; as it is only by keeping this connexion constantly in view that we are able to detect the pulmonary disease in its commencement, or distinguish it even in its more advanced stages, when rendered latent or obscured by the presence of other diseases.

Although a certain group of symptoms accompany tuberculous disease of the lungs, the order in which they present themselves and the degree of their severity vary remarkably in different individuals. In some cases the symptoms are so prominent as to excite the attention of the most careless observer, while in others they are so slight as scarcely to be observed by any but the medical attendant, and they even occasionally escape his observation.

We shall, in the first place, describe the more usual form and progress of phthisis, and afterwards notice the less common but not less certain forms which it assumes. We shall also adopt the mode of dividing the subject into stages, as it will enable us the more easily to connect the progress of the pulmonary disease with the symptoms by which it is accompanied.

1. *Of the more common or general form of Phthisis.*

First stage.—It is natural to suppose that the symptoms of any disease should be expressive of impeded or disordered function of the organ in which such disease is seated, and hence in the present instance cough is generally the earliest symptom by which tuberculous disease of the lungs is indicated. It is first observed in the morning on getting out of bed, but is for some time so slight as scarcely to deserve the appellation, consisting of little more than one or two imperfect efforts to cough. After a longer or shorter period, this symptom occurs occasionally during the day, especially after slight exertion, and also at night on getting into bed. By degrees, the

morning cough is accompanied with the expectoration of a transparent ropy fluid, resembling the saliva, and apparently originating in the posterior fauces. The cough soon becomes attended with the same kind of expectoration during the day; but at this period of the disease, as well as through its whole course, the expectoration is generally most abundant in the morning.

Along with the cough, sometimes indeed preceding it, but much more generally occurring only after it has existed for some time, a degree of oppression of breathing is remarked on ascending stairs, or making any active exertion; and a tightness of chest or transitory pain is also frequently experienced on these occasions.

Soon after the appearance of the cough and dyspnoea—the first direct indications of the morbid condition of the lungs, the general system begins to sympathise with the local disease. The pulse becomes quicker than natural, especially after meals and towards evening. At this period of the day there is also frequently experienced a slight degree of chilliness, followed by some heat of skin, particularly in the palms of the hands and soles of the feet, which continues during the night. When this state of things has lasted for some time, perspiration succeeds the heat, occurring generally towards morning. Yet this febrile paroxysm is often so slight as to be overlooked by the patient, particularly its two last stages; the evening chill attracts more attention, as the sensations which accompany it are very unpleasant, but it rarely occurs without being followed by a degree of febrile heat. The sleep is now less sound and refreshing, and is occasionally disturbed during the night by cough.

While these symptoms of local disease are engaging our notice, those indicating the general state of the system are no less deserving of our attention. The aspect of the patient gives evident indications of tuberculous cachexia; the countenance is paler than usual, or changes colour frequently,—being at times, more especially early in the day and after a little fatigue, faded and expressive of languor; which indeed exists in a greater or less degree, the patient being little inclined or able for exertion, either bodily or mental: on examination at this time the skin will also be found to have lost its natural elastic feel, and the flesh its firmness, while a degree of emaciation is generally evident.

These symptoms may continue for a considerable period without any remarkable increase, varying in degree according to the state of the weather and the circumstances in which the patient is placed. If they have made their first appearance in the spring, they often diminish and may even cease as the summer advances, especially if the patient is put upon a judicious regimen and is sent to a healthy part of the country. The tubercular disease is interrupted by the amendment of the general health, and the patient may even improve so much as to lead him and his friends to think

the danger is past; but the following season too often undeceives them. If the symptoms have occurred early in the winter, the amelioration produced by the succeeding summer is seldom so evident; because in general the disease has made considerable progress during the winter. Still the state of the patient may undergo great amendment; the symptoms may almost disappear, and he may gain both flesh and strength; but the cough rarely ceases, and the first approach of cold weather, or the first attack of autumnal catarrh brings back the symptoms and feelings of the preceding winter with remarkable rapidity.

As the symptoms which have just been enumerated generally characterise the *first stage* of tuberculous consumption, it is a matter of great importance to determine the condition of the lungs with which they are associated. We have seen that cough, some dyspnoea, slight hectic fever, languor, debility, and commencing emaciation constitute the external or visible phenomena of the disease. Morbid anatomy informs us that the lungs at this period contain a greater or less quantity of tuberculous matter, the whole or a large proportion of which is still in what is called the state of crudity; that is, more or less firm, of a greyish colour, and somewhat transparent; or partly of a pale yellowish colour and opaque. The pulmonary tissue and bronchial membrane in the immediate vicinity of the tuberculous deposits may have undergone no perceptible alteration, or both may present a degree of redness and vascularity.

The *physical signs* afforded by an examination of the chest during life, under such circumstances, are unfortunately often obscure; though this will depend on the extent of the tuberculous matter and the manner in which it is deposited. If it be in small quantity, or diffused pretty generally through the lungs, little light will be thrown on the disease by auscultation; but when it is more abundant, and deposited, as it generally is, in the summit of the lungs, auscultation assists us greatly in detecting the real nature of the disease in doubtful cases. The sound elicited by percussion, when delicately performed, will often be found clearer under one clavicle than the other; the respiratory murmur, heard through the stethoscope, will be less soft and free where the duller sound exists, and the resonance of the voice greater at the same place. Unless, however, there is an obvious difference between the sounds heard in the relative situations on both sides, the signs afforded by auscultation are not much to be depended on at this early stage of the disease; and in many cases we have to form our opinion of the patient's condition from the local and constitutional symptoms only. In other instances, however, with the same symptoms, the physical signs afford the most unequivocal indications of the existence of pulmonary disease. The sound elicited by percussion is evidently less clear under one clavicle; the respiration less soft and easy, and the voice decidedly more resonant than under the opposite clavicle; and,

even at this early period, the motions of the upper parts of the chest, carefully observed during inspiration, may often be remarked to be unequal; one side of the chest being more fully expanded during inspiration than the other. When this is the case, it will generally be found that the side least elevated is that which gives the most evident signs of the existence of tubercles. When the tuberculous matter is diffused over a large portion of the lungs, puerile respiration occasionally indicates its presence. A marked inequality in the sound of the respiration in different parts of the chest also affords strong suspicion of tuberculous disease, when such inequality cannot be otherwise accounted for.

By a careful inquiry into the state of the patient's health previously to the period now under consideration, and by attention to the various symptoms which have been enumerated, the physician who has been accustomed to trace the connexion of symptoms with the morbid changes of the organ, of which they are merely the external manifestations, will rarely fail to arrive at a correct opinion in such a case; and if he has availed himself of the evidence derived from the physical signs, he will have the positive assurance that his diagnosis is correct in a very large proportion of cases. Yet it often happens that a patient presenting all the indications of tuberculous disease which have just been stated, is said, and believed to be, merely *threatened* with disease of the lungs, or to have an affection of the trachea or bronchi; and it is commonly added that, "with care, all will do well." This arises from the habit of trusting to symptoms alone for a knowledge of disease, neglecting pathological anatomy, by which the physician is enabled to connect the external phenomena of disease with the morbid condition of the organ.

Second stage.—The circumstance which has been considered as marking the passage from the first to the second stage of phthisis is a remarkable change in the expectoration. The colourless frothy expectoration, which had hitherto attended the cough, is observed to contain small specks of opaque matter of a pale yellowish colour; the proportion of which gradually increases, forming patches surrounded with the transparent portion in which it seems to float. Specks or streaks of blood are also often observed in the expectoration at this time.

With this change in the expectoration the other symptoms generally increase; the cough becomes more frequent and troublesome, the evening chills more constant and severe, the succeeding heat of skin greater and more general, and the morning perspirations more regular in their occurrence and more copious. The hectic fever is now established; the pulse is frequent at all times, and the respiration hurried, even when the patient is at rest. The sense of languor and weakness also increases; the patient or his friends remark that he is losing flesh, and that what remains is soft and flabby; and he feels himself quite unequal to

the degree of bodily or mental exertion to which he had been accustomed. The face is generally pale during the day, while a circumscribed flush of the cheek is often remarked towards evening. About this period also, if not earlier, pains which are usually considered rheumatic, are often experienced in the side and in the neighbourhood of one or both shoulders. Hemoptysis is likewise a frequent occurrence, amounting in some cases merely to a slight streak in the expectoration, while in others a considerable quantity of pure un-mixed blood is brought up.

These symptoms are accompanied by a corresponding change in the morbid condition of the lungs. The tuberculous deposit has undergone that process which is called *softening*; that is, it has been softened and diluted by a morbid secretion from the surrounding pulmonary tissue; and the change in the character of the expectoration indicates at once the softening of the tuberculous matter, and its passage into the bronchial tubes. While this process of softening is taking place in the tuberculous masses of earliest formation, the pleura covering the diseased portion of lung generally becomes adherent to that of the ribs, by the effusion of lymph which is subsequently converted into cellular tissue. The extent and firmness of these adhesions are generally proportionate to the extent and duration of the tuberculous disease. The pains which are very commonly experienced in the upper and lateral parts of the chest are, no doubt, partly the consequence of the slight pleuritic inflammation which precedes the uniting process; and accordingly we have generally found on inquiry that the pains were either confined to, or more frequent and severe on that side of the chest where the most extensive tuberculous disease was manifest.

While the tuberculous matter is being thus softened and expectorated, leaving excavations of a greater or less extent in the superior lobes, the lower portions of the lungs are gradually becoming tuberculous, the progress of the disease being usually from above downwards.

A careful examination of the chest at this period affords positive evidence of the internal mischief. The upper parts are less freely raised during inspiration than in the healthy state; and this is frequently more evident on one side than the other. The sound on percussion is dull under both clavicles; and on applying the stethoscope or ear to the chest, a slight crackling noise (*crepitating rhonchus*) is heard, while a gurgling sound (*cavernous rhonchus*) is frequently produced by coughing. The voice is more resonant, amounting generally to bronchophony; and distinct pectoriloquy is often heard in one or more points of the clavicular or scapular regions. All these indications are very generally more evident on one side than the other; and hence, in obscure and complicated cases, arises the advantage, and even the necessity of attending more particularly to this circumstance, in order to enable us to establish our diagnosis with more certainty and precision.

The extent to which the lungs have become tuberculous in the stage of phthisis now under consideration, varies remarkably in different cases, without a corresponding difference in the severity or duration of the symptoms. Two patients having symptoms exactly similar, may, on examination of the chest, present a very striking difference in the extent of the pulmonary disease: hence, by trusting to the symptoms alone, without having a due regard to the physical signs, we shall often be led into error in estimating this important point.

The length of time during which a patient may continue in the state which we have described, also varies remarkably. In some cases a few weeks suffice to bring him to the brink of the grave, while in others many months, and even years may pass away without any remarkable increase or diminution of the symptoms, or, there is reason to believe, of the pulmonary disease. In a small proportion of cases a curative process is established, by which the effects of the disease are in a greater or less degree obliterated; and if the patient's general health is maintained in a good state, there may be no return of tuberculous disease.

In the stage which we have been considering, the symptoms do not often indicate the presence of tubercles in any other organ; although during the progress of the disease there is scarcely an organ or part of the body that may not become tuberculous.

Third stage.—This has been termed the colliquative stage, from the copious perspirations, the frequent attacks of diarrhœa, and the abundant expectoration by which it is usually attended. With these symptoms, but more especially with the diarrhœa, the emaciation and debility generally keep pace: the cough also becomes more distressing during the night as the disease advances, and the patient frequently suffers greatly from pains of the chest; while his breathing is much oppressed on the slightest exertion. The feet and ankles become œdematous towards evening; the swelling at first disappearing in the course of the night.

The chest examined at this advanced period of the disease is found to be remarkably changed in its form: the shoulders are raised and brought forward; the clavicles are unusually prominent, leaving a deep hollow space between them and the upper ribs; and the chest is flat in place of being round and prominent. The clavicular regions are nearly immovable during respiration; and when the patient attempts to make a full inspiration, the upper part of the thorax, instead of expanding with the appearance of spontaneous ease peculiar to the healthy state of the lungs, seems to be forcibly dragged upwards at each effort to accomplish it. Percussion gives a dull sound over the superior parts of the chest, although the caverns which partially occupy this part of the lungs, and the emaciated state of the parietes render the sound less dull than in the preceding stage. The stethoscope affords more certain signs: the respiration is obscure and in some places inaudible, while

in others it is particularly clear, but has the character of the bronchial, or tracheal, or even the cavernous respiration of Laennec. Coughing generally gives rise to a gurgling sound (*gargouillement*); and pectoriloquy is more or less distinct, for the most part on both sides, although more marked on one than on the other. In this state the patient may still linger for many weeks, or even months, reduced to a perfect skeleton, and scarcely able to move in consequence of debility and dyspnœa.

With the loss of physical strength, the energy of the mind generally undergoes a corresponding diminution; the reasoning faculty remains, but evidently diminished in its powers. Though inwardly conscious of his decay, the patient does not absolutely adopt the conclusion, but founding hopes chiefly on the uncertainty of our art, seldom excludes the possibility of recovery, until at last he becomes indifferent to what is passing around him and to his own state; and this even when he had been hitherto remarkably alive to every symptom.

During the last weeks of existence an aphthous state of the mouth usually occurs, and is a sure forerunner of approaching dissolution. Delirium, generally of a mild character, likewise occurs at intervals at this period, although in some cases it is entirely wanting. In a few instances we have observed violent delirium during several days preceding death.

Such is the more common progress of tuberculous disease of the lungs, and the phenomena by which it is accompanied and characterised: we shall presently enter into a more full examination of the different symptoms.

It has often been stated that pulmonary consumption is a mild disease, by which the patient is imperceptibly wasted away, without pain or suffering, indulging the hope of recovery to the last. They must have witnessed but little of the disease who could state this to be its general progress. The miserable sensations produced by the frequent chills during the day, and by the more distressing and death-like chills which follow the copious perspirations in the night and morning; the harassing cough and expectoration; the pains of the chest; the frequent dyspnœa, amounting often to a threatening of suffocation; the distressing sense of sinking produced by the diarrhœa,—all increasing as the strength of the unfortunate patient is failing;—and, more than these, that “*contention de l'esprit*,” that inward struggle between hope and fear, which, whether avowed or not, is generally felt by the patient in the latter stages,—make up an amount of suffering which, considering the protracted period of its duration, is seldom surpassed in any other disease.

But as phthisis differs remarkably in the rapidity of its progress, and the severity of its symptoms, so does it also in its mode of termination. In many cases the patient's sufferings cease and give place to a state of tranquillity during the last days of life; and he sinks gradually without a struggle. In other cases (and most frequently in young subjects) the struggle continues to the last.

Duration of Phthisis.—Tuberculous consumption is essentially a chronic disease, the range of its duration being very considerable. Cases have been recorded which have terminated in eleven days,* while others have lingered for twenty and even forty years.† These, however, are extreme cases, and of rare occurrence; and in endeavouring to fix the average duration of phthisis, we must exclude these very acute as well as the very protracted cases.

The following tables, extracted from the works of Bayle and Louis, give an accurate view of the duration of phthisis in three hundred and fourteen cases. In the first table the numbers of cases which came under the observation of each physician are given separately, in order to show how closely they correspond.

TABLE I.

Duration of Disease.	Number of Cases.		Number of Cases.		Total.
Months.	Louis.	Bayle.	Louis.	Bayle.	
1	1	1	8	+	16 = 24
2	4	6			
3	3	9			
4	5	12			
5	11	14	25	+	44 = 69
6	9	18			
7	9	18			
8	9	14			
9	7	12	25	+	44 = 69
10	4	8			
11	3	7			
12	5	5			
13	2	6	12	+	20 = 32
14	4	10			
15	6	5			
16	0	3			
17	2	4	3	+	9 = 12
18	1	2			
19	1	2			
20	1	3			
21	0	6	10	+	18 = 28
22	0	3			
23	0	2			
24	8	2			
Years.					
3	6	6	14	+	14 = 28
4	6	5			
5	2	3			
6	0	1			
7	0	3	1	+	9 = 10
8	0	1			
9	0	3			
10	1	1			
12	2	1	4	+	5 = 9
14	1	0			
20	1	4			
40	0	0			
	114	200	114	+	200 = 314

The mean duration of phthisis calculated on this table is twenty-three months, that is, including the extreme cases; but it will be observed that one hundred and sixty-two, or more than one-half of the cases, terminated in nine months, and the greatest proportion of these between the fourth and ninth months. By excluding those cases which terminate within four months and those that exceed four years, the average duration of the remaining cases is eighteen months.

TABLE II.

Time.	1	2	3	Time.
	Dead	Alive	Die	
Months				Months
in 3	8	92	8	from 1 to 3 inclu-
6	30	70	22	4 " 6 [sive
9	52	48	22	7 " 9
12	62	38	10	10 " 12
15	72	28	10	13 " 15
18	76	24	4	16 " 18
24	85	15	9	19 " 24
Years				Years
5	94	6	9	3 " 5
10	97	3	3	6 " 10
40	100	0	3	11 " 40

This table is constructed from the first. The numbers are reduced to proportions of one hundred, and placed so as to exhibit the law of mortality in phthisis. Supposing one hundred persons to be attacked with phthisis at the same time, the first column shows the number who will die by the end of the third month, sixth month, &c., the second column shows the number living, and the third how many die in the various periods of the disease.

These tables are calculated on fatal cases which occurred in hospital practice. The duration of the disease in private life, with its many advantages and comforts of which hospital patients are necessarily deprived, is considerably greater. M. Andral's experience at La Charité led him to fix the average duration of the disease in that hospital at two years, which is very near the average deduced from the tables of Bayle and Louis, when the extreme cases are taken into the account; but it is evident, from an inspection of these tables, that much the larger proportion of cases die considerably within this period.

Various circumstances affect the duration of phthisis;—the age, the sex, and constitution of the patient, as well as the external circumstances in which he is placed, such as the occupation, the season of the year, climate, &c., have all, no doubt, their influence. Louis considers age as having little effect on the duration of phthisis, except in very acute cases, which are more frequent in early life. Our experience in this respect differs from that of M. Louis, at least in our private practice; but we admit that we cannot refer to our cases with the numerical precision of that accurate physician. Among females,

* Portal, t. ii. p. 262, and Andral, Archives de Méd. t. ii.

† Portal, t. ii. p. 251. Bayle, Andral, &c.

Louis found the mortality greater within the first year than among males, in the proportion of forty-two to thirty; after this period the ratio of mortality as to time was the same in both sexes. In the upper ranks of society, where such patients have all the advantages that a proper regimen, change of air, and good medical treatment can afford, the medium duration of phthisis is probably not much short of three years; under other circumstances it is less. We fear that the cures occur in so small a ratio that we are not entitled to bring them into the calculation in estimating the duration of phthisis.

II.—Of the more marked varieties of Phthisis.

Although tubercular phthisis is essentially the same in its anatomical characters and constitutional origin, it varies so remarkably in the duration of its course and the external features which it assumes, as almost to appear a different disease. We shall, however, endeavour to describe these different and less usual forms, so that they may be recognised even in their earlier stages.

Five forms of phthisis, differing from the ordinary course of the disease, appear to us worthy of notice; and we must be allowed to observe that such distinctions are not mere pretensions to refinement, but, on the contrary, are of great utility both as regards the diagnosis and treatment of the disease; for, as we shall find, each of these forms has something in its character which it is important to mark, in order to distinguish the nature of the disease at an early period of its course.

1. *Acute Phthisis*.—The usual duration of phthisis has been already stated to range from nine to eighteen months; in the present variety it frequently runs its course in three or even two months, and occasionally in five or six weeks.

The acute form of phthisis admits of a useful division into two varieties, in one of which the short duration of the disease appears to depend chiefly on its violence, or the activity of the morbid process; and in the other, on the feeble powers of the constitution, which sink under the pulmonary disease long before it has reached the degree in which it usually proves fatal. This last variety is observed chiefly in delicate young persons, and more frequently, according to our observation, in females than in males. The ordinary state of health of such persons is far below the common standard; they are possessed of the highest degree of the tuberculous constitution or temperament; they are weak, easily fatigued, and have generally a languid circulation, indicated by a feeble pulse and cold extremities, even in their best health, and before any suspicion exists that these general phenomena are connected with tuberculous cachexia. The symptoms of consumption in such persons are often little marked; so little indeed that these cases might almost be ranked under the latent or occult form of the disease,—the real condition of the patient often escaping observation till phthisis is far advanced. But, although the symptoms are slight, they are generally sufficient to en-

able the physician to distinguish the disease, especially when the general aspect and constitution of the patient are taken into account. There is a slight cough with some shortness of breathing; and the pulse is frequent or easily rendered so by the slightest exertion. The patient is weak, but scarcely considers herself ill; there is no pain of chest, no hemoptysis, and perhaps no expectoration. Debility is usually considered the cause of these symptoms, and even when they are accompanied with morning perspirations and well-marked emaciation, the friends are scarcely alarmed. They tell us that she was always short-breathed and liable to cold; and the cough seems of so little consequence that they think the lungs must be sound. In this way the patient continues to become rapidly worse; the cough is more troublesome, and is by degrees accompanied with some expectoration, in which a tinge of blood occasionally appears. The breathing is now also observed to be quick, even when the patient is at rest; the pulse is rapid, and there are frequent and often very copious morning perspirations. The countenance of the patient alone, at this time, is very often sufficient to indicate the danger: it is generally pale and of a leaden hue, the lips are often of a bluish colour, and the albuginea of a peculiar dull pearly tint; the whole features are sunk and the countenance faded. Without any increased activity of the symptoms, such a patient may sink rapidly under an attack of diarrhœa, and a fainting fit unexpectedly terminate the scene.

This is an insidious form of the disease and requires the closest attention of the practitioner, because it is one which he is liable to overlook, both on account of the obscure character of the local symptoms, and the little attention given to them by the patient's friends. The feeble persons who fall victims to this form of phthisis are, as we have already remarked, merely valetudinarians in their best state of health: their natural state is one of weakness, they are incapable of much exertion, are easily fatigued and even exhausted, and are oppressed by a high, and chilled by a low temperature: they have the lymphatic constitution of the child without the power and activity of the child's circulating system, and yield to the ordinary causes of disease with remarkable facility. The transitions from health to a state of tuberculous cachexia, and from this to the development of tubercles in the lungs, are easy and almost imperceptible in such persons, except to a close and experienced observer.

The other variety of acute phthisis presents itself in more striking characters. All the symptoms of phthisis are present in an unusual degree of severity, and succeed each other with great rapidity. The cough increases daily, and the expectoration goes through its various changes in the course of a few weeks; the hectic fever is violent, the morning perspirations are copious, and diarrhœa usually contributes its share in the destruction of the patient, who sinks rapidly in the course of six or eight weeks, dying of what is expressively

termed by the public, "a galloping consumption." M. Andral has given four cases of this rapid form of phthisis, three of which occurred in young subjects, and varied in duration from twenty-one to thirty-five days.* Indeed, young persons are generally the subjects of this variety; and it frequently occurs soon after the cessation of acute febrile diseases, as fever, scarlatina, measles, &c. The manner in which these diseases determine and modify phthisis we shall have occasion to show when treating of the exciting causes.

There are two modes in which this rapid progress of phthisis may be explained. It often occurs in persons of a constitution so highly tuberculous, that it only requires the application of some exciting cause to determine the deposition of tuberculous matter in the lungs. In other cases this rapid course of the disease is more apparent than real. The tuberculous disease of the lungs, though latent, has been making silent progress, until an attack of catarrh or hæmoptysis occurs, from exposure to cold or violent exertion, producing pulmonary congestion: the disease henceforward puts on its usual symptoms, and, owing to the previous advanced state of the tubercles, proceeds with unusual rapidity in its course. This view is supported by minute inquiry into the history of such cases, and by the fact that they generally occur in the members of families of a strongly marked tuberculous constitution.

The error into which this variety of acute phthisis is calculated to lead an inexperienced or careless practitioner, is that of considering and treating it as a purely inflammatory disease, and using much more active measures, and giving a more favourable prognosis, than the real nature of the case justifies. An inquiry into the previous health of the patient and careful observation of the symptoms will soon unveil the real nature of such cases. It is true that inflammation in some part of the respiratory organs often exists, complicating the tuberculous disease; but it requires to be treated with much more delicacy than a simple inflammation, and a very different prognosis should be given.

2. *Chronic Phthisis.*—As opposed to the acute form of the disease which has just been noticed, the present variety may well be termed chronic, since it often occupies more years than the former does weeks. Bayle and Laennec were the first who described the nature of these protracted cases, and showed the identity of the disease, whether it occupied the greater part of a long life, or proved fatal in the course of a few weeks.

The acute form of phthisis occurs most frequently, as we have remarked, in young subjects; the present form commonly takes place at a more advanced period of life, from the fortieth year upwards; though it is occasionally met with at a much earlier age.

In the acute form, the tubercular diathesis is generally hereditary and strongly marked;

and the application of those causes which usually call it into action speedily produces their effect. In this form, on the contrary, the tubercular diathesis, if hereditary, is not strong, or has been kept in check by the favourable circumstances in which the individual has been placed; or it has been induced, in the progress through life, by causes which we shall have occasion to notice in another part of this article. However this may be, the tuberculous disease of the lungs at a late period of life is often slower in its progress, whether this depends on the minor degree of constitutional affection, or on the greater powers of the system to resist its destructive influence.

The disease in its chronic form is little marked in its early stages; the patient looks out of health; he is languid and capable of little exertion; he has occasionally a slight cough, but it scarcely attracts attention; he has no fever, and his appetite is even good. As it very generally occurs in persons whose situation in life or occupations give rise to dyspeptic complaints, the stomach is the organ blamed for the patient's indisposition. The friends and patient himself are often confirmed in this by the effects of fine weather, a visit to the country, or a summer tour; by means of which the patient recovers his looks and his lost flesh and strength, and his cough ceases. In the succeeding winter and spring the cough returns, he loses flesh again, and his looks indicate internal disorder, while he is more than usually susceptible of the impressions of cold. Still the succeeding summer improves his health. At times during this state of things his disease puts on a more serious aspect: during an attack of catarrh the cough becomes severe, and is attended by fever and a copious expectoration—symptoms which appear to threaten his life. But even from this state he may recover more than once, till the disease shall at last put on the form of a chronic catarrh, aggravated from time to time by slight exposure to cold during the winter and spring; while he may still enjoy a very tolerable state of health during the summer, and in this way may continue to linger on in a miserable state of existence for years, yet little aware of the real nature of his disease.

Under such circumstances, the person is generally able to go on with his usual avocations, though not with his wonted energy; and if they are of a nature that require much bodily exertion, or expose him to the inclemencies of the weather, they are often interrupted by attacks of acute catarrh, of pleurisy, or pneumonia. Under more favourable circumstances a person in this state may escape such attacks, but he is more easily fatigued, is rarely free from cough a week at a time, and his breathing is generally oppressed on using any bodily exertion. Although his appetite is generally good and he eats heartily, he remains thin, is generally pale, and is equal to little exertion, bodily or mental. In short, though capable of performing his usual duties, he does them in a very different manner from that which was his wont before his present complaint, and yet his

* Archives Générales de Médecine, vol. ii. p. 205.

friends are scarcely sensible that he is labouring under any local disease beyond a common chronic catarrh. This is a state of things which is not uncommon in persons living in easy circumstances, and who are not required to make much exertion, or expose themselves to the vicissitudes of the weather, or to other exciting causes. They are considered delicate; they find it necessary to take care of themselves, but the nature of their ailments frequently remains long unsuspected. The cough is little regarded, because it does not increase and gives very slight trouble, and even abates so much during the summer as to be scarcely remarked. The breathing is short, but the dyspnoea has come on so slowly that the patient is hardly aware that it is a new complaint, and often deceives himself in thinking that he was always short-breathed. Invalids of this description are rarely free from dyspepsia in a greater or less degree; they are liable to an increase of the catarrhal symptoms from slight exposure to cold, and are frequently subject to attacks of diarrhoea, from which their recovery is often tedious and protracted.

An examination of the chest under the circumstances which we have just now noticed, will generally leave no doubt of the existence of tubercular disease of the lungs. The respiratory movement of the upper part of the chest will be found to be much more limited than natural, especially when the patient makes a full inspiration. One or both of the clavicular regions will give a dull sound, and the voice will be more resonant, and occasionally there will even be perfect pectoriloquy. In such cases, not only does tubercular disease exist, but the tuberculous matter has become softened and been expectorated, leaving cavities in the summit of the lung, some of which have been emptied of their contents, and are either in the progress of cure or actually cicatrized.

We have already observed that such a patient may exist for many years, if his habits of life are temperate and regular, and he avoids exposure to causes capable of inducing inflammatory affections of the lungs. But even with these precautionary measures, his situation is most perilous; the lungs are already partially diseased, they are diminished in capacity, and are in a state of constant congestion, and are consequently far more liable to take on diseased action. An attack of catarrh, bronchitis, or pneumonia, that would otherwise have easily passed over, frequently proves fatal to such a person, or leaves him in a state of great debility, during which the tuberculous disease makes more rapid progress; and he soon sinks under it, often with all the symptoms of well-marked consumption, which, even under all the circumstances we have stated, is not unfrequently attributed both by the patient and his attendants to the inflammatory attack, which was merely a superadded and accidental occurrence. The same effects will often be produced by a severe attack of rheumatism, or fever, or any other disease which is accompanied with fever, or leaves the patient in a debilitated state.

The influenza which prevailed in this country in the summer of 1832, and still more severely and generally in the spring of 1833, proved fatal to many such invalids, either during its attack, or in consequence of the debility which it left behind it, from the effects of which the patient never rallied. To persons labouring under the earlier stages of tubercular disease, the influenza proved equally, though not so speedily fatal; and it was in such patients that the origin of the disease was, with a greater appearance of truth, attributed to the influenza.

We can only account for this slow progress of tuberculous disease of the lungs by the supposition that the constitutional disposition to such an affection has been slowly induced during the person's advancement through life, without having ever acquired the force or pervading influence of hereditary disease. This view is supported by the fact that such protracted cases are most frequently observed in the upper ranks of society, where the person enjoys all the comforts of life, and though often engaged in an unhealthy occupation, is enabled to recover his health from time to time by country air and relaxation from the cares of business. On the other hand, the laborious part of mankind are much more rarely affected by this prolonged form of phthisis. The disease often occurs late in life among the lower ranks, but its progress in them is more rapid, and more closely resembles its course at an earlier age; although in females, and some men, such as coachmen and grooms, when they are not addicted to the use of spirits, the disease often runs on for years.

Among the poor Irish labourers in London it is very common. In this class of persons, one attack of catarrh, or pneumonia, or pleurisy, is succeeded by another, until the greater part of the lungs becomes diseased, and the surfaces of the pleura are adherent over their whole extent, the patient scarcely moving his chest during respiration. After death, the lungs are found to present such a mass of disease, partly tubercles and partly the effects of inflammation, that it is difficult to say which had the greater share in determining the patient's fate. Of the nature of the primary disease of the lungs little is to be learned from such examinations.

This chronic form of phthisis deserves the particular attention of the physician. First, because its nature is liable to be overlooked till it has made considerable progress, and the opportunity of doing good may be lost; and secondly, because medicine often accomplishes much more in this form of the disease than in those which are more rapid in their course. Indeed, in many of these chronic cases we believe the progress of the pulmonary affection may be often checked, and the patient's life not only prolonged, but his health even improved. Time is given for the adoption of such measures as are calculated to amend the general health, and even to remove, or at least check the tuberculous cachexia, and

other derangements which increase the local disease. We allude especially to irritation of the digestive organs, to congestion of the liver and the abdominal circulation generally; pathological conditions which play an important part in the production of the disease, as we shall endeavour to show in the proper place.

3. *Phthisis in Infancy and Childhood.*— Since morbid anatomy has been more sedulously cultivated, tuberculous disease has been found a more frequent cause of death in childhood, and even infancy, than was formerly imagined.

Phthisis at this early period of life differs somewhat from the disease in adults, both in its situation and symptoms. The cough which attends the consumption of childhood is very often of a different character from that which accompanies the disease in persons of mature age; it frequently occurs in paroxysms resembling whooping-cough, and is rarely attended with expectoration till a late period of the disease, and very frequently this latter symptom is entirely wanting, from the matter being swallowed; so that we are deprived of the light which the character of the expectoration might throw upon the nature of the disease. Hemoptysis is also a rare occurrence; at least, we do not recollect to have met with any case in which it was present. The hectic fever is likewise less perfectly formed, and the perspirations are generally less than in the adult.

The disease, however, is not usually difficult of detection, if we attend to the other symptoms. The tuberculous aspect of the child, the rapid pulse and breathing, the frequent cough, and the gradually increasing emaciation, commonly afford sufficient evidence of its existence. Phthisis in children is often accompanied or preceded by considerable derangement of the digestive organs; the abdomen is tumid, the bowels are irregular, at one time constipated, and affected by diarrhœa at another; the evacuations under both circumstances being generally of a pale, unnatural colour. This deranged state of the functions of the abdominal viscera has often led to the belief that the mesenteric glands were the chief seat of the disease; whereas in reality the bronchial glands and lungs are its most common seat, even at this early age. It is true that the mesenteric glands are more frequently tuberculous in infancy and childhood than at a later period of life, but by no means so frequently, nor to so great a degree, as is generally supposed.

Pulmonary consumption is of far more frequent occurrence in early life than is commonly believed in this country. In France, where the extent and constitution of their hospital establishments have enabled the medical officers to investigate the morbid anatomy of disease upon an extensive scale, the tuberculous affections of children have of late occupied particular attention, and much valuable information has been collected on the subject. Dr. Guersent, one of the physicians to the 'Hôpital des Enfants Malades,' (an

institution appropriated to the treatment of patients between the ages of one and sixteen years,) gives, as the result of his observations, that five-sixths of those who die in that establishment are more or less tuberculous.*

At this early age the most frequent seat of tubercle is the bronchial glands. Here the disease commences, and occasionally proves fatal without affecting the lungs or any other organ. This form of the disease has been denominated bronchial phthisis (*phthisie bronchique*); and the name is unexceptionable, if the term phthisis be confined to the disease arising from tubercles.

This form of phthisis is almost peculiar to childhood; at least it is much more frequent at this period of life, and it is at this age only that tuberculous disease is confined to the bronchial glands. The following table, from Papavoine's excellent memoir on tuberculous diseases, will show the ratio of its occurrence in early life. It is the result of fifty careful post-mortem examinations of children, made with the view of determining the relative frequency of tubercles in different organs.†

TABLE III.

Bronchial glands	49 times
Lungs	38 "
Cervical glands	26 "
Mesenteric glands	25 "
Spleen	20 "
Pleura	17 "
Liver	14 "
Small intestines	12 "
Peritoneum	9 "
Large intestines	9 "
Brain	5 "
Cerebellum	3 "
Membranes of the brain	3 "
Pericardium	3 "
Kidneys	2 "
Stomach	1 "
Pancreas	1 "
Vertebræ, radius, tibia,	1 "

A comparison of this with the result of Louis's observations, as given in the following table referring to persons above the age of fifteen, who died of phthisis, will show the relative occurrence of tubercles in different organs in the two periods of life.‡

TABLE IV.

Small intestines	about $\frac{1}{3}$
Large intestines	" $\frac{1}{3}$
Mesenteric glands	" $\frac{1}{4}$
Cervical glands	" $\frac{1}{10}$
Lumbar glands	" $\frac{1}{12}$
Prostate	" $\frac{1}{13}$
Spleen	" $\frac{1}{14}$
Ovaries	" $\frac{1}{15}$
Kidneys	" $\frac{1}{10}$

* *Le Blond*, Sur une espèce de phthisie particulière aux enfans. Paris, 1824.

† *Journal de Progrès des Sciences Médicales*, t. ii. p. 93.

‡ *Louis*, Recherches sur la Phthisie. Rapport, pp. 4, 5.

M. Andral, in noticing the greater frequency of tuberculous disease of the bronchial glands in children than in adults, observes that this is in accordance with the affections of the other lymphatic glands. The bronchial membrane in the neighbourhood of the diseased glands was, for the most part, found by this physician in a state of inflammation, just as is frequently remarked in the intestines of children when the mesenteric glands are tuberculous. But although M. Andral generally found the bronchial membrane red in the vicinity of these glands, it was not invariably so: in some instances they were found in a tuberculous state where there were neither symptoms of catarrh during life, nor the least trace of inflammation, old or recent, after death.* Still the connection of inflammation in the mucous membrane of the intestinal canal and bronchi with tubercular disease of the neighbouring glands, seems more intimate in early life than after puberty.

The symptoms which indicate the presence of tuberculous disease in the bronchial glands are generally for some time obscure; hence these organs may be tuberculous to a considerable extent without this being detected, as it is not until they acquire a considerable size, and irritate the bronchi mechanically, that the local symptoms become evident. The child coughs and is very liable to catarrh, and occasionally it points to the upper part of the chest as the seat of irritation. But the same symptoms may be produced by common catarrh or pulmonary tubercles to an equal degree. When the diseased state of these glands is further advanced, the nature of the case is more easily detected. When there is cough, hectic fever, and emaciation in a child, and when a careful examination neither discovers tuberculous disease in the lungs nor in the mesenteric glands, we may feel tolerably certain of its existence in the bronchial glands. In some cases these glands are so much enlarged as to fill up a great portion of the posterior mediastinum, and even to produce a swelling by the side of the trachea, which is visible externally; but this is rare. If the child is old enough to expectorate, and tuberculous matter is brought up, while we can discover no cavity in the lungs, the diagnosis is almost certain.

Tuberculous disease, however, does not, in general, remain long isolated in the bronchial glands; other organs, especially the lungs, become tuberculous, and the symptoms are then of course complicated. Still there are some cases in which the disease proves fatal while confined to these glands: an interesting case of this kind is given in Dr. Alison's excellent paper on scrofula, in the Transactions of the Edinburgh Medical Society:—"J. S., æt. five, a boy of ordinary stature, and pretty stout, but somewhat rickety, and with a small scrofulous sore on his leg, was attacked in the end of November 1815, with well-marked pneumonic symptoms. While these were recent, he was seen by different me-

dical men, who had no doubt of their nature, and he was bled twice at the arm, and used the other usual remedies, with very imperfect success: the heat of skin, febrile oppression, and dyspnoea abated somewhat, but his breathing continued short, his cough very troublesome and dry; and he passed gradually into the state of perfect hectic, the rigors in the afternoons and morning sweats being unusually severe. He died, considerably emaciated, in the end of January 1816. On dissection, the lungs were found of the natural spongy texture throughout, and the disease appeared to have been confined to the bronchial glands, which were enormously enlarged, and all converted into the usual cheesy or tubercular matter. There was no other disease in the thorax or abdomen." (p. 425-6.) Had the previous history of this case been better known, it would in all probability have been found that the bronchial glands were diseased long before the attack of pneumonia; and had the tuberculous disease been seated in the lungs in place of those glands, it might have been considered the consequence of the inflammation, which, it is worthy of remark, had existed and disappeared without leaving a trace of its presence behind, even in a tuberculous subject.

It is not quite a matter of indifference whether the seat of the tuberculous disease be the bronchial glands or the lungs. In the former situation the progress of the disease is slower, continuing in some cases for years, during which the little patient may enjoy pretty good health. The disease being seated in organs much less essential to life than the lungs, interferes less with the general functions of health, and gives time for the application of remedies which its situation in the lungs does not allow. In this respect it resembles a similar affection of the external glands, and like it also is susceptible of cure.

The termination of this disease is various. That the tuberculous state of the bronchial glands may be removed by absorption, as we see occur in the lymphatic glands of the neck, we have every reason to believe; but this is probably the less frequent termination. Another mode of cure is that by which the softened tuberculous gland empties itself into the bronchial tube with which it is in contact, by ulcerative absorption of the walls of the tube, as is shown in Dr. Carswell's beautiful plates. The matter being evacuated, the cavity in which it was contained gradually contracts till it is obliterated; and the cure, as far as this gland is concerned, is complete. The less frequent cure is that in which a portion of the gland, or rather of the tuberculous matter, remains in a cretaceous form: but we are encroaching on another section of our subject.

The prognosis of this form of phthisis must always be doubtful, inasmuch as it depends on a circumstance which we are unable to ascertain, namely, the extent to which the bronchial glands are diseased, and on the complications which so often accompany this affection. The prognosis, however, will be more favourable than when the disease exists in the lungs.

* Clinique Médicale, t. ii. pp. 254-55.

4. *Febrile Phthisis*.—The acute form of phthisis already noticed differs materially in its symptoms from that which we are now about to describe. In that, the disease was seen to differ from the usual course of phthisis, chiefly in the rapidity of its progress; the symptoms and morbid appearances being the same in both cases. In the variety which we are now considering, we shall find peculiarities which mark its character as differing essentially from the acute as well as from the usual form of the disease.

This variety occurs suddenly, is accompanied by a train of symptoms dissimilar, to a great extent, from all other forms of phthisis; and even the morbid appearances discovered after death are somewhat peculiar. The degree of fever with which it is usually ushered in and attended during its whole course is one of its most remarkable features, and that one from which we have ventured to denominate it *febrile phthisis*.

Its attack, as we have just stated, is generally sudden, occurring in a state of apparent health, after exposure to cold, or even without any very evident cause. We say apparent health, because we believe that the disease never occurs in a healthy constitution. It attacks persons of a tuberculous diathesis; and the most marked cases which have come under our observation have occurred in persons having a strong hereditary disposition to phthisis,—in members of families, several of whom had already fallen victims to the disease in its usual form.

It commences with shivering, followed by heat of skin, quick pulse, and the other symptoms of fever, which often continue for several days with little or no indications of pulmonary disease. In some cases it puts on the characters of bilious fever, and in others of catarrhal fever, for both of which it is sometimes mistaken; indeed we believe it would have been such in a healthy constitution, but occurring in a person labouring under tuberculous cachexia, the rapid deposition of tuberculous matter in the lungs is the consequence of the disturbance created in the system by the febrile attack. Cough, however, soon appears, and the breathing is noticed to be particularly rapid, which is one of the most marked and constant symptoms of this form of phthisis. The cough, when it has once occurred, becomes speedily more frequent, and is soon accompanied with some expectoration, which is at first colourless, afterwards assuming a yellowish or greenish hue, and occasionally being streaked with blood; but it rarely puts on the character of the expectoration in the advanced stages of ordinary phthisis. Pain of one or both sides frequently occurs, and occasionally diarrhoea is present. The fever, in the meanwhile, continues without abatement, and is so much out of proportion to the other symptoms of pulmonary affection, that the true character of the disease is liable to be overlooked. In the course of from three to six or seven weeks the patient sinks.

The indications of the pulmonary disease

generally become more evident as the case advances; but still they are often so little marked as to render it doubtful whether the disease is not acute bronchitis or even pneumonia; and when one or other of these affections complicate (as they often do) the tuberculous disease in its progress, the diagnosis becomes extremely difficult. In some cases auscultation assists us materially in distinguishing this form of acute tubercular disease from the two inflammatory affections just mentioned. The upper parts of the chest often give a dull sound on percussion, although the tuberculous matter is less frequently confined to the summit of the lungs in this form of phthisis than in any other; a circumstance which constitutes one of the pathological characters of the disease. The whole of one side of the lungs and even a large portion of both appears to be attacked almost at the same time, giving a dull sound on percussion and bronchial respiration. Under such circumstances it is difficult to distinguish the disease from pneumonia. The negative symptoms assist us: we have neither the crepitant rhonchus which precedes the dull sound and bronchial respiration, nor the characteristic sputa of pneumonia. When, on the other hand, this sudden deposition of tuberculous matter does not take place in the pulmonary tissue, but occurs in the minute terminations of the bronchi and air-cells to a great extent, the disease resembles acute bronchitis more than pneumonia. Here again we derive assistance from the negative symptoms. The bronchial sputa are wanting, and the whole progress of the disease differs from that of bronchitis; there is also, for the most part, an extreme rapidity of breathing, which is not observed in any other disease of the chest. But we repeat that these are cases in which the most attentive observer aided by all our means of diagnosis may be in doubt respecting the real nature of the disease.

The morbid appearances presented after death have been well described by the accurate Louis as consisting of the grey granulations over a greater or less extent of the lungs in some cases; in others, large portions of the lungs appear to be converted into a mass of cheesy-like tuberculous matter, the pulmonary tissue being completely infiltrated with it; a form of tuberculous deposit which Louis considers peculiar to this variety of the disease, that is, when it exists to a great extent. Tuberculous cavities are also found in some cases, but they are generally of small size, only partially evacuated, and have no lining membrane, as occurs in cavities of long duration in the ordinary form of phthisis.

Notwithstanding the rapidity of this febrile form of the disease, it is often attended with those morbid affections of other organs which accompany the common form of phthisis, such as ulceration of the intestines, larynx, and trachea, and the diseased states of the mucous membrane of the stomach and the liver; all which show that the present form of the disease is true to the general character of phthisis.

The diagnosis in the early stage of the disease is often attended with difficulty. The sudden attack of fever with rapid respiration and some cough, occurring in a person of tuberculous constitution, should excite suspicion; and the continuance of the symptoms despite the remedies employed, together with the absence of those symptoms which characterise the common acute diseases of the chest, will greatly assist us. Percussion and auscultation will also lend their aid in many cases. As far as our own experience enables us to determine, this form of phthisis occurs chiefly in young subjects from eighteen to thirty years of age; though it is not confined to this period. Louis gives a case, the subject of which was in the forty-sixth year.

The febrile occasionally supervenes upon the common form of phthisis. In this case the breathing becomes very difficult and rapid; still the chest preserves its resonance, the respiratory sound being accompanied with a slight rhonchus. On examination after death, we find, in addition to the tuberculous excavations existing previously to the acute attack, a large quantity of grey granulations diffused over a great part of the lungs.

It is proper also to remark that the disease which we have described has been considered as a form of pneumonia, the grey granulations being regarded by Andral as the result of acute inflammation of the air-cells; and there will be equal propriety in considering the tuberculous infiltration of the lungs in the other form of acute disease as merely the result of pneumonic inflammation in a tuberculous subject. We do not think it of much consequence to dispute this point. We believe that inflammation in a tuberculous constitution may give rise to the deposition of tuberculous matter in place of lymph, which is its usual product in healthy subjects; and this may be one of the sources of tuberculous disease; but it does not follow that it is the constant or even most frequent cause of tuberculous deposits. A striking objection also occurs to this view of the case, in the fact that pneumonic inflammation is no infrequent occurrence during the progress of the disease, and that this is characterized during life by its proper symptoms, and after death by the usual morbid appearances; one part of the lungs presenting the usual results of pneumonia, while in others we find the tuberculous infiltration which has just been noticed.

5. *Latent phthisis.*—The presence of tuberculous matter in the lungs gives rise, in a large proportion of cases, to those symptoms which are usually considered to indicate the commencement of phthisis; there are, however, cases in which this accidental product may exist for a long time and even to a considerable extent in the lungs, without giving rise to any local symptoms indicative of its presence, such as cough, expectoration, or hæmoptysis, but nevertheless effecting its silent work of destruction. It is to cases of this kind that we apply the term *latent*.

Latent phthisis presents itself in two dif-

ferent forms. In one, we have constitutional symptoms, such as fever, night-sweats, emaciation, diarrhœa, &c. without any local indications of the pulmonary disease; or if they be present, they are of so slight a character as to pass unnoticed. The other form of latent disease is still more important, because it is more insidious; being attended neither by constitutional nor local symptoms, until the tuberculous disease has made extensive progress. This form of latent phthisis, therefore, claims our closest attention; because, from the slowness of its course and the more limited extent of the tuberculous disease for a long period, we may possibly be able in many cases to check its further extension, if not to arrest its progress entirely, should we detect it at an early stage.

Of one hundred and twelve cases recorded by Louis, eight belonged to this class; a smaller proportion, we believe, than really occurs. From the history of these cases, and an attentive and minute examination after death, not only of the lungs but of all the other viscera, Louis entertained no doubt of the existence of tubercles during a period varying from six months to two years in different cases, prior to their presence being indicated by cough, the most common local symptom. This perfectly corresponds with our own observation. In tracing back the history of many cases of phthisis, we have obtained satisfactory evidence that tuberculous disease had commenced in the lungs from one to two years before the disease was properly attended to, or its nature understood.

When constitutional symptoms, such as fever and emaciation, occur, there is enough to excite the suspicions of the practitioner, since they cannot exist unless local disease is present; and by an accurate examination of the chest, we shall most probably ascertain that the lungs are the seat of the disease. There is less difficulty in the detection of such cases than of those unaccompanied with either constitutional or local symptoms; but these cases are very likely to escape notice until they arrive at an advanced stage. Still, we cannot easily believe that an attentive observer will not see, in the aspect of his patient, sufficient alteration to arouse suspicions of the existence of the tuberculous diathesis, and lead him to inquire minutely into the condition of the respiratory organs. By means of such inquiries and an examination of the chest, he will seldom, we believe, fail to detect the real nature of the patient's state; but it is the misfortune of such patients that they do not complain, nor give the physician an opportunity of discovering their disease, until it is far advanced. They feel themselves out of health, are weaker, perhaps thinner than usual, they have less energy of mind and less bodily strength; still they are unable to specify any particular ailment. They rally from time to time, and often go on in this way till their looks of ill health fix the attention and excite the fears of their friends, by whom they are at last persuaded to have professional advice.

The physician will often find that his opinion is asked for the first time at a very critical period, both for the patient and himself. If, from the fear of giving alarm, carelessness in his examinations, or ignorance of the patient's real condition, he fails to adopt effectual measures to restore the general health, to prevent tuberculous disease if it has not already shown itself, or to check its progress if it has already taken place, the sufferer is irrevocably lost. In a large proportion of cases, this will, no doubt, occur in spite of all that human art is capable of performing; but there are many instances where the further progress of the disease may be stayed and life prolonged for a considerable time, and others where the usual term of existence will not be much abridged. We are acquainted with some striking examples of persons now living, a considerable portion of whose lungs is incapable of performing its functions, and yet with care they enjoy a reasonable share of health. Under such circumstances lives may be preserved that are of vast importance to their families and to society. Indeed, we are satisfied that there are far more individuals in this state than is generally believed; and it is well known that tubercles are frequently found after death in the lungs of persons in whom their existence had not even been suspected.

As far as our own observation enables us to determine, we think that latent phthisis is most frequently met with after the middle period of life, but no age is exempt from it. Examples are met with in which an attack of phthisis in early life ceases, and years elapse before another attack destroys the patient. We have known recovery from two such attacks, the third proving fatal; the interval between the first and third attack was twelve years. The opinion of Laennec on this subject of recovery from the first attack of phthisis is so important, that we shall here cite his words: "We may indeed say, that the greater number of cases of phthisis are latent at the beginning, since we have seen that nothing is more common than to find numerous miliary tubercles in lungs otherwise quite healthy, and in subjects who had never shown any symptoms of consumption. On the other hand, from considering the great number of phthisical and other subjects in whom cicatrices are found in the summit of the lungs, I think it is more than probable that hardly any person is carried off by a first attack of phthisis. Since I was first led to adopt this opinion on anatomical grounds, it has frequently appeared quite clear to me, from carefully comparing the history of my patients with the appearances on dissection, that the greater number of those first attacks are mistaken for slight colds, and that others are quite latent, being unaccompanied with either cough or expectoration, or indeed with any symptom sufficient to impress the memory of the patients themselves.*"

We venture, however, to express our firm belief that the disease would be more fre-

quently detected in its early stages, and many valuable lives saved, by a due attention to those signs of tuberculous cachexia which present themselves in such patients. We have already stated our conviction that the great cause of our want of success in the cure of tuberculous disease, arises from the advanced stage at which its real nature is discovered, and from the late period at which the physician is consulted. If Laennec's opinion be correct, that few die in a first attack of phthisis, we have still more reason to hope that the disease may be cured, that is, that a second attack may be prevented by improving the patient's general health, by removing, in fact, the tuberculous cachexia, and by placing him, when possible, under the most favourable circumstances for the prevention of a relapse into his former state.

Tuberculous disease is rendered latent, or is at least masked by a peculiar condition of the system in some cases; and in others by the presence of other diseases. Pregnancy appears to retard if not to suspend the progress of phthisis, and it is frequently observed that the disease advances with great rapidity immediately after parturition. The catamenia generally cease when the disease has made some progress; although they continue in a few rare cases until death. An attack of mania in a phthisical patient has been followed by the suspension of the pulmonary disease; which, however, rarely fails to carry off the patient ultimately, whether the attack of mania has ceased or not. The complication of dyspepsia with tuberculous disease is not an infrequent cause of the latter being overlooked, the dyspeptic symptoms being more evident than the phthisical. The aspect of the patient in such cases is pale and unhealthy; he gets thinner and weaker; the food which he takes neither affords him nourishment nor strength; and yet he has no evident ailment but what is referrible to the deranged state of the digestive organs. In such cases there may be no cough, no fever nor expectoration to excite our fears for the safety of the patient; while at the same time tubercles are present in the lungs. We have seen a patient of this kind, when asked any question respecting the state of his lungs, strike his chest, and confidently affirm that all was right there; although his lungs were tuberculous to a considerable extent at the time. This is the form of the disease which has been termed "dyspeptic phthisis."

Diarrhoea is another disease which sometimes disguises phthisis, and its effects in suspending all the usual symptoms of pulmonary affection are often remarkable. We have known more than one example of extensive tuberculous disease of the lungs being detected on dissection, when the cause of death has been looked for in the intestines. It is true that these were cases in which the early history of the disease was disregarded, but they serve at least to show the power of diarrhoea in masking extensive affections of the lungs.

It is enough, however, that such facts

* Forbes's Translation, 2nd edition, p. 358.

should be known, in order that they may prevent the younger members of the profession from falling into the error of overlooking the disease of most importance, and of mistaking for the chief and primary affection, that which is only secondary both in occurrence and in consequence.

SECT. IV.—OF THE PARTICULAR SYMPTOMS AND DIAGNOSIS OF PHTHISIS.

After the general sketch which we have given of the usual course of phthisis, and of the rarer forms which it assumes, it will be useful to take a more minute survey of the particular symptoms which attend the disease and characterise its different stages. This will enable us more readily to attach the proper value to these symptoms when considered individually, and likewise to determine their importance as a means of establishing the diagnosis of phthisis. We shall then notice the assistance afforded by auscultation, and by certain other physical signs, in attaining the same important end.

I. SYMPTOMS.—We have already seen how variable the symptoms are in different cases, as regards the time of their appearance, the order of their succession, and the degree of their severity. In analysing them more closely, we shall also find that there is scarcely one, even of the leading symptoms, which may not be wanting; and it has even been stated that cases have occurred in which pulmonary disease has proved fatal almost without any indication of its existence as a local disease. This, however, is by no means in accordance with our own experience; certainly we have never met with such a case, nor even with one at all approaching to it; nor can we easily believe that tuberculous disease can run its course without affording sufficient indications of its existence. If there be neither cough nor expectoration to assist us in establishing our diagnosis, we shall find hurried breathing; and if regular hectic be absent, there will still be the rapid pulse, or the frequent chills, the night perspiration, the diarrhoea, and emaciation: more or fewer of these are always present, and, together with the peculiar cachectic character of the countenance, will enable us to detect the real nature and seat of the disease. There will at least be found enough to excite the suspicions of the observing practitioner, and when these are once aroused, the physical signs which disease of the lungs always affords, will soon assure his mind respecting the real nature of the malady.

It is a matter of great importance to be able to mark the commencement of tuberculous disease of the lungs by its external manifestations, and distinguish it from the other diseases with which it is liable to be confounded; since, in a very large proportion of cases, it is only in the early stage that we can hope to effect a cure, or even to arrest the further progress of it. The symptoms by which the first existence of pulmonary tubercle is characterised, are unfortunately very equivocal; added to which we are often baffled by the

unwillingness of the patient and his friends to aid us in our inquiry. Yet, notwithstanding this doubtful character of the early symptoms, and the obstacles which often present themselves to us in our investigations, we fear that our own neglect in acquiring information respecting the past and present condition of the patient's health, and our inattention to the existing indications of disease, lead us, far more frequently than the real obscurity of the case, to allow the early stages to pass on undetected.

When we are consulted by a person whose condition induces us to suspect the existence of tubercles, our examination should be full and complete. The general aspect deserves particular attention; the past health and occupations; the diseases which may have previously existed, and the family diseases also (when possible) should be ascertained; while the state of the different functions, but above all the condition of the respiratory organs, should be investigated by all the diagnostic means in our power. The form and motions of the chest, the sounds elicited by percussion, and those produced by the ingress and egress of air into the lungs during inspiration, speech, and cough, must all be taken into account to enable us to estimate the value of particular symptoms,—or, in the absence of these, to form a probable opinion of the state of the lungs.

There is no one local sign or symptom to be depended on in this early period of tuberculous disease; but by a careful analysis of the whole of them, and by availing ourselves also of the negative symptoms, as regards other pulmonary diseases with which phthisis is liable to be confounded, we shall, we believe, rarely err in arriving at a correct diagnosis, even at a very early stage of the disease.

Cough.—This is the first symptom which claims our attention, being, for the most part, the earliest evidence of pulmonary irritation, and the first circumstance which excites the attention of the patient or his relatives. During the first weeks or months, it is usually a slight dry cough, occurring chiefly in the morning on the patient getting up, or on his making any bodily exertion during the day. In this state it is scarcely noticed by the patient; it appears to him to be of no consequence; to arise from some irritation in the region of the larynx; and he rarely suspects that it can have any connection with the state of the lungs. Its continuance in this trifling degree for weeks or even months, without any expectoration, is another circumstance in the history of the tuberculous cough which deserves attention. By degrees, it occurs occasionally during the day, especially after any exertion, such as running up stairs, speaking or reading aloud for some time, laughing, &c. and after a longer or shorter time is attended with the expectoration of a transparent frothy fluid resembling saliva, which at first appears to come from the fauces.

In general, the cough is found to increase as the pulmonary disease advances, being usu-

ally in proportion to the rapidity of its course. In some cases, however, it is very slight through the whole disease, and, in a few rare instances, it has only appeared a few days before death, and this in cases where tuberculous excavations of the lungs existed to a considerable extent. Louis gives two well-marked cases of this. Now, if it could be wanting under such circumstances until within a few days of death, it is reasonable to admit that it might be wanting altogether; and cases are on record in which it has been entirely absent. "It is not sufficiently known," says Portal, "that the disease can exist without the slightest cough: the lungs of consumptive patients have even been destroyed by suppuration, without their having experienced the least degree of cough."* Lieutaud, Morgagni, and others, have mentioned similar cases.† We have never found the cough entirely wanting, but have known it so slight that it has failed to attract even sufficient attention to alarm a very nervous patient or his watchful friends.

It occasionally happens in the progress of chronic phthisis, even during the existence of tubercular excavations, that both the cough and expectoration cease for weeks, when the patient is placed in favourable circumstances; but both are usually brought back again by the slightest attack of catarrh.

The cough, on its first appearance, is observed only in the morning: by degrees it increases, and is then excited by slight bodily exertion: in its later stages it is observed after meals, especially after dinner, on getting into bed at night, or at any time when the horizontal position is assumed. As the disease advances, it is common at all times, and without any evident cause of excitement; but it is most frequent in the mornings and evenings; the sleep is often broken by it during the night, and by day it frequently brings on pain of the chest, and occasionally vomiting. In the latter stages it is followed by a degree of breathlessness amounting in some cases to a sense of suffocation, which is very distressing. Such are the usual characters of the cough which is indicative of tubercular disease of the lungs in its various stages, when not complicated with other morbid states of those organs. To these may be added another circumstance deserving notice, that no cause can in general be assigned for its first occurrence; it is sufficient, however, to know, that while cough is one of the earliest indications of pulmonary tubercle, it is among the most constant attendants during its progress, and one of the most distressing symptoms to the patient and to the feelings of his friends.

The cough which is most liable to be confounded with the tubercular, is that which accompanies catarrh, although in general they may be distinguished from each other. The catarrhal cough is characterised by the follow-

ing circumstances. Its first attack is well marked, and can on most occasions be traced to evident exposure to a cold or damp atmosphere, checked perspiration, or other causes. The cough is deep, implicating the whole respiratory muscles, and is attended with general soreness of the chest, frontal headach, and other symptoms of catarrh. The difference in the expectoration which attends these coughs is equally well marked. The catarrhal cough, although at first dry and hoarse, is soon accompanied with expectoration, at first colourless, but shortly becoming opaque; then assuming a yellowish, mucous, and even muco-purulent character. From this time the cough and expectoration generally diminish, and under ordinary circumstances soon cease.

Such are the characters and usual progress of the cough of acute catarrh; but when the disease assumes the chronic form,—the principal and almost only remaining symptom being cough with more or less expectoration,—the distinction is attended with greater difficulty: yet still both the cough and the expectoration may in general be distinguished in cases of pure catarrh. It is when they are complicated that the difficulty arises.

When, from the continuance of the cough or its doubtful character, we suspect some cause beyond catarrh, we should inquire carefully into the patient's state before the occurrence of the catarrh. If he had a slight morning cough previously, or shortness of breathing, or hæmoptysis, there are strong grounds to suspect that the continuance of the catarrhal symptoms is partly dependent on tubercular disease, more especially if the patient is young. At a more advanced period of life, we often meet with dyspnoea and a morning cough, the consequence of the dry or pituitous catarrh complicated with emphysema of the lung.

The cough which comes next in importance to the catarrhal cough in a diagnostic point of view, is one which has not inaptly been termed the "stomach cough." Gastric irritation is frequently attended with cough, in some respects not unlike the early tuberculous cough. A little attention, however, will soon enable us to discriminate them. In general, the cough which attends gastric irritation is louder and harder than the phthisical cough, and frequently comes on in paroxysms or fits. The sensation which excites it is felt deep in the epigastric region; and the irritated state of the stomach is generally rendered manifest by other symptoms. The tongue is red at the point or edges, generally furred in the centre, and often dry on awaking in the morning; there is thirst, some quickness, and a contracted state of the pulse; cold extremities during the day, and often a preternatural heat of the hands and feet during the night; the bowels are generally costive, and the urine is high-coloured. There is frequently joined to these symptoms frontal headach, especially in the evening, with a degree of irritability of temper which is unusual to the patient. If accustomed to mental occupations, he finds himself less disposed and

* Vol. ii. p. 123.

† Hist. Anat. Med. lib. ii. ob. 384. De Sed. et Caus. Morb. Epist. xix.

less able to exert his mind. The expression of his countenance also changes remarkably—he becomes pale and sallow, and his features are sunken. He has the aspect of ill health; he feels unwell, and yet, on being questioned, he cannot fix upon any local complaint. This state often continues for a long period, and in many cases without much loss of appetite,—a circumstance which tends to deceive the patient respecting the seat and nature of his malady.

On a more minute examination, we shall find that the disease is seated in the digestive organs, and that the cough and other symptoms will gradually vanish by proper treatment, and the patient's health be frequently restored in a wonderfully short space of time, especially if he happen to be young. A gentle antiphlogistic treatment, and a strict adherence to a mild diet, will soon show the nature of the disease, by the marked and speedy relief which it will afford; and this, in truth, will be at once the best test of the accuracy of our diagnosis and the soundness of our pathological views as to the cause of the cough, &c. Even when gastric irritation is complicated with incipient phthisis (a very frequent occurrence), our treatment must be directed to the cure of the former, as the best means of enabling us to arrive at a correct knowledge of the patient's condition.

There is another form of cough which properly belongs to the stomach, as it originates in, and is kept up by, a deranged state of that organ. This cough occurs later in life. It is accompanied with a considerable expectoration of tenacious mucus, which, from its occurring chiefly in the morning, has received the name of "morning phlegm." It is produced by too full living, and generally accompanies the last ten or fifteen years of the gourmand's life, and is easily distinguished from the tubercular cough.

Both these coughs, however, deserve attention, not only on their own account, but more especially when they occur in a tuberculous constitution. The first form of the gastric irritation, when of long duration, greatly favours the formation of the tubercular diathesis; and may thus prove fatal from its nature being mistaken and its treatment misdirected. The second occasionally masks tuberculous disease occurring at a more advanced period of life.

Diseases of other abdominal viscera are often attended by a symptomatic cough, which, without attention, may be mistaken for a pulmonary cough. Irritation of the liver and duodenum, intestinal worms, and irritation of the uterus often give rise to it. The cough which is present in chlorotic patients, and which is probably dependent on functional derangement of the uterus, may in general be easily distinguished from the phthisical cough, by the other symptoms with which it is associated, and by the facility with which it yields to a mode of treatment which would have little effect in relieving the latter. It must be kept in mind, however, that young females of a tuberculous constitution are the persons most liable to chlorosis, and on this account their

cough must not be treated too lightly, nor a prognosis given without circumspection.*

Another form of cough which has been confounded with the tubercular is that which is termed "nervous cough." The character of this latter, the periods at which it occurs, its mode of attack and disappearance, all differ from those of the tubercular cough. The nervous cough occurs at irregular times throughout the day, and whatever agitates or affects the patient's mind is liable to bring it on. It has a peculiarly sharp, barking sound, is repeated in quick succession at short intervals, and often continues an hour almost without any intermission. It is also in general accompanied with other indications of nervous irritability, and not unfrequently with evident hysteria, of which indeed the nervous cough may in general be considered a modification, especially as young nervous females are most subject to it. In all its essential characters, therefore, the nervous cough differs from the phthisical; and although in pure cases there is little danger of their being confounded, it is far otherwise when they are complicated. In truth, all these coughs have their own peculiar characters, by means of which they may, with ordinary attention, be readily distinguished when they are uncomplicated with each other. It is when they exist in the same individual that the difficulty of discrimination arises, and such combinations frequently occur.

The tubercular cough is very often complicated with the catarrhal. The former may, and sometimes does, exist for some time without attracting attention, when an attack of catarrh produces its usual effects—masking for a time the phthisical cough which preceded it; or the catarrhal may have been the first in occurrence. Whichever is the case, after the catarrhal cough has run through its usual stages, a cough remains which is neither catarrhal nor tuberculous, but partakes of the characters of both; and it is only by careful observation that we are enabled to determine to which it chiefly belongs. Indeed the cough alone will not always enable us to do so. All the other circumstances of the patient must be taken into account:—his previous health, his present state and appearance, his hereditary predisposition, &c., must be considered; as each of them will assist us in determining the nature of the affection, whether it be an unmixed chronic irritation of the bronchial membrane, or an irritation kept up by tubercles.† If tubercles are present, we shall find by attentive observation that the cough varies in its character, being at times more allied to the tuberculous, and at others to the catarrhal cough, especially on any exposure to a cold or humid atmosphere.

The stomach and hepatic cough may in like

* De Haen has noticed the various abdominal diseases which produce cough. *Vid. Rat. Medendi*, lib. iii. p. 375.

† We refer the reader to the excellent articles, in the present work, on CATARRH and BRONCHITIS, for the characters of the cough which attends these diseases.

manner occur in tuberculous subjects; and we may for some time be unable to determine the seat of the irritation which produces it. The gastric cough, however, is generally under control, and is speedily relieved, if not removed, by regimen and such means as are known to relieve gastric irritation.

Again, the tuberculous cough of young hysterical or nervous females is often greatly modified; the cough sometimes assuming the nervous character to such a degree as to pass entirely for that. Both the patient and her relatives are generally willing to believe that the cough is purely nervous, and anxious to impress upon the mind of the practitioner that it is so. We have known mistakes of this kind, and fear that they are not infrequent; we therefore caution our younger brethren not to allow themselves to be deceived by the too favourable report of friends, in their anxiety to make the case appear what they wish it to be; nor to rest satisfied with the cough which they may hear at a forenoon visit, but inquire into its character when the patient gets out of bed in the morning and retires to rest at night, also during exertion, and in a state of perfect quiet. Whenever doubt exists, it is misplaced kindness to omit a full examination from a fear of alarming the friends or depressing the spirits of the patient.

An examination of the chest, when performed with caution and judgment, will be more easily submitted to by the patient, and prove far more satisfactory at this period of the disease, than when it is further advanced; at any rate, if mischief exists, it cannot be too soon detected, even at the risk of exciting alarm in both the patient and his friends. We have never had occasion to regret insisting upon an examination, though we have regretted its postponement. After such an investigation the physician can speak with decision respecting the measures which it is necessary to adopt; and in place of the luke-warm and vacillating directions which are too often given in such cases, he can impress with firmness upon the minds of the relatives the necessity of a strict adherence to such a mode of treatment, and such prophylactic measures, as the case may require and the circumstances of the patient admit: we say *prophylactic* treatment, because we are supposing the case to be in that stage in which the chief objects of treatment are to correct the tuberculous diathesis by general measures, and prevent a further deposit of tuberculous matter by avoiding those causes which are known to irritate the respiratory organs.

Dyspnœa.—This symptom, although never wanting, varies greatly in the degree of its intensity in different cases. In some instances it occurs early in the disease, being among the first circumstances which attract the patient's attention; and it is one of the most constant and remarkable symptoms in one form of the disease which we have already noticed, viz. *Febrile Phthisis*. More frequently it is not troublesome until the malady is far advanced; and it is generally in the very last stages only that it becomes very distressing. When the

tuberculous disease makes slow progress, the dyspnœa is little remarked; and in persons who, from their quiet mode of living, use little exercise, it is scarcely noticed even when the respiration is more than double its usual frequency. We have seen the respiration in a consumptive patient habitually thirty in the minute, although the circumstance was never remarked by the patient himself. In such cases the oppression in breathing experienced during motion is very often attributed to debility. Indeed, it is by no means an infrequent occurrence to find the patient unwilling to admit the existence of dyspnœa until minutely questioned on the subject. There is often among consumptive persons a jealousy of being interrogated on any symptom which seems connected with pulmonary disease; and they not uncommonly conceal such symptoms from the physician, who must, if he desires to arrive at the truth, put his questions with great caution, and without appearing to attach any importance to them.

Although we shall not, we believe, err far in stating that the degree of dyspnœa or hurried respiration (for we class both under the same head) will generally be found proportionate to the rapid progress and extent of the tuberculous disease of the lungs, still this will not always be an invariable occurrence. We are not yet acquainted with all the causes of dyspnœa; but one of them is often to be found in a feeble heart, which is easily oppressed, and in this state gives rise to it. Of the one hundred and twenty-three cases reported by M. Louis, three only presented examples of severe dyspnœa; and a careful examination of the whole contents of the thorax after death, in these cases, detected nothing to explain it. A degree of congestion of the lungs commonly exists, we believe, in persons of a tuberculous constitution, both before and after the formation of tubercles, and may be one cause of dyspnœa; and hence we frequently find that an attack of hæmoptysis, or venesection employed to subdue this, relieves the dyspnœa for a considerable time. On the other hand, it not unfrequently happens that the origin of the short or difficult breathing is dated from an attack of hæmoptysis: we have frequently observed this, but are unable to account for it. We allude to the protracted dyspnœa:—that which immediately succeeds the attack of hæmoptysis most probably depends upon the effusion of blood into the pulmonary tissue, and the consequent compression and obliteration of the air-cells to a greater or less extent.

Dyspnœa, therefore, although not much to be relied on as an indication of the very early stage of phthisis, is frequently present, and should always be a subject of inquiry; indeed it will be found more often, we imagine, than is generally believed. It is chiefly during exertion that the oppression of breathing is experienced, and as it differs little from that which in a slight degree always accompanies such exertion, it seldom attracts attention. Being slow and gradual in its increase, and, like many other morbid states, unattended with pain, it is

little noticed until it has become very considerable. But since tubercular disease of the lungs cannot exist to any extent without more or less dyspnoea, the presence of this symptom along with emaciation should lead us to examine the chest with care, even were there no other indications by which phthisis might be detected.

Expectoration.—When the cough has continued for some time, it becomes gradually softer, and a transparent, ropy fluid, resembling saliva, is expectorated, becoming by degrees more stringy and tenacious. After a longer or shorter interval, varying remarkably in different cases, specks of opaque matter appear mixed with the transparent frothy fluid. These specks vary in appearance, being at one time white, at another yellow or even approaching to green, and again very frequently of an ash colour, partly sinking in water in little masses, and partly floating in it in the form of *stræ*.

Immediately before, or at the time of this change in the character of the expectoration, a little blood frequently appears in it. As the disease advances, the transparent salivary portion diminishes, while the opaque part increases and gives a more homogeneous aspect to the expectoration, which is now of a yellowish colour, and is brought up by the cough with more ease and in more distinct masses. At a later period it is of an ashy colour, and is ejected in separate, rounded, flocculent-looking masses, enveloped in a certain proportion of the transparent ropy fluid. If thrown into water at this period, some of these masses sink to the bottom; others are suspended at different depths, connected together by the ropy, fluid expectoration before mentioned.

The period of the disease at which this last change in the character of the expectoration takes place varies in different cases, and occasionally occurs a few days only before death. But more generally these ash-coloured, distinct masses are expectorated for many weeks or months before death, accompanied with more or less of the mucous fluid in which they frequently float. Bennet* mentions these ash-coloured sputa as occurring, in hopeless cases, towards their termination. In some cases the expectoration continues to retain the yellowish puriform character; and in a still smaller proportion the semitransparent tenacious expectoration continues till within a few days of death, forming a gelatinous-looking mass, separated with difficulty from the vessel which contains it. During the last days of life the expectoration appears in a more dissolved state, and sometimes of a darker hue; about this period also, and often long before, it assumes a very fetid odour; finally it diminishes considerably, and often ceases entirely some days previous to death.

Such are the changes in the character of the expectoration which are generally observed in phthisis; but it is right to state that they are by no means constantly noticed. The periods in the progress of tubercular phthisis at which

expectoration commences, and at which occur the various changes we have related, differ, as we have seen, in different cases. The nature, also, of the sputa is greatly changed by accidental causes, as by attacks of catarrh and of pneumonic inflammation.

Few of the symptoms which attend phthisis have excited more notice than the expectoration, or were formerly considered of equal importance in distinguishing it from bronchial disease. Since the real character of tubercles has been more fully demonstrated by modern pathologists, and we have become acquainted with the physical signs by which the existence of pulmonary disease is more certainly determined, the expectoration has been much less regarded as a means of discriminating phthisis. The presence of pus, which was so carefully looked for, and to distinguish which so many experiments were made, is now well known (and indeed has been so since the days of Hoffmann and De Haen) to be present when bronchial disease only exists; and we also know that pus in the expectoration does not form an essential character of tubercular phthisis. But although no physician of the present day would think of relying on the appearance of the expectoration as a test of the nature of the pulmonary affection, still it is interesting to know what characters exclusively belong to it when it accompanies tubercular disease. The transparent, frothy, tenacious sputum, though it often indicates the presence of tubercles, is evidently a secretion from the bronchial membrane, and may occur independently of any tubercular disease. The same may be said of the yellowish-green expectoration, which is often discharged in large quantities towards the termination of slight bronchitis or in chronic catarrh; and there is no doubt that the same membranes produce the greater part of the expectoration in tubercular disease of the lungs.

There are two characters, however, which may be considered peculiar to the expectoration attending tubercular disease; the striated state of the expectorated mass with a mixture of whitish fragments in it, and the ash-coloured globular masses which are observed in the more advanced stage of the disease. This last we have never met with unaccompanied with tubercular disease; but even this form of expectoration has been found by Chomel and Louis in two cases during the last days of life, where neither tubercles nor tubercular excavations, nor dilated bronchi were detected after death. The very circumstance, however, of its having been found in two cases only, by these two accurate observers, shows how very generally it is connected with tuberculous disease. The different characters of the expectoration which we have already noticed present themselves, for the most part, as has been before stated, in the course of pulmonary phthisis. They occurred in all the cases described by Louis, with three exceptions, in which the ash-coloured masses never appeared, the expectoration continuing semitransparent, or of a slightly yellowish hue, to the last.

* *Theatrum Tabidorum*, cap. xxiv.

The quantity of the expectoration varies remarkably in different cases, and is by no means to be considered commensurate to the extent of pulmonary disease. Occasionally the quantity is extremely small, although after death large excavations (of recent formation) are found. On the other hand, and even in the early stages, while the expectoration is still transparent, the quantity is often very great, especially when the disease makes rapid progress. In a few rare cases expectoration has been entirely wanting; Portal says that "sometimes this purulent expectoration is wanting, although the lungs be filled with abscesses."^{*} We have only met with one decided case in which this continued to the last;—the lungs on one side were found, on examination, converted almost entirely into a mass of tubercular disease, containing numerous small tubercular vomicae and one of considerable size: the upper part of the other lung was also tubercular, and some of the tubercles were softened. The cough in this case was so slight as scarcely to be remarked; but the rapid pulse, the quick breathing, the night-sweats and emaciation were more than sufficient to indicate the nature of the disease, independently of auscultation, which left no doubt on the mind:—there were, however, circumstances in the case which, without the assistance of auscultation, would have thrown a shade of obscurity on its nature. In other instances large excavations have been found communicating freely with the bronchi, although, for a considerable period before death, neither cough nor expectoration were present.[†]

In regard to the sources of the expectorated matter, it is evident that when the tubercles are still in a crude state, it must be supplied by the bronchial membrane. The chief seat of tuberculous matter has been demonstrated by Dr. Carswell to be the air-cells and extreme terminations of the bronchi; and we can easily understand how this, when accumulated in any quantity, must prove a source of irritation, and that this irritation should be first communicated to the mucous membrane in the immediate vicinity of the tuberculous matter. As the small masses of tuberculous matter contained in the air-cells accumulate, the bronchial membrane and the pulmonary tissue become excited and irritated; a degree of inflammatory action most probably takes place, and a sero-purulent fluid is poured out, by which the tuberculous matter is penetrated and softened. The surface of tubercular excavations affords an additional secretion of matter; the quantity supplied from this source would appear in some cases to be great, whereas in others it is extremely small; indeed we have frequently been surprised at the small quantity of the sputa compared with the extent of the caverns.

Reviewing the facts which have been stated

* "Quelquefois ce crachement (pus) n'a pas lieu, quoique les poumons soient pleins de foyers de suppuration."

† Andral, Clinique Médicale, t. ii. obs. xi.

in this and the preceding sections respecting the varying characters of the expectoration, the uncertainty of its changes according to the progress of the disease, and its occasional absence altogether, it follows that we must not place much reliance on it, either in a negative or positive sense, as a diagnostic symptom, especially in the early stages of the disease. In conjunction with other symptoms, it has its value in the more advanced stages, in enabling us to ascertain the presence of tubercular disease in complicated cases, and the changes which occur in the ordinary progress of phthisis.

Hemoptysis.—Hemoptysis has been long regarded as a frequent cause of phthisis, from its being often observed to precede the more evident symptoms of the disease. A more correct knowledge of the nature and causes of hemoptysis has placed it among the consequences of the pathological conditions of the lungs which precede and accompany the development and progress of tubercular disease. It is rarely, if ever, a cause of phthisis, except in a tuberculous subject. It may indeed be rendered a *determining* cause, by the debility which it induces when very copious, or by the sanguineous depletion carried to a great extent for the purpose of suppressing it; the effusion of blood also into the pulmonary tissue may become a source of irritation, and even form the nidus for the primary deposit of tubercle, as M. Andral has shown.* Although, therefore, hemoptysis is in general to be regarded as an indication of the presence of tuberculous disease in the lungs, it may in some cases be more intimately connected with its production.

It is certain that pulmonary hemorrhage occasionally occurs in a state of apparent health, being the first cognizable symptom of the approaching mischief. M. Andral relates some cases of hemoptysis, in which he thinks he had evidence that no tubercles existed in the lungs previous to the hemoptysis, because the patient showed no appreciable symptoms of their presence; and he cannot without difficulty believe that tubercles can exist to a degree sufficient to give rise to hemorrhage, without being preceded by cough or some other indication. In such cases he considers that pulmonary apoplexy takes place, the effused blood becoming the matrix for tubercular deposits.[†] But to produce this effect the effusion must take place in a tuberculous constitution, which, indeed, M. Andral admits. He gives a case illustrative of his views, which, while it shows that the effused blood may be the primary seat of pulmonary tubercle, supports the opinion that tubercles would only have been formed in a tubercular subject. It is a case where tubercles were found in a mass of effused blood, and in no other part of the lungs; but the patient had tubercular peritonitis at the same time.[‡]

Although, therefore, hemorrhage from the

* Path. Anat. Transl. vol. ii. p. 553.

† Loc. cit.

‡ Clinique Médicale, tom. ii. p. 39.

lungs may, in a few rare cases, give rise to phthisis, it is only to be regarded, even in these few instances, as an occasional cause. It is generally to be considered symptomatic of the existence of tubercles, and is, in this point of view, a most important diagnostic symptom.

Hemoptysis is, no doubt, occasionally idiopathic, or at least totally unconnected with any previous disease of the lungs. In such cases, if not caused by local injury, it is either vicarious of the catamenia, or produced by a plethoric state of the system, the consequence often of suppressed sanguineous discharges, such as the hemorrhoidal in persons advanced in life, and epistaxis in youth; and it is occasionally dependent on disease of the heart. In all these cases a temporary state of plethora of the lungs most probably occurs, and a free pulmonary hemorrhage may even prove beneficial. In phthisical cases we believe that a general plethora of the lungs often exists, and is the determining cause both of hemoptysis and of tubercles; and that, even in such cases, the discharge of blood from the overloaded vessels may do good. In a few cases, hemoptysis appears to be the effect of the severity of the cough.

Portal remarks that those who habitually spit blood rarely become phthisical, and cites the following observation of Baillou: "*Magnas excretiones sanguinis ex pulmone minus esse periculosas quam parvas.*" This remark is most probably founded on the circumstance that idiopathic hemoptysis, connected simply with congestion of the lungs, is generally abundant; as we have found in the majority of the cases of this kind which have come under our observation. But at the same time it must be admitted that cases of idiopathic hemoptysis are very rare, compared with those in which it is to be regarded as dependent on, or immediately connected with, tubercular disease of the lungs. M. Louis, from careful and extensive observations on the occurrence of hemoptysis in different diseases, came to the conclusion that, with the exception of some cases in which the hemorrhage depended on external injury, or where the catamenia were suddenly suppressed, hemoptysis indicates, with a high degree of probability, the presence of tubercles in the lungs. Our own opinion corresponds with that of M. Louis.

The influence of sex and age in the production of hemoptysis is not undeserving of attention. In the practice of M. Louis it occurred more frequently in females than in males, in the proportion of three to two. The age of the females was most commonly from forty to sixty-five, that is, after the period at which the catamenia usually cease; the reverse, Louis remarks, of what should have occurred had the hemoptysis been an effect of amenorrhœa or a substitute for the suppressed catamenia. We shall probably find an explanation of this in the circumstance that females very often become full and plethoric at this age, and hence more

liable to attacks of inflammation and hemorrhage than at any other period of life. We have remarked this particularly in females who had been subject to very copious catamenial discharges. Among men, Louis observed hemoptysis to occur nearly in the same proportion at all ages. The frequency of its return was generally in proportion to the length of the disease; and when copious, it rarely occurred oftener than twice or thrice in the same individual. In the whole of Louis' cases, it occurred in a greater or less degree in two-thirds; and the numbers in which it was inconsiderable were nearly equal. In some persons it is a frequent symptom during the whole course of the disease; in others it is never present. In the phthisis of advanced life and in young phthisical children it is rare, and occurs generally towards the close of the disease. Hemoptysis may appear at any stage of phthisis; in a few rare cases it is, as we have remarked, the very first circumstance which excites alarm, occurring even before the cough. When it preceded the other symptoms, M. Louis observed that it came on suddenly in the midst of perfect health and without any appreciable cause; but neither of these remarks is quite in accordance with our own observations. We have found more frequently that the aspect of the patient was by no means indicative of perfect health, although he had not complained; and we have more frequently known the hemorrhage to succeed bodily exertion, such as running, ascending heights, or long speaking, than when no such evident cause had occurred; and in these cases we have remarked that the hemoptysis did not appear during the exertion, but some hours after it. One young man, for example, had made considerable exertion in ascending a hill; he returned to dinner, and while dressing was attacked with hemoptysis. Another, after great exertion in endeavouring to catch a horse, was affected in a similar manner a few hours after; and a third, after delivering a lecture in the evening which required considerable effort, had an attack of hemoptysis during the night.

There would appear to be a constitutional disposition to hemoptysis in some persons, and even families. We have known several members of the same family die from the pulmonary hemorrhage during the progress of phthisis.

The quantity of blood discharged at one time differs greatly; in some instances not exceeding a single mouthful, and in others amounting to a pint or more. When it is slight, it is often confined to the mornings; and when it proves fatal, which is generally towards the termination of the disease when the structure of the lungs is extensively destroyed, several pints may be suddenly discharged. In this latter case, the hemorrhage arises, for the most part, from an opening occurring suddenly in a large artery implicated in the tuberculous disease.

As a diagnostic symptom, hemoptysis is very important. We have already stated the very large proportion of cases in which it has

been found to indicate tuberculous disease. Its occurrence, therefore, before or soon after the commencement of the cough, renders the presence of tubercles highly probable.

Pain of Chest.—Acute pain rarely attends the early stage of phthisis; but some pain is frequently experienced in the upper parts of the chest and shoulders, although it is scarcely noticed by the patient unless inquiry be made on the subject, as it is generally attributed to rheumatism. As the disease advances, the pain is more frequent, and we have usually found it more severe on that side on which tuberculous disease existed to the greatest extent.

We have noticed these slight pains in the clavicular regions, because in a doubtful case their presence would tend to increase our suspicions of the presence of tuberculous disease; especially when the other common symptoms are in accordance with this view, such as the tubercular character of the patient, the short cough, &c., and when as yet we have no positive sign to determine our diagnosis.

When severe pain has been experienced in the epigastric region and towards the back, adhesions have been found between the diaphragmatic and pulmonary pleuræ; but pains are often felt when an examination after death discovers no such adhesions to enable us to account for them. During the last months of phthisis, pains of one or both sides often add greatly to the patient's sufferings; indeed there are few cases in which they do not occur to a greater or less degree at this period of the disease.

The pain of the chest which attends catarrh is essentially different in its character; it is referred generally to the centre of the chest, between the sternum and the spine; it is chiefly felt during cough, and is described rather as a sense of soreness than of pain.

The Pulse.—Although the state of the pulse might be considered under the head of hectic fever, it perhaps deserves a distinct notice in this place, as much importance has been attached to it in phthisis. Like every other symptom, it varies very remarkably, being modified in each individual case by certain physiological and pathological conditions, which have no direct connexion with the tuberculous disease. Generally speaking, the pulse of the phthisical patient is frequent, especially after the morbid condition of the lungs is fairly established; and in doubtful or obscure cases, a frequent pulse (by which we mean one of eighty or upwards in the adult) would add strongly to our suspicions of the existence of tubercles in the lungs.

But, before we form any judgment as to the frequency of the pulse, its natural state should, if possible, be ascertained in every case. Eighty pulsations in the minute may be the natural number in one patient, and yet constitute a frequent pulse in another, whose natural pulse is sixty or sixty-five. In our opinion, the average natural frequency of the pulse in adults is generally estimated too high by authors; but

be that as it may, its frequency should never be decided on until its natural state be first known. Many persons of the tuberculous constitution have habitually a slow, languid, and feeble circulation, which we have found continue with little variation, when there was clear evidence of extensive tuberculous disease in the lungs.

Without desiring, therefore, to fix the value of the state of the pulse as a sign of incipient phthisis, we regard it as always deserving the attention of the physician. A frequent pulse, in a tuberculous subject, even taken as an isolated symptom, is one which should excite suspicion; and when accompanied with other symptoms indicative of pulmonary disease, it adds strongly to the presumption that mischief has already commenced. On the other hand, we consider a slow, or rather a natural state of the pulse, as a favourable and encouraging symptom, inasmuch as it is usually associated with a condition of the system which is favourable to the patient's recovery; while it is some proof that the lungs are not extensively tuberculous, and that there is neither much pulmonary nor gastric irritation.

Hectic Fever.—The fever which attends phthisis is usually slow and insidious on its first onset, and is, for some time, so slight as often to escape observation. Like some of the other symptoms which we have described, it varies greatly in degree in different cases throughout the whole course of the disease, and is more modified by collateral and accidental affections than perhaps any other symptom. The accidental occurrences to which we allude, are inflammation of the respiratory organs, and gastric and intestinal irritation. These appear to have more influence in exciting and modifying the fever than the primary tubercular disease, which frequently exists for a long period without being attended by an appreciable degree of fever. In stating this opinion, however, we do it with some hesitation, seeing that it is opposed in some degree to the views of that accurate pathologist Louis, who attributes the earlier febrile symptoms of phthisis to the presence of tubercles.

The first febrile sign remarked by the patient is a sensation of chilliness towards the evening. This sensation increases as it continues to recur, amounting often to a slight shivering; it is then usually succeeded by heat of skin during the night, the heat being particularly felt in the feet and hands, which are for the most part habitually cold in tubercular patients. After a time morning perspirations are found to succeed the hot stage. As the disease advances, these paroxysms of fever become stronger, especially the hot stage, and the heat is more generally diffused over the whole surface.

Perspirations.—Although this very prominent symptom forms a part of the febrile paroxysm, it is generally so disproportionate to the cold and hot stage by which it is preceded, and exercises so great an influence on

the feelings of the patient and the course of the disease, that it merits a distinct consideration.

The fever has generally continued a considerable time, and the disease is far advanced, before the perspirations become copious. In many cases they are out of all proportion to the preceding fever,—in others, they are absent during the whole course of the disease. Louis found them wanting in one-tenth of his cases, and we have met with a few instances of the same kind. According to this observation of the physician, the stage of the disease at which the very copious perspirations occurred, corresponded generally with that at which the diarrhoea made its appearance. These two affections have commonly been considered supplementary of each other; the one diminishing as the other increased. This may occasionally be the case; but it is not the common rule, both in general proceeding apparently uninfluenced by each other. In this observation we are supported by the accurate Louis, who paid particular attention to the reputed reciprocal influence of these two symptoms, not only in phthisis, but in other diseases in which they frequently occur; and he could never find that any such reciprocal influence existed.

The perspirations occur chiefly in the mornings, more especially if the patient happens to fall asleep after having once awoken. As the disease advances, they come on whenever the patient falls into a sleep. During the early stages, they are confined to the head and upper part of the chest, but by degrees they extend over the whole surface. We have observed them exclusively confined to the anterior surface of the body, and in many cases to the head, neck, and chest. The copious perspirations of the phthisical patient present, as Louis observes, a remarkable instance of extensive and long-continued derangement of the function of the skin, without any appreciable alteration of structure; and it is very probable that if we could submit the fluid to examination, it would present characters very different from those of healthy perspiration. Although generally occurring in an advanced stage of phthisis, perspiration occasionally attends its very early periods. It seldom is copious at the commencement, and the patient, unless questioned on the subject, takes little notice of it. It not unfrequently happens that after having continued for some time, it ceases and again recurs, without our being able to account for this irregularity. In some feeble young persons, the copious morning perspiration is one of the most remarkable symptoms, and most disproportionate to all the others. We always look upon this as an unfavourable omen, and as indicating that the disease will run its course rapidly.

The importance of the perspiration as a diagnostic sign is not considerable, because other symptoms of a more marked character usually precede and accompany it; but at the same time it is never to be neglected or passed

over with indifference in doubtful cases. We have seen perspiration, a frequent pulse, and emaciation the only symptoms of tubercular disease; and whenever we meet with it in a tubercular constitution, it ought always to rouse our fears and lead us to examine the state of the chest with attention.

Thirst.—This is not a remarkable symptom in phthisis. It rarely exists to a very great degree, although we have seldom seen it absent. Louis found it wanting in one-fourth of his cases; and where it occurred, it appeared to be more dependent on the fever than on the condition of the digestive organs.

Diarrhoea.—This is so common an accompaniment of phthisis, that it has been with justice considered one of the most important of its symptoms, exerting apparently a greater influence over its progress than any other; the wasting, the debility, and therefore the rapidity of the disease being in almost all cases proportionate to the severity of the diarrhoea. In all Louis' cases, the loss of strength and wasting corresponded with the number and frequency of the evacuations. This fact suggests a wholesome and not unnecessary caution on the employment of active purgatives even in the early stages of consumption, and also of mild aperients in large doses as the disease advances; since they reduce the patient's strength, and may bring on diarrhoea before it would otherwise have occurred. We have seen a table-spoonful of castor-oil throw a phthisical patient into a frightful state of debility.

In persons who have been long constipated, and whose bowels it has been extremely difficult to regulate so as to procure healthy biliary secretions, it is often remarkable how regular the action of the bowels becomes, and how natural the evacuations are, after phthisis has made some progress.

Diarrhoea seldom occurs until the disease is far advanced; in a small proportion of cases not until a few days before death; and we have found it in a few instances entirely wanting. In one-eighth of his cases, Louis found diarrhoea commence with the disease and continue till death; in the majority it occurred in the latter stages; in others during the last days of life only; and in four among one hundred and twelve cases, it never appeared. Diarrhoea often proves one of the most distressing symptoms of the disease, being attended, after it has lasted some time, with severe pains before each evacuation, and by a deadly sensation of sinking immediately after it. The evacuations are generally of a yellow bilious colour.

Although the diarrhoea has not much influence in abating the perspirations, it occasionally has an evident effect on the cough and expectoration, diminishing the quantity of the latter and the frequency of the former. At the same time, we must observe that in one of the cases in which phthisis proved fatal without being accompanied by any expectoration, diarrhoea was also wanting. It is not, how-

ever, of much importance as a diagnostic symptom, because long before it becomes conspicuous the nature of the disease is sufficiently evident.

Emaciation.—Few persons die of phthisis without being reduced to a great degree of emaciation, when the progress of the disease is not interrupted by some accidental occurrence which cuts off the patient. In some cases the wasting is one of the first circumstances which attract the attention of the patient's friends; in others the disease makes considerable progress before the patient becomes visibly thinner; examples of which we have found most frequently in young females. The cases in which the emaciation takes place to a great extent before any marked symptom of pulmonary disease occurs, are met with most frequently in persons pretty far advanced in life, and in whom the disease has been induced by irregular or unhealthy modes of living, which have impaired the various functions employed in nutrition and assimilation before the occurrence of the tuberculous disease. In general, the emaciation begins early, and is probably in part owing to the disease of the lungs impeding the process of assimilation. The diarrhoea being once established, the process of wasting advances more rapidly; it goes on through the whole of the soft parts, and frequently before death little more remains than the integuments and the bony skeleton.

As a symptom of tubercular disease, emaciation merits especial attention in obscure cases. In persons about the middle period of life, from forty to fifty, we have found it one of the earliest symptoms of phthisis, even when there was no frequency of pulse, no cough, no marked dyspnoea, nor any other symptom to draw attention to the lungs. The derangement of the digestive organs which is generally present, is regarded as the principal cause of this wasting; yet, in spite of all that is done to maintain a healthy state of them and to supply abundant nourishment, the emaciation continues to make progress; and it is not till this state of things has continued for some time that the patient has evening chills, that the pulse becomes frequent, and occasional night perspirations occur.

Emaciation should never be disregarded when there is no evident cause of its presence. If it is accompanied by quick pulse and loss of strength, and especially if there is any oppression or frequency of breathing, we agree with Louis in believing that the tuberculous disease of the lungs rarely fails to prove its cause. Wherever there exist grounds of suspicion in such cases, the chest should be carefully examined.

Œdema.—This symptom occurs in general towards the termination of phthisis only, although it occasionally appears in a slight degree at an early period. This is frequently the case in young delicate females, who are often subject to a degree of œdema in their best health, especially in warm weather.

There is nothing in the œdema of phthisis different from what is often remarked in other chronic diseases, except that it is an invariable attendant; at least we have never found it wanting in the last period of phthisis. Although usually confined to the lower extremities, and seldom extending higher than the legs, it is sometimes observed in the upper extremities; and the face is frequently œdematous in the mornings during the last weeks of the disease. Œdema of the lungs, also, occasionally supervenes in the last stages, and in other cases an œdematous state of the glottis. Œdema is of little importance as a diagnostic symptom, because for the most part the nature of the disease is well marked long before its occurrence. It is, however, in general, a sure prognostic that the disease is approaching its termination.

Aphthæ.—An aphthous state of the mouth is commonly the last in the long catalogue of maladies which affect the consumptive patient. It occurs generally a week or two before death, and, like the other symptoms, varies greatly in degree, being sometimes productive of little inconvenience, and at others attended with so much irritation and tenderness of the mouth, as to prove a source of considerable suffering to the patient. The approach of aphthæ is generally marked by a red shining appearance of the tongue, mouth, and fauces, though occasionally they appear with very little redness of the mucous membrane. Aphthæ are very little noticed by French authors on phthisis; Portal does not even allude to them.

Other symptoms.—There are some other symptoms which frequently attend the progress of phthisis, and which may be noticed in this place. An incurvated state of the nails, with a rounded appearance of the last joint of the fingers, is very often observed, and is generally regarded as a diagnostic sign of some importance. The falling-off of the hair is also a common occurrence in phthisis. The appearance of the urine deserves some notice; it is very frequently turbid, and during the fever throws down a copious sediment; while during the early stages it is often covered with an iridescent pellicle. The condition of the nervous system undergoes, with all other parts of the body, a considerable change:—the patient becomes nervous, both mentally and physically. One of the circumstances which is often remarked even in the early period of the disease is this unusual degree of nervous sensibility. The patient is timid, and apprehensive of the slightest circumstance which can increase his complaint: his hand shakes, and he often becomes peevish and irritable. These nervous affections generally keep pace with the increasing debility. The intellect, however, for the most part remains clear till within a few days of death, when slight delirium, as already mentioned, occasionally supervenes.

II. PHYSICAL SIGNS.—In the very early stage of tuberculous disease, we can scarcely expect to derive much positive information from physical signs, because the deposition

of tuberculous matter is not sufficient to produce any perceptible difference in the respiratory movements, or the sounds which accompany them. It is quite clear that, before such evidence can be presented to our senses, the tuberculous deposit must be sufficient to impede the free transmission of the air throughout the vesicular structure of the lungs, in a degree capable of modifying the sounds which accompany respiration in a healthy state of these organs. By persons possessed of a delicate sense of hearing, and whose ear has been well educated in the varying characters of the respiratory sounds, a difference may be detected, we believe, much earlier than is generally supposed; but this degree of nicety cannot be expected from the ordinary auscultator. Those persons, however, who have endeavoured to ridicule the stethoscope because it could not detect tuberculous disease at such an early period as we are now contemplating, could neither have possessed a right conception of the principles upon which the physical signs of pulmonary disease depend, nor a correct knowledge of the anatomy of incipient tubercles. They might as justly deny the powers and utility of the telescope because it does not enable us to ascertain all the minute phenomena of the starry heavens. Those, also, who venture to affirm that auscultation is useless until the disease is rendered evident by the common symptoms, are equally in error. It is true that auscultation *alone* is not sufficient to ascertain the existence of the disease at a very early period; yet, even at this time, the information which it affords is often very valuable both in a negative and positive point of view. If it does not give us positive assurance of disease when it is limited, it will generally enable us to say when disease does not exist to a great extent. In doubtful cases, therefore, we should never fail to examine the sounds of respiration and the degree of resonance of the upper parts of the chest. If both are natural and alike on both sides, we may feel tolerably certain that tuberculous disease does not exist, or is very limited; if, on the contrary, they differ, we shall ascertain the presence of disease which the ordinary symptoms scarcely led us to expect: in a few cases we have even found pectoriloquy, when neither the appearance of the patient nor the symptoms induced us to anticipate it. We therefore hold it wise to avail ourselves of auscultation in all cases. It will often assist us powerfully in our diagnosis, and can never lead into error when its results are taken in conjunction with our other means of diagnosis.

The following method of proceeding, while it will be the least formidable to the patient, will enable us most readily to discover the presence and site of disease.

Respiratory movements.—In examining the chest, it is of importance to do so with as little parade as may be; otherwise, if the patient is nervous, the respiratory movements may be so imperfectly performed that we shall be

unable to obtain any satisfactory information from them. It will also be advantageous to adopt a certain order in our examinations. We should first observe carefully the state of ordinary respiration, and afterwards, by placing the patient fairly before us, mark accurately if both sides of the chest are equally raised during a full inspiration. A difference in this respect between the two sides will frequently lead us to the seat of the most extensive disease, which exists for the most part on that side which is least raised.

Percussion.—This may next be resorted to, below the clavicles and over the inner extremity of these bones, in order to compare the sound of the chest with that of a healthy one (with which we suppose the auscultator to be acquainted), and also the sound of one side with the other. Mediate percussion is preferable in most cases; it is far more agreeable to the patient, and if carefully performed affords equal information. Various substances have been used as pleximeters; that which we think most suited for the purpose is a piece of flat caoutchouc; but perhaps the best, and almost the only one we employ, is the finger; it conveys the sound with perfect clearness, while at the same time it removes any fear of uneasiness on the part of the patient. To perform percussion well, either the back or fore-part of the finger may be pressed firmly on the chest; it should then be struck smartly but lightly with the points of two or three fingers of the other hand; to effect this, very little force is required; in children or young spare persons, the point of a single finger is sufficient. This simple operation will, with few exceptions, afford us all the information to be derived from percussion. It is not, however, by any means so easy as is commonly believed, and consequently it is often imperfectly performed. The points particularly requiring attention are, to keep the finger in close contact with the chest, to strike it at the same angle wherever applied, and to do this so as to elicit the resonance of the contents, not merely of the parietes, of the chest.

Auscultation.—Having ascertained the resonance of the chest, we next proceed to examine the respiratory murmur, either with the unaided ear, or through the medium of the stethoscope. Although the ear alone is sufficient to examine most parts of the chest, there are some situations in which the stethoscope is preferable; such as immediately below and above the clavicles in some persons, and in the axillæ of all. There are other objections to the application of the ear—some referrible to the patient, others to the auscultator, which are sufficiently obvious. On the back and sides, however, when the form of the chest admits of it, the ear is generally preferable; but, assuredly, he who can use the ear and the stethoscope with equal facility and effect, possesses advantages which are not enjoyed by the auscultator who can use one of them only; and when we hear it stated that the ear answers all the purposes of a stethoscope, we are disposed to conclude

that the advocates of that opinion are not very minute in their investigations.

Value of the physical signs.—1. Tuberculous disease must occupy a considerable portion of the lungs before we can conceive it capable of influencing the motions of the chest to a perceptible degree; simple inspection is not, therefore, of great value in the very early stage of the disease, but it is often useful, and not unfrequently points out the chief seat of the disease when it is more extensive. Neither is percussion of much value in detecting the very early stages of tuberculous disease, as this may exist even to a considerable extent, if the surrounding pulmonary tissue is healthy, without being detected by percussion; the sound elicited may even be clearer than over a more healthy portion of the lung. This will be the case when the pulmonary vesicles are dilated, which they often are, amid groups of small tubercles. Hence, by trusting to percussion alone, we might be led to consider the diseased as the sounder side of the lung; and we are the more likely to fall into this error, the greater the extent of the emphysematous portion of the lung. In such cases, by percussing carefully, we shall sometimes find a small spot, the dull sound of which contrasts remarkably with that of the surrounding emphysematous parts. In judging of the sonority of the chest, the thinness of the parietes must be taken into account; otherwise it may lead to error in the case of children and very thin persons.

When the disease is farther advanced, and the tubercles have coalesced so as to form a solid mass, or when the pulmonary tissue immediately surrounding them is rendered impermeable to the air by the effects of inflammation, a dull sound is perceptible over such portions of the lung; and if this dull sound exists in the upper part of the chest only, it may be considered as very generally indicating the presence of tubercles.

2. The information which auscultation affords us is more valuable and precise than that derived from the movements or resonance of the thorax; but in order to obtain the full advantage of it, we must employ it with circumspection, as various circumstances may render it deceptive. A morbid condition of the mucous membrane from frequent attacks of catarrh, or what has been termed by Laennec "the dry catarrh," or an emphysematous state of the lung, may render the respiratory murmur obscure, and lead to the belief that the lung is consolidated. Percussion, however, will enable us to correct both errors: in the first case it elicits the natural sound, in the latter a particularly clear, or even tympanitic sound. Emphysema is a more frequent source of error than is usually imagined. Portions of the lung are very frequently emphysematous, both in phthisical and other patients, particularly in persons subject to chronic coughs, or whose breathing is habitually laborious; and without keeping this in view, we may err in our diagnosis. In these cases, along with the obscure or absent respiratory murmur, we have

the clear sound on percussion, and often a more elevated state of the chest over the emphysematous portion of lung; and if the emphysema exists more on one side than on the other, this rounder form of the chest is more remarkable, particularly in phthisical subjects, in whom the chest usually falls in under the clavicles. A little attention to these circumstances will soon enable the young auscultator to discriminate them.

When the presence of tubercles is suspected, we examine with the greatest care the clavicular and supra-scapular regions. If the respiration be soft, and free from any rhonchus in this region, if it be the same on both sides, and if the resonance of the voice be also equal, we have strong evidence that there is no tuberculous disease in that part of the lungs where it is most frequently found, or, if it does exist, that it is to a very small extent only.

If the tubercles are scattered generally through the summit of one lung, the resonance of the voice becomes rather stronger, and the respiratory murmur is simply rendered somewhat bronchial and less soft. If, on the other hand, they are in considerable numbers and confined to a portion of the upper lobe, the natural respiratory murmur is in a great degree lost, the respiration being almost entirely bronchial. In such cases the resonance of the voice also is much louder over the diseased than over the sound portion of lung, and amounts often to what is termed bronchophony. As tubercles are almost constantly present to a greater extent on one side of the chest, this difference of the signs on the two sides will greatly assist us in our diagnosis in obscure cases.

Although we have pointed out the upper part of the chest as that which requires to be most minutely examined in all cases where we suspect the presence of tuberculous disease, the examination should be extended over the whole chest; as the symptoms may be produced by chronic pleurisy or chronic pneumonia, the signs of which must be looked for in the condition of the lower part of the lungs. The upper lobes also are not always the seat of tubercles, although they are most frequently so; hence we should not draw our conclusions until we have ascertained the state of the respiration over the whole chest. In doing this we should not expose the chest; it may be covered with a flannel dress, which it will only be necessary in some cases to remove from the clavicular regions, where the examination should always be made with the greatest care.

By adopting this plan of careful investigation on being first consulted, we do not hesitate to express our conviction that the greater number of cases of tuberculous phthisis would be discovered at a much earlier period of their course,—often, we are satisfied, many months, nay even occasionally years before they now are, from the careless manner in which this class of patients are too commonly examined. Until we adopt a more minute and methodical system of inquiry into the

history of the case, and, in addition to the usual symptoms of pulmonary disease, avail ourselves of the light afforded by auscultation in the most extended sense of that term, tubercular disease of the lungs can rarely be detected at such an early period of its progress as will give reason to hope that its further advancement may be prevented. In the present superficial mode of conducting our inquiry into the nature of such cases, the disease of the lungs has too often made considerable progress when the patient is said to be merely threatened with it; and tracheal or bronchial irritation are the terms employed to account for symptoms which a close investigation would trace to a deeper source. We must not be satisfied with a few rough and slovenly thumps on the upper part of the chest, or even with the use of the ear or stethoscope for a few seconds, applied as if we were afraid rather than desirous of ascertaining the real condition of the lungs. Such superficial examinations, if they deserve the name, are worse than useless: with the semblance of doing something, they really effect nothing, unless it be to deceive the patient and his friends, and bring this method of diagnosis into unmerited disrepute. Nature will not be interrogated in this rude manner; her operations must be observed with care and studied with attention, before we can hope to interpret them with fidelity and precision.*

SECT. V. OF THE MORBID ANATOMY OF PHTHISIS.

The morbid anatomy of phthisis was for ages misunderstood; the real nature of tubercle being unknown, and the ulceration which follows the evacuation of the tuberculous matter being considered the cause of the disease. Tubercles are, however, mentioned by Hippocrates, who noticed them in the lungs and on the pleura, and thought that they consisted of a putrified phlegm. His opinions, with some obscure notions of Galen respecting ulceration of the lungs being caused by the descent of humours from the head and the putrefying of blood effused in the lungs, were adopted by most medical writers who mention tubercles, until after the revival of letters. Sylvius de la Boe, whose works were published in 1679, was the first who gave a good account of tubercles, pointing them out as a cause of phthisis, and showing their connexion with scrofula. He thought they arose from the scrofulous degeneration of certain invisible glands in the lungs, similar to those in the neck and mesentery.† His opinions were adopted and illustrated by several of his successors, particularly by Morton and Wepfer, and have been revived in our own day by Broussais. Nothing more was known concerning them till the comprehensive and satisfactory essay of Desault of Bordeaux was published in 1733.‡ This

author having applied himself during a period of thirty-six years to the investigation of phthisis, acquired an extensive knowledge of the morbid anatomy of the disease. He maintained that the formation of tubercles in the lungs was the sole cause of phthisis, and pointed out many of the facts regarding their development which have since been attributed to more recent authors. In the middle of the last century, Russel, Tralles, Gilchrist, and Mudge, adopted, more or less, the views of Desault, while their contemporaries neglected or forgot his discoveries. With these exceptions, the knowledge of tubercles seems to have rather retrograded than advanced, till it was revived by the indefatigable researches of our countryman Stark; in whose early death the literature of medicine sustained a serious loss. Had his life been spared, he would, in all likelihood, have anticipated our continental neighbours even in their minute pathology; while his care and skill in the application of his facts to practice would have prevented the science from becoming, as it has in the hands of some, a hindrance rather than a help to the therapeutic art. By his own careful and minute observations, he acquired a surprising knowledge of the morbid anatomy of tuberculous phthisis.

The following enumeration of the facts which he ascertained by the examination of ten bodies only, will show at once the attention with which he had marked every circumstance, and the extent of our loss by the premature termination of his labours. He found that tubercles are not vascular, and exhibit no trace of organisation when examined by the microscope; that they are of every size, from that of a granule to the diameter of half an inch; that they soften at various points of their substance; and that the cavities left by them vary in size from half an inch to three or four inches. He also found that these cavities communicate with the bronchi by smooth round openings, and with each other by ragged ones; that they are always lined, entirely or partially, with a smooth, thin, tender slough or membrane; that the larger cavities are often found nearly empty; that they are generally situated towards the back part of the upper lobe; that their communication with the cavity of the chest is prevented by broad firm adhesions between the pleura costalis and that portion of the lungs which they occupy; and that even crude tubercles are seldom found unaccompanied by such adhesions. He also described most accurately the hepatization of the lung, and the obliteration of the bloodvessels in the neighbourhood of tubercles and caverns. Nor did the thickening and reddening of the bronchi and trachea, nor the ulcerations of the intestines escape his observation.*

Since Stark's time the works of Baillie, and still more those of Bayle, Laennec, Louis,

* For a more detailed exposition of Auscultation, see the able article on that subject.

† Opera Medica, p. 692.

‡ Dissertations de Médecine, tom. i.

* Stark, Clinical and Anatomical Observations and Experiments.

Andral, and Carswell have rendered our knowledge of the morbid anatomy of tubercles more complete than that of any other morbid product. Various opinions, however, are still entertained respecting their nature and mode of development; but as these have been fully discussed in the preceding article *TUBERCLE*, we will at present confine our observations to the formation and progress of tuberculous matter in the lungs, and to the changes which its presence induces in this organ.

Tuberculous matter is deposited in three distinct forms,—namely, grey semi-transparent granulations; caseous, or crude tubercle; and tuberculous infiltration.

Granulations.—Grey semitransparent granulations are scarcely ever absent in any stage of phthisis, and accompany every form of the disease. They have a consistence somewhat less than cartilage, being sometimes almost colourless, though generally grey; they vary in size from that of a mustard-seed to a pea, being sometimes distinct, sometimes united in small clusters like grapes, and more rarely agglomerated in masses of one, two, or three cubic inches. They are most commonly found in considerable numbers, often occupying a great part of the tissue around large excavations and of the bands which traverse them. The period required for their development is very variable. In acute phthisis, Louis says they may reach the size of a pea in three or four weeks; in other cases they may remain small for a considerable period; thus, in several individuals who had cough and frequent attacks of hemoptysis for many years, granulations, about the size of peas, were the only lesion found by this physician after death. When subjects already labouring under phthisis or who have a highly tuberculous disposition are exposed to violent irritations of the lungs, these granulations are deposited so rapidly and in such numbers over the whole extent of the lungs, as to give rise to the most alarming dyspnoea, and even cause death by suffocation. A case of this kind is related by Bayle, which terminated fatally in twenty-two days.*

The granulations, after a time, begin to lose their transparency and consistence, and become white, opaque, and friable. When these changes are completed, the granulations receive the name of crude tubercles. The period at which such changes take place varies indefinitely; in adults, death rarely happens before some of them are effected; yet Louis has met with five adults in whom the granulations were unaltered. From the observations of Papavoine,† Tornelle,‡ &c. it would appear that the change takes place much more rapidly in children than in adults. Laennec and Louis suppose that it begins invariably at the centre of the granulations; but Andral and Carswell§ maintain that it may

begin at the centre or at any point of the circumference indifferently.

Grey granulations were first observed and described by Bayle, who thought they were a morbid product, *sui generis*. He described them as constituting a species of phthisis, sometimes entirely simple, but most commonly complicated with the tuberculous. He supposed that in time they produce ulceration, and that the caverns to which they give rise are distinguished from those which follow tubercles by being lined with false membrane. Laennec, on the other hand, maintained that they are necessarily the first form under which tubercle presents itself; and Louis and some other pathologists have adopted Laennec's views. Another opinion regarding the nature of these granulations has been advanced by Andral,* who has endeavoured to prove that they are the result of chronic inflammation of the parietes of the air-cells. The opinion that grey granulations always constitute the first stage of tubercles is supported by the following facts—that granulations are found only in tuberculous subjects; that, in them, they occur, not only in the lungs but also in the lymphatic glands, in the liver, in the spleen, and on serous membranes; lastly, that in these organs, as in the lungs, they ultimately assume the character of crude tubercles. But Dr. Carswell shows that the grey semitransparent substance does not necessarily precede the formation of opaque tuberculous matter; that the latter is found in several organs in which granulations are never observed; and that its form chiefly depends on the structure of the organ in which it is deposited.

Crude tubercle.—This term is applied to certain tumours of a rounded form, varying in size from that of a pin's head to a small walnut. They have a yellowish white colour and a soft cheesy consistence: in some cases only a few are detected at the summit of the lungs; in others they occupy the greater part of their substance. They are, as we have before seen, generally the result of changes which have taken place in the matter deposited under the form of grey granulations; although, on the other hand, it is the opinion of all modern pathologists, with the exception of Laennec and Louis, that tuberculous matter is often primitively deposited in the crude form, in the lungs as well as in other organs. This opinion is supported by the facts that the granulations in some instances are wholly wanting,—and that large masses of crude tubercle are found in some cases of acute phthisis which are too rapid in their march to allow time for the change from granulation to tubercle. These two forms, however, almost always co-exist; Louis having met with only two cases of crude tubercle without granulations, and five of granulations without tubercles.

3. *Tubercular infiltration.*—The third form in which tuberculous matter presents itself in the lungs is that of infiltration into the

* Recherches sur la Phthisie Pulmonaire, p. 127.

† Journ. des Progrès.

‡ Journ. Hebdomadaire.

§ Illustrations of the Elementary Forms of Disease. Art. *Tubercle*.

* Clinique Médicale, tome ii. p. 9, seconde edit.

cellular tissue of the organ. Baillie, who first noticed this state, gives the following accurate account of it:—"In cutting into the lungs, a considerable portion of their structure sometimes appears to be changed into a whitish soft matter, somewhat intermediate between a solid and a fluid, like a scrofulous gland just beginning to suppurate. This appearance is, I believe, produced by scrofulous matter being deposited in the cellular substance of a certain portion of the lungs, and advancing towards suppuration. It seems to be the same matter with that of tubercle, but only diffused uniformly over a considerable portion of the lungs, while the tubercle is circumscribed."* This has since been described by the French under the name of "infiltration."

Another deposit of a peculiar kind never found in other diseases, is the yellow jelly-like matter, the "infiltration tuberculeuse gelatiniforme" of Laennec, who believes that it is only a more liquid state of the tuberculous matter poured into the parenchyma of the lungs. From our knowledge of the various forms which tuberculous matter assumes in other parts, and from having seen large quantities of a similar matter containing small isolated flakes of crude tubercles deposited around a scrofulous joint, we are inclined to adopt Laennec's opinion.

In general tuberculous matter first makes its appearance in the lungs in the form of the grey semitransparent granulations which we have just described; and which gradually take on the characters of crude tubercles. While these undergo the usual process of softening, and while ulceration is going on around them, tuberculous matter continues to be deposited in the neighbouring tissue, so that we often find excavations at the summit, crude or softened tubercles below these excavations, and granulations offering no trace of opaque matter in the lowest part of the lungs. At a late period of the disease the pulmonary parenchyma is occasionally so filled with tuberculous matter as to leave but few traces of its original structure, the whole constituting one dull, opaque, grey, or white mass of tubercular infiltration, excavated to a greater or less extent.

The nature, extent, and relation of the different forms of tuberculous matter, and the changes which they undergo in the lungs, vary greatly in different cases. The upper and back part of the lungs is the most common seat of tubercle, and the left side is more frequently affected than the right; an observation which was first made by Stark, and corroborated by Carmichael Smyth from an examination of the cases recorded by Bonet and Morgagni, and more recently by Louis from his own experience. The last author found tubercles exclusively confined to the right in two cases only, whereas he noticed the same occurrence in five instances on the left side: of thirty-eight cases

in which the upper lobe was totally occupied by large excavations and tubercles, so as to be impermeable to the air, he met with twenty-eight in the left and ten only in the right lung: and in eight cases of perforation of the pleura, he found seven on the left and one only on the right side. When to these observations we add the result of Reynaud's experience, who found twenty-seven of forty cases of pneumothorax on the left side, and thirteen only on the right, we consider that we have sufficient evidence to confirm the conclusion that the left lung is most frequently affected.* This, however, is the reverse of the relative frequency of pneumonia, at all ages, on the two sides. M. Lombard found that of eight hundred and sixty-eight cases of pneumonia, four hundred and thirteen were affected on the right side only, two hundred and sixty on the left, and one hundred and ninety-five on both sides. By the above comparison it appears that pneumonia on the right side is to that on the left, in point of frequency, as three to two.†

State of the lung around tubercles.—So long as the tuberculous matter remains as primarily deposited, whether in the form of grey granulations or crude tubercle, we find the surrounding parenchyma healthy; but as soon as the change of grey granulations to crude tubercles or softening in the latter begins, we find the pulmonary tissue around the tubercles in a state of congestion, firmer than natural, and of a red or grey colour. In some cases the tubercles do not excite irritation in the surrounding tissues, and consequently remain, even for years, in their original state; in others the more fluid parts of the tubercle are simply absorbed, while the more solid ones are left in the form of a calcareous concretion. This last termination is more common than is usually imagined, and is met with very frequently in persons who fall victims to a subsequent attack of phthisis at a more advanced period of life. In such cases the new deposit occurs most readily in those parts of the lungs previously affected, and whose tissue has been more or less changed by the presence of the tubercles originally formed; for it is by no means uncommon to find bony or calcareous concretions in the midst of tuberculous masses, in caverns, or even expectorated with matter derived from the softening of tubercles of a more recent date. In the process of this change from crude tubercle to calcareous concretion, such a degree of irritation occasionally takes place in the immediately surrounding parenchyma, as to produce the deposition of coagulable lymph, which then forms a sort of cyst surrounding the tubercle or concretion, and thus completely destroys its power of again irritating the lung.

The process of softening has been regarded as a consequence of the death of the tubercle, by those who, like Laennec, regarded this sub-

* Journ. Hebdomadaire, vol. vii. p. 61.

† Archives Gén. de Méd. t. xxv. p. 60.

stance as an organisable morbid product; and it has been stated by others who did not take this view of the subject, to begin always at the centre and to proceed towards the circumference. This opinion, however, supposes some change in the substance of the tubercle; but as we have ample proof that tubercle is a mere morbid product or secretion incapable of organisation, we cannot admit that it is subject to any change after its deposition, excepting that which arises from the action of the surrounding tissues upon it. Dr. Carswell has shown that the softer appearance of the centre of the tubercle has no connection with the process of softening, but depends on the tuberculous matter being deposited from the internal surface of the air-vesicles or bronchi, leaving a hollow in the centre filled frequently with the soft fluid usually contained in them. This central softening has been attributed by Andral to the escape of a portion of the tubercle along the bronchi. Stark, Andral, and many others have made the observation that the softening does not always begin in the centre, but may appear either there or at some part of the circumference indifferently. The process of softening is, in our opinion, to be regarded merely as a consequence of the changes produced in the tissues where this matter is deposited. Before these changes take place, tubercle appears to excite little disturbance of the general economy, and may exist for a length of time in several organs, attended by symptoms so slight as scarcely to indicate its presence.

The changes in the lungs induced by the existence of tubercles, are, sanguineous congestion, inflammation, induration and softening, ulceration, mortification, and atrophy. When the tubercles exist in great numbers, or accumulate in considerable masses before the process of softening commences, they press upon and generally obliterate some of the bloodvessels; thus preventing the free circulation of the blood, and giving rise to various degrees of congestion. When this occurs towards the root of the lungs, the obstruction to the return of the blood which it occasions, is so great that the small capillaries often give way, and the blood is poured into the bronchi. Hemoptysis arising from this cause was first noticed by Desault, and has been much insisted on by late authors.

When, instead of producing merely impeded circulation and consequent congestion of the lungs, tubercles give rise to irritation and inflammation in the surrounding tissues, or when other causes excite inflammatory action in parts containing tubercles, we have the usual appearances of inflammation in its various grades. The parts in immediate contact with the tubercle pour out serosity and take on the ulcerative action, by which the tuberculous matter is broken up and sooner or later expectorated, leaving a cavity in its place. By this successive breaking down of the contiguous tuberculous masses, the cavity becomes increased in size, when it is usually termed a "cavern."

The views of Dr. Carswell regarding the seat of tubercle enable us to explain, in a very satisfactory manner, the mode in which the different tissues are successively affected. The tuberculous matter being, as he describes, deposited in the air-vesicles and minute bronchial tubes, these parts are necessarily first irritated by it; and being constantly distended and pressed upon in every direction by the matter accumulating within them, are gradually enlarged in size, and sooner or later destroyed by the ulcerative action. The bronchi are thus found invariably enlarged, stopping abruptly, and appearing as it were cut across at their entrance into a cavern; and unlike the other tissues of the lungs, they are never found enveloped and compressed by deposition of tuberculous matter around them, except in those instances of rapid infiltration in which the whole substance of the lung appears injected simultaneously.

The surrounding cellular tissue, healthy air-vesicles, and bloodvessels, are at first only pushed aside by the deposit of the tubercle, and are therefore only affected in a secondary manner, which is nevertheless sufficient to cause their atrophy, or produce from the infiltration of fluids a condensed state, partaking more or less of the characters of tuberculous matter, or of the common products of inflammation. Hence, the tissue which surrounds crude tubercles and excavations is almost always impervious to air, from the effects of inflammation or the infiltration of tuberculous matter.

The mode in which the bloodvessels are affected by the development of tubercles and the formation of caverns in the lungs, has been so well described by Stark, that we cannot refrain from introducing the whole of his remarks upon it. "The pulmonary arteries and veins," he says, "as they approach the larger vomicæ are suddenly contracted; a bloodvessel which, at its beginning, measured half an inch in circumference, sometimes (although it had sent off no considerable branch) could not be cut up further than half an inch. And when outwardly they are of a large size, yet internally they have a very small canal, being almost filled up by a fibrous substance; and frequently as they pass along the sides of vomicæ they are found quite detached, for about an inch of their course, from the neighbouring parts. That the bloodvessels are thus obstructed, and that they have little or no communication with the vomicæ, is rendered still more evident by blowing into them; by blowing they are not sensibly distended, nor does the air pass into the vomicæ, excepting very rarely, and then only by some imperceptible holes: and after injecting the lungs by the pulmonary artery and vein, the parts less affected by disease, which before injection were the softest, become the hardest; and vice versa, the most diseased parts, before injection the hardest, are now the softest.

"Upon cutting into the sounder parts, numberless ramuli may be seen filled with the wax,

but in the diseased parts there is no such appearance; and upon tracing, by dissection, the injected vessels, those which terminate in the sounder parts may be traced a long way to the smaller ramuli; but those which lead to tubercles and vomicæ a very short way, and only to their principal branches. The wax was very rarely found to have entered the mid-dling-sized vomicæ, and never the smaller or larger ones.”*

Perforation of the coats of the bloodvessels, though never observed by Stark, occasionally takes place; and according to the size of the opening and the capacity of the affected vessel, the patient may have trifling hæmoptysis, or perish in a few seconds from the profuse discharge of blood. The rarity, however, of this accident may be estimated by the fact, that the bands which traverse the caverns were found by Louis to contain pervious bloodvessels in only five out of one hundred and twenty-three subjects whom he examined.

As the neighbouring caverns increase in size, the intervening parenchyma is gradually destroyed, till they coalesce, and change an entire lobe into one large, jagged, irregular cavity, in which portions of pulmonary tissue are often found, either hanging loosely or traversing it in various directions in the shape of bands, and occasionally perfectly detached. These loosened portions, the bands, and the walls of the caverns, present little or no trace of the healthy pulmonary structure. They are of a red or grey colour and exceedingly hard, being for the most part composed of semi-transparent granulations, or crude tubercle and black pulmonary matter. Portions of the walls also occasionally mortify, which gives rise to the fetid smell which is sometimes observed in the breath and expectoration of the patient towards the termination of the disease.

After the matter first formed is expectorated, a fluid more or less resembling pus continues to be secreted from the parietes of the caverns. These are composed of the pulmonary tissue, generally covered with a crust of very soft, grey, inorganic matter, from one to two lines in thickness. This is believed by most pathologists to consist merely of the thicker parts of the matter secreted by the surrounding pulmonary tissue. It is intimately united with the mucous membrane of the bronchi at the point where the latter enter, and according to Louis frequently consists of two layers,—the first or internal being dense, grey, almost semi-transparent and semi-cartilaginous, about the third or fourth of a line in thickness; the second being very soft, yellow or white, of about the same thickness, but often not continued over the whole surface, as the first is. Both these layers were wanting in a fourth of the cases examined by Louis, leaving the pulmonary tissue quite bare. Their density and even their existence often seem to bear a relation to the age of the cavity.

The cavities generally contain more or less

of a fluid of various consistence and colour; sometimes having a resemblance to thick curds; at others to pus, mucus, or simple serum. A cavity may contain more or less of all these various products mixed with effused blood or destroyed parenchyma, or it may be filled with one only. In a few rare cases, it is found quite empty, and is then generally lined throughout with a dense false membrane. Cavities were never found empty by Louis, before the end of the third or beginning of the fourth month from the commencement of the disease. When old, and especially when not lined with membrane, they contained a green, dirty-looking fluid, sometimes tinged with blood.

Although, as we have seen, caverns generally tend to increase in size, yet not infrequently when they occur singly, and when no fresh depositions of tubercles take place, they remain a long while stationary. In cases still more uncommon, they gradually contract and are obliterated. The process by which this obliteration is effected is well described in Dr. Carswell's Illustrations already referred to. The parietes of the cavity consisting of simple mucous tissue become gradually and successively converted, according to this author, into serous and fibrous, and sometimes into fibro-cartilaginous and cartilaginous tissue. More frequently it retains the fibrous character, possessing the property of contracting, so as to diminish the bulk of the excavation. As the contraction proceeds, a puckering of the surrounding lung takes place, which is most conspicuous where the pleura is forced inwards by the retrocession of the pulmonary substance. The contraction in some cases proceeds so far that a small portion of fibro-cartilaginous tissue only remains where an excavation of considerable extent had existed.* That caverns are really obliterated in this manner is proved by the previous existence of pectoriloquy and other signs of caverns in those parts where the cartilaginous masses are found; by their situation and form; by the condition of the bronchi, and the puckering of the surrounding pulmonary tissue. This alone constitutes what can be considered a perfect cure of tuberculous disease of the lungs.

Caverns vary extremely in size, being sometimes so large as to occupy the whole of the superior lobe; being bounded superiorly by a semi-cartilaginous false membrane, and inferiorly by the pleura separating the superior from the inferior lobe: in other cases the cavern of the superior lobe communicates with one in the posterior part of the inferior. Caverns are usually nearer to the posterior than to the anterior surface of the lung. Louis never found them large in the middle of the inferior lobe; but in the greater number of subjects, he met with them in both lungs; in the sixth part of the cases they were found in one lung only.

The extent to which the lungs are affected

* Op. cit.

* Op. cit.

by the progress of tubercular disease varies indefinitely. In some cases a few caverns only are found at the summit of the lungs; in others the quantity of healthy parenchyma which remains is so exceedingly small as to excite surprise that the function of respiration could have been carried on so as to support life. Stark calculated that the portion which remains fit for the admission of air may be estimated, at a medium, to be about one-fourth of the whole substance.

SECT. VI.—OF THE PRINCIPAL COMPLICATIONS OF PHTHISIS.

Since tuberculous phthisis has its origin in a morbid state of the constitution, we should naturally expect to find the disease affecting various organs. This is actually the case; for although the lungs are generally the organs first and most extensively affected, many other parts become tuberculous in the course of the disease: indeed there is scarcely an organ or structure of the body in which tubercles do not occasionally occur in the progress of consumption.

There are also other morbid states, particularly of the mucous membranes, which complicate phthisis, and are so intimately connected with it as apparently to form a constituent part of the disease. We shall confine our remarks in the present chapter to the most frequent and important of these complications. It is, however, worthy of notice that some of these secondary affections are occasionally so prominent as to be taken for the principal disease; and it is not till after death that the primary and most important affection is made manifest. In some cases, for example, the diarrhœa is so severe, and assumes so much the character of chronic dysentery, as to throw in the back ground, for a time, the less evident symptoms of pulmonary phthisis. But, on examination after death, although the intestines are found ulcerated in such cases, the lungs are in general so much more extensively diseased, as to leave no doubt that they were the primary seat of the morbid affection. Again, disease of the larynx occasionally produces such marked symptoms that it is taken for the chief disease, even when the lungs are extensively tuberculous. We shall briefly advert to the chief of these complicating affections.

I. DISEASES OF THE ORGANS OF RESPIRATION.—The mucous membrane of the air-passages is generally diseased to a greater or less extent, in the course of pulmonary consumption.

Ulceration of the epiglottis.—This generally occurs late in the disease. The ulceration, when slight, gives rise to no symptom by which its existence can be known; but in general the larynx is affected at the same time and in the same manner. The lingual surface of the epiglottis is rarely ulcerated; Louis found it in one case only. The symptoms of this affection are, a painful sensation in the region of the os hyoides and difficult deglutition, fluids being frequently ejected through the nostrils in the attempt to swallow them. This

last symptom is characteristic of diseased epiglottis, although it does not always attend it: we have seen the epiglottis swollen and intensely red, although deglutition was not attended with much pain. In some cases the epiglottis becomes œdematous.

Ulceration of the larynx.—This also is a frequent concomitant of tuberculous disease of the lungs. It occurs for the most part only in the advanced stages, but occasionally symptoms indicative of its existence make their appearance before the signs of the pulmonary affection are very evident. The symptoms by which it is accompanied depend upon the site of the ulceration, and of course keep pace with its extension. In some cases they are so prominent and attract so forcibly the attention of both the practitioner and patient, as to lead to the belief that the larynx is the chief seat of the disease, and that the patient labours under laryngeal phthisis. But, as M. Andral justly remarks, the disease which has been designated by that term is in most cases nothing more than pulmonary consumption accompanied by a morbid condition of the larynx, the symptoms of which predominate and mask those of the pulmonary disease upon which the emaciation, hectic fever, night-sweats, and other symptoms of phthisis chiefly depend. One of the most constant symptoms of ulcerated larynx is hoarseness, which goes on often to complete aphonia. More or less pain commonly exists in the region of the os hyoides, being often severe when the ulcerations are deep. The cough has a peculiar character in this affection; it is accompanied with a harsh, grating sound, and sometimes resembles a kind of whistling.

Ulcerations of the trachea.—These do not give rise to any particular symptoms, and their existence is in general ascertained only by examination after death. One patient only of the many examined by Louis complained of the sensation of heat and obstruction behind and above the sternum; in this case a great part of the mucous membrane of the fleshy part of the trachea was destroyed by ulceration. In the other cases examined by this accurate pathologist, no symptom could be attributed to the ulcerations however numerous; neither the cough nor the character of the expectoration had anything peculiar. Louis attributes the absence of symptoms in these cases to the slowness with which the disease proceeds. When simple inflammation of the mucous membrane of the trachea exists, there is often a sensation of heat and pain. Ulcerations of the trachea are almost exclusively found in phthisical subjects: they are frequently confined to one side of the trachea, which, according to Andral's observations, invariably corresponds with the diseased lung, or, if both lungs are diseased, with that which is most affected.*

The bronchial membrane is found reddened, much thickened, and sometimes ulcerated. These changes are, however, chiefly confined

* Op. cit. vol. ii. p. 475.

to the tubes in communication with caverns, and in M. Louis' opinion, depend upon the passage of the purulent matter along them, inasmuch as they are seldom met with in the neighbourhood of unsoftened tubercles or grey granulations, and occur more frequently and to a greater extent near old caverns than near those of recent formation. The like changes which occur in the larynx, trachea, and epiglottis, appear to M. Louis to be connected with the passage of the sputa; since they affect chiefly the posterior parts of the trachea and larynx, and the laryngeal surface of the epiglottis, and are, as we have before remarked, scarcely ever found on the lingual surfaces of the latter, or in the ventricles of the larynx. At the same time, the circumstance that disease of the larynx occasionally precedes the stage of expectoration may be adduced as an objection to this opinion; and although Louis never found grey granulations or tubercles in the tissue or at the surface of the larynx or trachea, Dr. Carswell has occasionally met with tuberculous matter in the mucous follicles of the larynx.

Ulcerations are much more frequent in the larynx and trachea than in the larger bronchi. In the minute ramifications of the bronchi Dr. Carswell informs us ulcerations are very common. The ulcers are generally accompanied with reddening and thickening of the surrounding membrane, although Louis has met with instances in which this was perfectly colourless. The margins of the ulcers are even and well-defined, and are generally so small and superficial as to be detected only by close examination. At other times they extend along the whole length of the fleshy portion of the trachea, or along the back of the larynx or under-surface of the epiglottis. They seldom penetrate deeper than the mucous membrane, although cases occur in which the muscular and cartilaginous rings of the trachea, the vocal chords, the arytenoid cartilages, and epiglottis are partially involved in the disease; and in one case observed by Louis the latter was completely destroyed.

The close connexion of these lesions with phthisis is established by the fact that Louis found ulceration of the epiglottis and larynx in *one-fifth*, and ulceration of the trachea in *one-third* of the cases of phthisis which he examined; whereas he found it once only in one hundred and twenty-two patients who died of other chronic disorders. The same accurate pathologist discovered that these ulcerations occur more frequently in men than in women, in the proportion of two to one.

Affections of the pleura.—The morbid changes which the pleura undergoes during the progress of tuberculous disease of the lungs consist in the effusion on its surface of coagulable lymph, and consequent adhesion to the pleura costalis. Such adhesions almost constantly accompany the formation of tubercles, and in extent correspond to that of the tubercular disease. In one hundred and thirteen cases which were examined by Louis, both lungs were free from adhesions in one

instance only; the right was exempt from them in eight cases, and the left in seven. In twenty-eight examples, the adhesions were small and easily broken down, and the caverns in these cases were either small or wanting. In the other two-thirds, the adhesions were dense and firm, and accompanied with excavations of large size. In two cases, where the lungs contained only two excavations, the adhesions existed only in the parts corresponding to them.

These facts show, in the clearest and most satisfactory manner, the intimate relation of tubercles and adhesions as cause and effect. From the adhesions being often confined to the spot corresponding to the tuberculous excavations, and from the absence of all appreciable signs of inflammation during their formation, it is probable that the lymph of which they are composed is frequently poured out from the vessels with little or no irritative action. If the ulcerative process goes on in the walls of the caverns till the intervening pulmonary tissue and pleura are destroyed, these adhesions form the proper walls of the caverns; and if the process advances, they also may be destroyed, and the matter point externally. These adhesions sometimes present the appearance of semi-cartilaginous crusts, covering the summit of the lungs, and are in other instances changed into true tuberculous matter; instances of which are recorded by Louis.

Perforation of the pleura.—One of the most distressing accidents which occur during the progress of phthisis, is the perforation of the pleura, and the consequent escape of air and purulent matter into its cavity. It is characterised by the suddenness of its occurrence and by the marked symptoms to which it gives rise; such as sudden pain in the side affected, accompanied with great oppression of breathing and extreme anxiety, which are speedily followed by symptoms of acute pleurisy. This accident coincides in character with the perforation of the intestine, the escape of feculent matter into the cavity of the peritoneum, and the violent inflammation of that membrane.

Perforation of the pleura for the most part occurs in the advanced stage of the disease when the patient's strength is greatly reduced, and in general proves speedily fatal. It has caused death in twenty-four hours; but when the symptoms are less acute, the patient has lived for thirty days, and Dr. Stokes states a case where the patient survived five months. A sudden attack of pain, on one side of a phthisical patient, with much oppression and anxiety, may be considered as indicating the accident. Louis, however, gives a case (xlv.) where oppression and anxiety indicated its occurrence without the presence of pain.

The perforation of the pleura may take place under two circumstances:—a tuberculous cavity, which communicates with the pleura by means of the perforation, may or may not communicate with the trachea. In the former case we have generally an effusion of air and fluid

into the cavity of the pleura, connected with which there is a peculiar symptom present, called *metallic tinkling*, or a clear fine sound resembling that produced by the falling of a pin on glass, and heard when the patient speaks. When there is no communication between the tuberculous cavity and the pleura and bronchi, or when there is an effusion of air only or a very small quantity of liquid, it was Laennec's opinion that there could be no metallic tinkling. Dr. Williams, however, has shown this opinion to be erroneous, and that neither communication with the bronchi nor liquid effusion is necessary to the production of the phenomenon:—he considers it to be nothing more than an echo or resonance which any sound or impulse propagated to a cavity of a certain form may produce.*

Of eight cases of perforation which occurred to Louis, seven were on the left side,—a circumstance which he attributes to tuberculous disease being more frequent on that side, and often more advanced than on the right.

Perforation of the pleura generally takes place over a tuberculous abscess or cavern of considerable extent; yet cases occasionally occur in which a small softened tubercle immediately under the pleura bursts and discharges its contents, and this may be one of a very few contained in the lungs. Andral mentions a case of this kind where the lungs contained only five or six tubercles. In such cases, from the small size of the cavity, little or no effusion of pus or other matter takes place, and, consequently, such perforation is not necessarily followed by pleuritis.

The accumulation of air in large quantities in the pleura gives rise to the most distressing dyspnoea, and death generally follows, after a short interval, from impeded respiration. We lately met with one remarkable example of this kind: tuberculous disease was far advanced in the right side, while the left was but little affected; the patient was suddenly attacked with severe dyspnoea after a fit of coughing: the left side was found tympanitic, the intercostal spaces were distended, and no respiratory murmur could be heard. An opening was made between the intercostal space of the fourth and fifth ribs, from which the air rushed out with great violence and with considerable relief to the patient. Death, however, took place in twelve hours from the commencement of the attack. On opening the body, the right lung was found everywhere adherent and full of caverns and tubercles; the left was, for the most part, free; but in one part a dense though not extensive adhesion had been partly torn from its attachment, thereby causing a rupture of the pleura over a very small tuberculous cavity, through which the air passed freely from the bronchi into the chest, and gave rise to all the distressing symptoms. The history of this case affords a

good example of the mode in which the perforation is sometimes produced. This patient was seized, a few days before the accident, with acute pain in the left side of the chest, accelerated pulse, and other symptoms indicating an attack of pleuritis, which was combated by antiphlogistic treatment, and had entirely ceased two days before the accession of the dyspnoea. From the weak state of the patient the existence of effusion could not be ascertained during life, but after death it was found to have taken place to the extent of twelve or fifteen ounces; this, by separating the pulmonary from the costal pleura to a considerable extent, had produced a partial rupture of the cellular tissue which formed the adhesion, and which was elongated between the two pleurae to nearly an inch, and kept in a state of tension. In this state of the parts, the succussion of the cough had torn through the pleura at the edge of the adhesion, and thus produced the perforation. We are indebted to Dr. Carswell for this ingenious explanation of the mode in which effusion may break up adhesions, and occasionally give rise to perforation.

In addition to the lesions we have described, which, in a greater or less degree, accompany the progress of the disease, there are others which frequently occur towards the termination of phthisis; but, as they also attend the latter stages of other chronic diseases, they cannot be considered as peculiar to it.

Inflammation of the lungs and of the pleura and pericardium, are among the most common intercurrent diseases which attend and complicate the last stage of phthisis, and not unfrequently cut off in a few days a patient who might otherwise have lived for weeks, or even months.

II. DISEASES OF THE ABDOMINAL VISCERA. The mucous membrane of the alimentary canal rarely escapes disease during the progress of tubercular consumption. A distinguished pathologist observes, "softening of the mucous membrane of the stomach, hyperæmia of the different portions of the intestines, ulceration of the small intestine, accompanied in many instances by a development of tubercles, are all of such frequent occurrence in phthisis, that they may be fairly considered as constituent parts of the disease."* These morbid states of the alimentary canal generally occur subsequently to the pulmonary disease, although they occasionally appear to precede it; at least, it has occurred to us to observe the usual symptoms of diseased bowels some considerable time before those indicating disease of the lungs. This also accords with the experience of Andral, who observes that "these lesions may either precede or follow the formation of tubercles in the lungs; and in some cases the pulmonary and abdominal affections set in together." The stomach, the lower portion of the ileum, and the colon are the parts most frequently affected.

* Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, by C. J. B. Williams, M.D., p. 139-46.

* Andral, op. cit., vol. ii. p. 558.

Morbid conditions of the Stomach.—Inflammation of the mucous membrane of this organ is not an infrequent occurrence during the progress of phthisis. It generally comes on at an advanced stage of the disease; but we have frequently found it present, in a slight degree, at its commencement. The symptoms are loss of appetite, thirst, epigastric pain, and heat, with nausea, and sometimes vomiting. When the inflammation is situated in the anterior part of the stomach, the pain is generally much increased by pressure. Of one hundred and twenty-three phthisical patients observed by Louis, eight suffered from the present affection, and one only of this number was exempt from pain;—in the others, a sensation of heat and pain, much increased by pressure, was experienced in the epigastrium, and also a degree of resistance which was found to arise from enlargement of the liver. Ulceration of the stomach is accompanied by nearly the same symptoms.

It becomes a matter of some moment, in a practical point of view, to distinguish the vomiting which occurs in the course of phthisis, (and which is commonly attributed to the cough,) from that which depends on a diseased state of the stomach. A little attention to the concomitant symptoms will generally enable us to make this distinction. When the vomiting is simply the consequence of the cough, we find no epigastric tenderness or pain; the appetite remains, and the digestion, in the intervals of coughing, goes on well; in this case it frequently occurs at the commencement of the disease. When, on the other hand, it is the result of a morbid condition of the stomach, it is generally preceded for some length of time by loss of appetite and pain in the region of that organ—symptoms which continue and usually increase during the course of phthisis: the period, also, at which vomiting first occurs in this case is generally late in the disease.

We occasionally meet with another morbid condition of the stomach in tuberculous subjects, the nature of which is not fully understood; its chief symptoms are vomiting and pain. Louis considers it dependent upon softening and wasting of the mucous membrane; but the experiments of Dr. Carswell have clearly demonstrated that such softening of the coats of the stomach is a *post-mortem* change produced by the action of the gastric fluid: the red softening is essentially different in its nature, and is the result of inflammation. But, whatever be the pathology of the gastric affection at present under consideration, it is very distressing and difficult to remedy. According to the observations of Louis, it occurs from two to six months before death; but we have known it to exist for a much longer period, and even long before any symptom of pulmonary disease presented itself. In one young lady we saw it exist for several years; and it was only within a few months of death that the pulmonary disease became evident. The extent to which the latter was found after death, showed how

long it had remained latent, masked by the deranged condition of the stomach. We have another case at present under our care; this patient has retained very little on the stomach for the last eighteen months;—a few tablespoonfuls of some fluid being generally the extent of her nourishment for a whole day, and this is more frequently rejected than retained:—the emaciation, as may be imagined, is extreme. This patient is also a young female, twenty-five years of age, whose brother died lately of tuberculous consumption; she presents all the external characters of tuberculous cachexia, with a short dry cough, and will most probably die of phthisis at no very distant period, if the affection of the stomach do not prove fatal previously. The pain in the epigastric region is not great in this case, even on pressure; but in some it is so severe, and so entirely absorbs the patient's feelings and attention, that without minute observation on the part of the medical attendant, the pulmonary disease will escape notice. In general, the stomach can digest very little during this state, and then only the lightest nourishment. Occasionally the appetite returns for a time, but in other cases the mildest fluids are rejected. This occurred in the patient last alluded to; during a residence in the country for several months in the summer, the stomach retained and digested light food well; and she is, at this moment, able to retain more than she has for many months, although this only amounts to about a spoonful of fluid food two or three times a day.

Enlargement of the Stomach.—An increase in the size of the stomach has evidently an intimate connexion with phthisis, as Louis found it in more than two-thirds of the cases which he examined; while in two hundred and thirty subjects who died of other diseases, only two examples of this enlargement presented themselves. It sometimes goes on till the organ acquires double or treble its usual volume, and descends so far into the abdomen as to be on a level with the spine of the pubis.

The other lesions observed in this organ do not appear to be necessarily connected with phthisis, though their occurrence in the course of other chronic disorders is far less frequent. They consist of a thickened, reddened, mammellated, or ulcerated state of its mucous membrane.

The same lesions occur in the mucous membranes of the small and large intestines; but in these they appear to have a more intimate relation to phthisis, inasmuch as they depend on the development of tuberculous matter in the mucous follicles; where it is deposited in its usual forms, and after a time excites inflammation and ulceration of the surrounding tissues.

Ulceration of the Intestines.—Ulcers of the intestines, when first formed, are always small, and, from the locality of the mucous follicles, occur most frequently in the lower portion of the ileum, and chiefly in that part opposite its attachment to the mesentery, where the glan-

dula agminate are most numerous. In the large intestines the ulcerations occur irregularly. When the ulcerative process is once established, it often extends to the surrounding tissues; the neighbouring ulcers coalesce, and the mucous membrane is frequently undermined or destroyed to a great extent. Louis found them spreading to the length of nine inches, and running quite round the colon. Perforation of the intestine occasionally takes place, although it is a very rare occurrence.

The period at which tubercles are developed in the intestinal glands during the progress of phthisis, varies in different cases: in some they occur early in the disease, giving indications of their presence at the commencement of the pulmonary affection, and in a few rare cases, even at an earlier period; but more generally they appear when the disease of the lungs is considerably advanced. In a small proportion of cases the intestines are not affected.

The more early that ulceration of the intestines occurs, the more rapid in general is the progress of the disease, because it is usually accompanied with intractable diarrhœa, which speedily wastes both the flesh and strength of the patient. Louis found tuberculous ulceration in the small intestines in *five-sixths* of the cases which he examined, and noticed it almost as frequently in the large intestines, the mucous membrane of which often presented other diseased appearances, being red, thickened, or softened in one half of the cases; so that, of the whole number of phthisical cases examined by this physician, the large intestines were found in a healthy state through their whole extent in three instances only.

The mesenteric glands are very often found in a tuberculous condition in phthisical subjects, and more especially in children. Papavoine found them so in one-half of the cases of tuberculous diseases of children; while in the cases of adults examined by Louis, they were tuberculous in something less than one-fourth only.

Disease of the Liver.—The liver, in phthisis, presents one remarkable alteration of structure, which consists in an equable transformation of its substance into a fatty matter. This change appears to take place simultaneously over the whole organ, and to be intimately connected with the development of tubercles in other organs; for of forty-nine cases of this degeneration observed by Louis, forty-seven were phthisical; and of two hundred and thirty subjects who died from other diseases, it occurred in nine only, seven of whom had a few tubercles in the lungs. When far advanced, it soiled the scalpel and hands like common fat:—when the change existed in a less degree, its presence was detected by the impregnation of paper with fat, on a portion of the organ being enclosed in it and exposed to heat. This degeneration of the liver is marked by a pale fawn colour, diminished consistence, and increased bulk of the organ, which sometimes enlarges to double its usual size. The rapidity with which it takes place seems to depend almost entirely on that of the development of phthisis; for it has been found when this has run through all its stages

in fifty days. Its occurrence is modified neither by the patient's age nor strength of constitution; sex, however, has a decided influence, since of the forty-nine cases observed by Louis, only ten were males. The causes which conduce to this morbid change are very obscure: affections of the duodenum, which Broussais supposed to effect it, have been found by Louis to have no influence in its production. It is yet more remarkable that it is accompanied by no appreciable symptom except increase of bulk, and that the functions of the organ seem to go on undisturbed. The liver seldom presents other morbid alterations in phthisis: however, like all the other organs, it occasionally contains tubercles, particularly in children. A diseased state of the liver appears more frequent in some localities than in others. According to Desault, it is a very common occurrence at Bordeaux; so much so, indeed, that he scarcely met with a case of phthisis in which he did not find this organ enlarged during life. This is certainly not the case in this country; for, although a congested state of the liver is a frequent attendant on phthisis, and often long precedes it, still we believe that it does not often proceed to such an extent as to form, during life, a perceptible tumour in the abdomen.

Fistula in Ano.—This affection has been frequently found in consumptive patients, and has been supposed to be connected with the disease. Although we have often met with it, we have been unable to trace any connexion between it and phthisis, further than its probable dependence on abdominal venous plethora, which so often precedes pulmonary consumption. Andral states that the result of his observations does not confirm the opinion of a connexion between the two diseases.

It occasionally happens that death occurs suddenly in the course of phthisis. When this termination takes place, it is almost always in the advanced state of the disease, and in persons greatly reduced. The cause is often unknown. The patient does not appear worse than he has been for some days, when, suddenly, while sitting up, he falls back and expires. Examination after death does not always enable us to explain this sudden cessation of life. Louis gives two cases, in one of which œdema of the glottis appeared to be the cause; and in the other, a rapid hepatization of a large portion of the lungs; but neither of these pathological lesions could account for the cases to which we allude.

Among the causes of sudden death during the progress of phthisis, *pulmonary hemorrhage* may also be mentioned, as it is occasionally so profuse as to prove fatal in a few minutes. In such cases the blood flows from a considerable artery, the coats of which have been destroyed by ulceration in the progress of the tuberculous disease.

We cannot conclude this section without expressing our obligations to M. Louis, the able author of the *Traité de la Phthisie*. We are so much indebted to this zealous and indefatigable physician for all our more precise knowledge of the pathological anatomy of

phthisis, that we think it due to him to acknowledge the great assistance we have derived from his researches in the composition of this article; and we beg to refer our readers for more full information to his treatise, as they will not only find therein the best account of the morbid anatomy and symptoms of the disease, but will moreover learn to admire, and perhaps to imitate, the industry, the zeal, and the scrupulous veracity of this most accurate and philosophical observer.

SECT. VIII.—THE STATISTICAL HISTORY OF PHTHISIS.

The influence of age, sex, race, climate, &c., in disposing to tuberculous disease, and the more decided effects of various occupations and modes of living in the production of phthisis, form a very important part of our subject.

It is, however, to be regretted that the materials which have hitherto been collected are still too scanty to enable us to enter so fully into this question as its merits demand. But we trust that a subject of so much interest and utility will be soon elucidated by the more extended cooperation of numerous medical observers.

I.—Of the prevalence of tuberculous diseases at the different periods of life.

Tubercles have been found in various organs at every age, and examples are not wanting of their presence in the fœtus, in which they usually occur in the form of transparent granulations, although they have been also found in the state of suppuration. Chaussier discovered miliar tubercles in the lungs of a fœtus which died at birth, and an encysted abscess, or rather vomica, in the lungs of another.* Oehler found the mesenteric glands swollen, hard, and of a fatty consistence, not only in the fœtuses of scrofulous mothers, but of others who did not present any appearance of scrofula.† Husson reported to the Paris Academy of Medicine the dissection of two infants, one eight days old, and the other still-born at the seventh month of pregnancy, both of whom had tubercles in a state of suppuration; the former in the liver, the latter in the lungs.‡ Billiard, who examined a great many infants at the Foundling Hospital of Paris, found tuberculous granulations of the peritoneum in an infant who died four days after birth; and in two still-born children he met with evident tuberculous disease of the mesenteric glands.§ Although many other cases of the presence of tubercles in the fetal state might be cited, still the fact that Velpeau and Breschet never observed them in the course of their researches,|| and that M. Guizot did not find a single example of tuberculous disease

in four hundred new-born children whom he examined, is sufficient to show that its occurrence in the fœtus is comparatively rare.*

During the progress of infancy tuberculous disease is frequently developed. Billiard found tuberculous granulations of the spleen and liver in five infants whom he examined at the Foundling Hospital; in two of the cases there were also tubercles in the lungs: he also found tubercles in the lungs of four children in one year, all of whom appeared healthy at birth, but gradually fell into a state of marasmus, and died at the respective ages of one, two, three, and five months, without presenting any of the symptoms proper to the phthisis of adults.† We have not sufficient data to estimate the comparative frequency of tuberculous disease during the first two years of life, yet we are well assured, from observation, that the disease is not uncommon at this early age. We have met with several cases of infants dying of phthisis within the first year, in whom the lungs were not only extensively tuberculous, but contained large caverns with all the characters of those found in the lungs of adults. We have reason to believe that the disease in infants is frequently overlooked from the symptoms being less evident than in more advanced life, and from the want of the oral information afforded by the adult. The expectoration also is rarely seen in them, and the cough often assumes the character of pertussis; so that the disease is not infrequently mistaken for that or chronic catarrh.

After the second year of life, the great prevalence of tuberculous diseases has been remarked by many pathologists. M. Guersent, a physician of extensive experience attached to the Hôpital des Enfants Malades in Paris, where none are admitted below the first nor above the sixteenth year, is of opinion that tubercles existed in two-thirds or even five-sixths of the bodies which he examined.‡ The researches of M. Lombard,§ and more lately those of M. Papavoine,|| carried on in the same institution, have determined with great precision the frequency of tubercular affections, and the differences in their prevalence at various periods. From the records of deaths under fifteen years of age in the practice of the New Town Dispensary during two years, Dr. Alison is of opinion that the mortality from scrofulous diseases in the children of the lower orders in Edinburgh might be estimated much higher than one-third of the whole deaths.¶

The following table is calculated from six hundred and ninety-five examinations recorded by Papavoine and his colleagues. The bodies were examined with great care, and the tuberculous distinguished from the non-tuberculous for each year of age from the third to the fifteenth inclusive. It is, however, to be

* Procès Verbal de la distribution des prix aux élèves sages-femmes de l'Hospice de la Maternité, an. 1812, p. 62.

† Desormeaux, Dict. de Médecine, vol. xv. art. *Ceuf*, p. 402.

‡ Ibid. p. 402.

§ Traité des Maladies des Enfants nouveaux-nés et à la mamelle, p. 648.

|| Thesis, p. 10.

* Journal des Progrès, loc. cit.

† Op. cit.

‡ Clinical Reports, Journ. Hebdom. t. vii. p. 588.

§ *Andral*, Anat. Path., Townsend and West's Translation, vol. i.

|| Journal des Progrès.

¶ Trans. Med. Chir. Soc. Edinb.

observed that in two-fifths of the cases the tuberculous disease was not the cause of death. It is probable that the numbers here given express with considerable accuracy the relative proportion of the tuberculous to the non-tuberculous that die in the hospital, and perhaps among the poor of Paris generally; but since the children admitted are from the most indigent classes, and generally remain some time in the hospital, it may be supposed that the proportion of the tuberculous is exaggerated; as, however, Papavoine's observations do not include the deaths in the scrofulous wards, any error which may arise from these circumstances is thereby obviated. To exhibit the influence of age on the production of tubercles, our table was constructed by ascertaining the annual mortality in ten thousand individuals at each age, and setting down in opposite columns the proportions of the tuberculous and the non-tuberculous determined by Papavoine. Ten thousand children are supposed to be alive at the beginning of each year. The first column gives the age; the second is calculated on the law of mortality in France, (*Annuaire* 1832, p. 83,) and shows the total number of deaths in the course of the year; the third shows the proportion of tuberculous, and the fourth the proportion of children not tuberculous, that die in the ten thousand. The fifth column gives the number of tuberculous in a hundred deaths.

TABLE V.

Age.	Total deaths.	Tuberculous.	Non-tuberculous.	Tuberculous in one hundred deaths.
1	2630	100?	2530?	0
2	1290	161?	1129?	12?
3	729	292	437	40
4	408	204	204	50
5	263	173	90	66
6	178	130	48	72
7	125	87	38	70
8	99	74	25	75
9	82	52	30	63
10	78	52	26	67
11	77	44	33	57
12	78	47	31	60
13	80	60	20	75
14	84	56	28	66
15	89	47	42	52

From an examination of this table, we are led to conclude that age has more influence in determining tuberculous disease than all other appreciable causes taken together. The tendency to this process is five times more intense at one period of life than at another; it may, perhaps, be said that it is some hundreds of times more intense in the fourth year than at birth. The frequency of the disease is in no constant relation either to the mortality or the growth. Tubercles prevail most through the third, fourth, fifth, and sixth years, when the annual growth does not exceed one-tenth of the child's weight, and the mortality declines to nearly one in a hundred. Papavoine has committed an error, in

stating that tubercles are generally most frequent in those periods of life when the mortality is least. If we refer to the table, the mortality is least (seventy-seven in the ten thousand) in the eleventh year, and forty-four in the ten thousand die tuberculous: the mortality is much greater in the fourth year (four hundred and eight in the ten thousand), and so is the number of tuberculous (two hundred and four). The error originates in supposing that the number of the tuberculous is as the relation of the tuberculous to the non-tuberculous among the deaths. M. Andral says, after M. Lombard, that "tubercles are most prevalent from four to five: they appear in much greater quantities, and in a greater number of organs at once."* Now there is little doubt that the proportion of those who die tuberculous is at its maximum relatively to those who die without tubercles, about this period; but it is erroneous to suppose that a child aged five years is more liable to tubercles than a child aged three:—indeed the contrary is the fact, for only one hundred and seventy-three aged five, and two hundred and ninety-two aged three years, are tuberculous in ten thousand. M. Andral, depending on the accuracy of the calculations, has been led into the error of concluding that at this age every irritation or congestion is far more to be dreaded than in the preceding years, inasmuch as it may be followed by the production of tubercles.

More than one-fourth (27) of those that die from birth to puberty are affected with tuberculous disease; yet this causes death in about one-sixth only of the cases. From the third year upwards these proportions become two-thirds and one-third.

The great prevalence of tuberculous diseases in early life, which the researches of these pathologists have demonstrated, is a subject highly deserving the attentive consideration of the physician. The mortality from these affections in infancy and childhood is much greater than is generally believed; at least we can say for ourselves that although we had long had occasion to remark the frequency of phthisis in childhood, we were not aware of the extensive prevalence of the disease at so early an age, until we examined the results obtained by the French pathologists; and we believe that many of our readers will find themselves in the same position. The practical inferences to be deduced from the facts which have here been stated are sufficiently evident, and require little comment. They shew the paramount importance of attending to the health of infants and children, particularly in scrofulous families. But we shall have occasion to return to the consideration of this subject in a future part of the article.

With the view of ascertaining the comparative prevalence of tuberculous disease at different periods of life, we have examined all the statistical reports which appeared worthy of attention. The results of our researches concerning the relative prevalence of phthisis at different ages above puberty, as shewn in the

* Op. cit. vol. i. p. 528.

following tables, are so conclusive as to preclude the necessity of any comment. Table VI. gives the numbers as we found them in the various works which we have consulted. Table VII., constructed from the first, gives the absolute mortality from phthisis, the number of persons in the thousand who die at each age in the different places, and the average of the whole. The comparison of this general average with any of the separate observations will shew the correctness of the results by the similarity which it bears to many of them. It will be seen that, with one exception, all these instances, although collected under different circumstances of time, place, &c., agree in shewing the greatest number of deaths to occur between the age of twenty and thirty; the next in proportion between thirty and forty; the next between forty and fifty; the succeeding grade of mortality being sometimes placed between fifteen and twenty, at other times between fifty and sixty, or even above sixty. This remarkable agreement of all the places warrants the conclusion that, after the fifteenth year of age, fully one-half the deaths from phthisis occur between the twentieth and fortieth years of age, and that the mortality from consumption is about its maximum at thirty, and from that time gradually diminishes.

TABLE VI.
Mortality from Phthisis at different ages.

Place of observation.	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	Above 60
1 Edinburgh	6	9	13	8	11	8	6	3	9	4
2 Berlin	18	28	27	39	39	30	32	39	53	
3 Nottingham	43	73	76	46	51	58	20	11	5	6
4 Philadelphia	182	974	875	563	338					258
5 Chester	15	27	34	22	16					6
6 Carlisle	15	43	34	31	15					15
7 Paris—Louis	11	39	33	23	12					5
8 Ditto—Bayle	10	23	23	21	15					8
9 Charleston		26	24	13	21					4
10 Ditto, whites		14	17	10	3					3
11 Ditto, Blacks		15	13	9	3					3

TABLE VII.
Showing the proportion, at different ages above fifteen, of one thousand deaths from Phthisis.

Place of observation.	15 to 20	20 to 30	30 to 40	40 to 50	50 to 60	Above 60
1 Edinburgh	78	285	245	182	157	53
2 Berlin	69	212	256	190	274	204
3 Nottingham	117	416	371	134	45	17
4 Philadelphia	59	305	275	178	106	81
5 Chester	136	243	218	200	145	54
6 Carlisle	97	320	219	90	97	97
7 Paris	92	325	275	192	100	42
8 Ditto	99	225	225	96	147	78
Average of the above.*	99	285	248	185	108	78

1. Reports of New Town Dispensary, three years, Edin. Journ. 1821-25.
2. Sussmilch Göttliche Ordnung.
3. Dr. Clark's Reports, 1806-10. Edin. Med. Journ.
4. American Journal of Med. Science, 1826-32.
5. Dr. Haygarth, Phil. Trans. vols. 64, 65.
6. Dr. Heysham on Mortality, &c. of Carlisle.
7. Louis, Traité de la Phthisie.
8. Bayle, Traité de la Phthisie Pulmonaire.

* In comparing this average, it must be borne in mind that the first column embraces a period of five years only, while the others comprise ten years.

The researches of MM. Andral and Lombard have led them nearly to the same conclusions as those deduced from the preceding tables. The former considers that males after puberty are particularly subject to tubercles between the ages of twenty-one and twenty-eight; while females seem to be more exposed to them before twenty.* The latter believes that after the age of puberty females are most liable to tubercles between their eighteenth and twentieth year, and males between twenty and twenty-five.†

The opinion of Hippocrates on this subject corresponds still more closely with the results obtained from our tables. That accurate observer fixed the age at which phthisis most frequently occurs, between the eighteenth and thirty-fifth year.‡

II.—Of the influence of sex in determining the prevalence of Phthisis.

It has generally been believed that phthisis is more prevalent among females than among males; but the Paris Reports have been the chief sources from which statistical information on this subject has been obtained. It will, however, be seen by the following table that Paris forms a remarkable exception in this respect to the other places for which we have been able to collect materials for our calculations.

TABLE VIII.

Place.	Males	Females	Males.	Females.
1 Hamburg	555	445	10 to 8	7
2 Rouen Hospital ..	55	44	10 to 8	6
3 Naples Hospital ..	382	315	10 to 8	2
4 New York	1584	1370	10 to 8	6
5 Geneva	71	62	10 to 8	7
6 Berlin	328	292	10 to 8	8
7 Sweden	2088	1860	10 to 8	9
8 Ditto	3054	3103	10 to 10	4
9 Berlin	560	655	10 to 11	6
10 Blacks, New York	47	58	10 to 12	3
11 Paris	2219	2970	10 to 13	3
12 Ditto	3965	5579	10 to 14	3
13 Berlin, boys and girls	363	567	10 to 15	6

1. Julius Nachrichten ueber die Hamburgischen Krankenhäuser, 1829.
2. Helliis, Clin. Méd. de l'Hôtel Dieu de Rouen, 1825.
3. Renzi, Topog. Med. di Napoli.
4. New York Med. and Phys. Register.
5. Chisholm on the Climate and Diseases of Tropical Countries.
6. Sussmilch Göttliche Ordnung.
7. Kön Swenska Vetenskaps Hand. 1801. Nicandrar.
8. Ditto, quoted from Marshall's Statistics of the British Empire.
9. Neue Berliner Monat Schrift, 1809, p. 225.
10. New York Med. and Phys. Register.
11. Conseil de Salubrité.
12. Chabrol, Statistique de la Ville de Paris.
13. Neue Berliner Monat Schrift, 1809, p. 225.

The two first columns in the preceding table give the facts as we found them; the two last columns show the relative deaths, ten being taken for the number of males.

The conclusions which might be drawn from

* Op. cit. vol. i. p. 529.

† Op. cit. p. 29.

‡ Coan. Progn. 439.

this table are liable to error, from our neither knowing the relative number of the sexes alive in each place, their relative deaths from other diseases, nor their relative admissions into the hospitals referred to. The smallness of the numbers also allows any accidental circumstances to modify the result; so that any conclusion deduced from our materials can only be considered an approximation to the truth. In noticing the observations more particularly, we shall refer to the numbers given to each place in the preceding table.

Nos. 1 to 7.—The constant equal relation of the first seven numbers is certainly most remarkable, and appears to warrant the conclusion that ten males die phthical for every eight or nine females, which is very nearly in the relation of the number of males born to that of females. It therefore goes far to prove that the sexes are equally subject to phthisis. *Nos. 8 and 9*, do not materially affect the preceding conclusion, as the preponderance of deaths among the females might probably be soon counterbalanced by more extended observations. *No. 10*, referring to the blacks, is rendered of little value by the small number of cases to which it refers, and by our ignorance of the relation of the sexes in a black population. *No. 13*, is a very curious observation; it does not, however, apply to the general calculation, for it refers to children only. If it be correct, it would show that, in childhood, phthisis is much more frequent among females than among males. *Nos. 11 and 12*, referring to Paris, are in direct contradiction to the first seven observations, and differ widely from *Nos. 8 and 9*, but approach *13* rather closely. They would show that the disease is more prevalent among females than among males in Paris by about one-fifth; and it is worthy of remark that other observations made in that city have led to the same conclusion. *M. Lepelletier* found that the number of phthical females admitted into the hospitals of Paris were in relation to the males as five to three. From the data, however, which we already possess, it is evident that the law of comparative mortality from phthisis which results from the observations hitherto made at Paris, is not applicable to the comparative mortality from that disease in other places. We have no statistical reports in this country on a sufficiently extended scale, to enable us to institute a comparison on this subject between England and other countries.

III.—*Of the influence of certain occupations in inducing Phthisis.*

Although from an early period medical writers have noticed the influence of certain occupations in producing pulmonary disease, it is only in late years that their attention has been more particularly directed to this very important subject. Those trades which expose the workmen to an atmosphere loaded with pulverulent bodies or charged with gaseous substances of an irritating quality, and sedentary occupations of all kinds are believed to exert a very deleterious action on the respiratory organs, and to cause pulmonary consumption; while, on the contrary, those which

require constant exercise in the open air are as generally considered to afford protection against this disease.

Up to a very recent period, writers on this subject contented themselves with giving the results of their observation in a general manner; but attempts have of late been made to determine the relative effect of different occupations by numerical tables. Of this kind are the observations of *M. Benoiston de Chateaufort*, published in the *Annales d'Hygiène*, and the more recent researches of *M. Lombard*, recorded in the same journal. In order, by this method, to ascertain with precision to what extent phthisis is produced by the circumstances in which an individual is placed by particular pursuits, it would be necessary to ascertain the numerical relation which persons engaged in such pursuits bear to the whole population of the place, the relation of the deaths of such persons to the whole deaths, and, thirdly, the number of deaths from phthisis among the total deaths of each trade. Possessed of such data upon a sufficiently extensive scale, we might arrive at accurate conclusions respecting the influence of occupation in the production of this disease; and having established the aggregate effect of the circumstances connected with the exercise of any particular trade, we might be able, by a careful study of all such circumstances taken separately, to refer each of them to its proper place in the scale of causes, and determine the positive effect of each.

Researches of this kind, if carefully conducted, could not fail to lead to valuable practical results, by showing what alteration of circumstances might render any particular trade more salubrious. The materials, however, for such calculations do not exist, although they are essentially necessary to enable us to speak with precision on a question of so much importance. The most complete information which we at present possess on the subject is contained in the paper of *M. Lombard* already referred to; but unfortunately the calculations adduced by him to show the prevalence of phthisis in the different trades at Geneva, although very valuable in enabling us to approximate to the truth, are defective, inasmuch as the number of persons engaged in each trade is not stated. In consequence of this defect it is impossible to ascertain the absolute frequency of phthisis, and we can only determine its prevalence in relation to the total mortality in each trade, which may of course vary from many causes; and the most unhealthy trades in other respects may appear the most healthy in regard to phthisis. Our other sources of information are still more deficient in the essential elements of such calculations, so that in the present state of the subject we are unable to determine by numbers the relative influence of trades, and must therefore endeavour to arrive at the most probable conclusions by reasoning upon such general observations as we possess.

All the agencies enumerated by authors may be reduced to two classes, the first embracing those which act as local irritants to the lungs;

the second, those which exert an injurious effect on the whole economy. These two classes are so distinct in their nature that the evidence of their influence, and the consideration of the manner in which they lead to pulmonary disease, might be separately investigated with great propriety, if they were not so frequently combined in the same case.

The occupations which have been noticed by various authors as exerting a direct influence in irritating the respiratory organs and inducing pulmonary consumption, comprise a large proportion of our industrious mechanics; such as stone-masons, miners, coal-heavers, flax-dressers, brass and steel polishers, metal-grinders, needle-pointers, and many others who are exposed during their labours to inhale an atmosphere charged with irritating particles.

We have Dr. Alison's authority that there is hardly an instance of a mason, regularly employed in hewing stones in Edinburgh, living free from phthisical symptoms to the age of fifty.* Mr. Thackrah remarks that masons are generally intemperate; they are exposed to the vicissitudes of the weather, to great bodily exertion, and to the inhalation of fine particles of sand, dust, and powdered stone: they are subject to chronic inflammation of the bronchial membrane and to pains of the limbs, and generally die before the age of forty.† Miners, as we learn from the same author, particularly while cutting through sandstone, are much exposed to inhale dust; but they also take large quantities of ardent spirits, and seldom attain the age of forty. Dr. Forbes also states that an immense proportion of the miners in Cornwall are destroyed by chronic bronchitis; one of the principal, though by no means the sole cause of which he considers to be the inhalation of dust.‡ Wepfer remarked the destruction of the miners in his time employed in cutting millstones from the mines of Waldschut on the Rhine, where all the men are said to have become consumptive.§

The inhalation of silex in a minute state of division is shown to be equally pernicious by Benoiston de Chateaufneuf and by M. Clozier. The latter, speaking of the workmen in the quarries of St. Roch, says, "Quelque forts et robustes que soient ces ouvriers, les uns plutôt, les autres plus tard, mais ordinairement avant quarante ans, sont attaqués d'abord d'une toux sèche," &c. and few reach the age of forty.|| The effects of this trade are so constant that the disease is commonly known by the name of "La Maladie de St. Roch." The evidence

of Chateaufneuf is even more conclusive on this point:—the entire population of the small commune of Meusnes has been for the last hundred years exclusively employed in the manufacture of gun-flints. During this period the mortality has increased to a frightful extent, and the mean duration of life diminished in proportion.

The inhalation of metallic particles appears to be equally injurious to the respiratory organs, and perhaps as destructive of life. The pernicious effects of needle-pointing were long since described by Dr. Johnstone of Worcester,* and Thackrah notices the operation of dry-filing cast-iron as most injurious to the workmen. The mouth and nose are blackened; the lining membrane of the nostrils, where the annoyance is first felt, discharges copiously; the fauces become preternaturally dry, respiration difficult; habitual cough succeeds, accompanied with derangement of the digestive organs and morning vomitings; and the common termination is bronchial disease, and no doubt often tubercular consumption: while on the other hand, dealers in old iron, whose clothes are covered with a thick brown layer of metallic dust, suffer no inconvenience. Thackrah attributes the mortality of the filers to the greater irritation of the mucous membranes of the respiratory organs produced by the angular particles of steel. The filers are remarkably short-lived; in the two principal machine manufactories at Leeds there were only two filers of the age of forty-eight. The men of these establishments are not intemperate; nor can their shortness of life be attributed to anything but their employment. But the history of the grinders of Sheffield, recorded by Dr. Knight, affords one of the most striking examples of the pernicious influence of the inhalation of mechanical irritants with which we are acquainted; and the deleterious effect of such inhalation is further illustrated by the difference between the health of the dry and wet grinders. The number of grinders "altogether amounts to about two thousand five hundred; of this number about one hundred and fifty, namely eighty men and seventy boys, are fork-grinders: these grind dry, and die from twenty-eight to thirty-two years of age. The razor-grinders grind both wet and dry, and they die from forty to forty-five years of age. The table-knife-grinders work on wet stones, and they live to betwixt forty and fifty years of age."† Dr. Knight is of opinion that the grit-dust is not only the most copious, but also the most injurious part of what is inhaled by the grinders. On comparing the diseases of these men with that of the other mechanics in Sheffield, he found that of two hundred and fifty grinders, one hundred and fifty-four laboured under disease of the chest; while only fifty-six were similarly affected in the same number of workmen engaged in other trades. On examining the

* See his excellent paper in the first volume of the Trans. of the Med. Chir. Soc. Edinburgh.

† On the Effects of Arts, Trades, and Professions, &c. on Health and Longevity. By C. Turner Thackrah, Esq.

‡ Translation of Laennec, second edition, p. 137. For extensive statistical researches respecting the health of this class of men, see an admirable essay on the Medical Topography of the Land's End, by Dr. Forbes, in the second volume of the Trans. of the Provincial Med. and Surg. Association.

§ Observ. de capitis affect.

|| Le Blanc, Œuvres Chirurgicales, vol. i. p. 585.

* Memoirs of Med. Soc. Lond. vol. v.

† North of England Med. and Surg. Journal, vol. i. p. 86.

respective ages of grinders and other workmen, he obtained the following results:—

Age.	Grinders.	Other workmen.
Above 30	124	140
35	83	118
40	40	92
45	24	70
50	10	56
55	4	34
60	1	19
	286	529*

Many more instances might be adduced to show the pernicious effects of mechanical irritants applied to the mucous membrane of the respiratory organs in producing fatal disease of the lungs; but the account of the grinders and flint-cutters which has just been given, is so conclusive that it is unnecessary to enter more fully into this part of our subject. There are, however, other circumstances in the history of these cases of chronic bronchial disease which deserve particular consideration, in addition to the question of pulmonary irritation which we have just discussed. In almost every instance the sufferers are exposed to causes fully adequate to the production of the tuberculous cachexia; they pass much of their time in a confined deteriorated atmosphere, often in a sedentary posture unfavourable to the free action of the respiratory organs; many of them are exposed to the vicissitudes of the weather, and the majority are addicted to the use of ardent spirits.

The influence of a confined and deteriorated atmosphere is shown in a remarkable manner in the fork-grinders confined to the town of Sheffield and those employed in the same occupation in the country. The former die, as we have stated, between the ages of twenty-eight and thirty-two; the latter generally attain the age of forty. In both cases the exposure to mechanical irritation is the same, and the habits of the grinders in and out of Sheffield do not differ; but the rooms in which the country workmen carry on their occupation are much better ventilated.

Persons employed in many other manufactories suffer in the same manner, but in a less degree. Feather-dressers and brush-makers, according to Chateaufort, are confined to close apartments, and generally work in a sitting posture. In the former trade the deaths from pulmonary disease amounted to 11·47 in the hundred, and in the latter to 7·76. Thackrah observes that in such trades the digestive functions are even sooner disordered than those of respiration. The process of flock-dressing appears to be most pernicious in this respect. "The subsequent sieving and examining of flocks produces great dust, and decidedly injures both respiration and digestion. In proportion to the degree and continuance of this

deleterious agent is the head affected, the appetite reduced, respiration impeded, cough, and finally bronchial or tubercular consumption produced;" (p. 66.) "Dressers of flax and persons in the dusty rooms of the mills," he continues, "are generally unhealthy. They are subject to indigestion, morning vomiting, chronic inflammation of the bronchial membrane, inflammation of the lungs, and pulmonary consumption."* In all these cases the effect of the causes acting on the general system is made evident by the prominent place which disordered digestion, &c. hold among the symptoms enumerated. When disease is produced by bronchial irritation alone, these symptoms are not present, or occur only at a late period of the disease.

With respect to the nature of the pulmonary disease induced by the inhalation of mechanical irritants, of which the hard impalpable kind, according to the researches of Lombard, have the greatest influence, our information is still very defective. It is surprising, indeed, how few accurate examinations have been made and recorded of individuals dying under the circumstances described. The symptoms are so similar to those of tubercular phthisis, and are no doubt so often connected with this, that we shall only be able to state how far the mechanical irritation of the bronchial membrane contributes to the development of tuberculous disease, when we have a considerable series of well-conducted post-mortem examinations of mechanics employed in the operations referred to, and of others who are engaged in similar occupations without being at the same time exposed to the action of mechanical irritants on the organs of respiration. That there is sufficient disease to destroy life, and this with fearful rapidity and to an immense extent, is fully established; but we have no doubt that in many cases tuberculous disease has no share in it. Our opinion on this point will, we apprehend, be confirmed by the following summary of all the morbid inspections of the disease which we have been able to collect.

In the cases of the stone-masons of Edinburgh, reported by Dr. Alison, he enumerates the following as the appearances generally observed: "portions of the lungs hardened and condensed, others in a soft pulpy state, nearly resembling the ordinary texture of the spleen, and others loaded with effused serum, with much adhesion of the pleuræ and much effusion into the bronchi."† These are certainly not the appearances presented by tubercular disease of the lungs; and we quite agree with Dr. Alison that they were the consequence of inflammation.

Dr. Hastings, in his excellent work on Bronchitis, has recorded the examination of three leather-dressers, (his eighth, tenth, and eleventh cases,) who died from pulmonary disease excited by the inhalation of dust. In the first of these cases, the lungs were more solid than natural; the mucous membrane of

* The disease which thus embitters the life of the grinder, and ultimately destroys him when he has scarcely attained one half the ordinary age of man, is generally denominated *grinders' asthma*, and often, from its great fatality, *grinders' rot*.

* Op. cit. p. 71.

† Op. cit. p. 372.

the bronchi much inflamed, thickened, and containing several extensive superficial ulcers; the bronchi filled with purulent fluid mixed with blood; no tubercles were found. In the next case, the mucous membrane of the trachea and bronchi was highly inflamed and ulcerated; the air-cells were filled with mucus mixed with pus; the lungs strongly adherent over the whole surface, their substance was much gorged with blood; no tubercles. In these two cases, the heart was enlarged. In the third case, the bronchial membrane was thickened and ulcerated; there were many tubercles in both lungs, some of them in a state of suppuration. Dr. Knight has recently favoured us with an account of two cases which have occurred to him since the publication of his valuable paper in the North of England Medical Journal.* Dr. Knight's first case was that of a fork-grinder, who died July 31st, 1831, at the age of thirty-eight, and had lost two brothers, also grinders, at the respective ages of twenty-four and twenty-eight years. The examination disclosed the following appearances: extensive adhesion of the pleuræ, especially on the right side; tubercles mostly in a crude state in both lungs; in the superior posterior part of the left lung was a mass of the appearance and consistence of cartilage, and the size of a pigeon's egg; upper part of the right lung indurated; numerous ulcers in the bronchial membrane, particularly of this lung, over which the adhesion of the pleura was most extensive and firm. Several bronchial glands were enlarged and indurated; the larynx and trachea were free from disease; heart of natural size. The immediate cause of this man's death was acute inflammation of the peritoneum and pericardium, presenting the usual appearances. The second case was a scissor-grinder, aged forty-seven, of a scrofulous habit, very temperate and industrious. He had for many years laboured under cough, at times dry, and at others accompanied with copious muco-purulent expectoration. The following appearances were observed on examination forty-eight hours after death: adhesions to a considerable extent between the pleuræ; upper part of both lungs emphysematous, particularly the right, which was gorged with blood to the extent of a large orange, but not indurated, immediately below the emphysematous portion. In the same lung were a large cretaceous mass inclosed in a cartilaginous cyst, and many tubercles in an indurated state. The left lung likewise contained many small hard tubercles, and at its posterior part a small collection of pus in a cartilaginous cyst. The bronchial glands were enlarged; the bronchial membrane was red, softened, and covered with pus and blood. Heart adherent to pericardium; many of the mesenteric glands enlarged and of cretaceous consistence;

mucous membrane of the stomach extremely vascular and softened, and thickly covered with red blood. The patient had vomited a pint of fluid blood a few hours before death.

Such, we apprehend, are the appearances which will be generally found in these cases, viz., vascular congestion and ulceration of the bronchial membrane, congestion or induration of the pulmonary substance, and adhesion of the pleura. They will probably be found in all cases, and, in many, complicated with emphysema, tubercles, and enlarged heart. The mechanical irritation of the respiratory organs, the sedentary habits and constrained position of the workman, the impure air in which he works, and his usual habits of life, are abundantly adequate to account for all these morbid changes; but we cannot admit that the mechanical irritation alone is sufficient to produce them. In two of Dr. Hastings's cases, wherein mechanical irritation of the bronchial membrane had been maintained for years together, extensive disorganization was thereby produced, and death caused without the formation of a single tubercle. In regard to Dr. Knight's second case, it may be remarked that the grinder was originally of the tuberculous constitution, and that he had passed the ordinary term of a grinder's life; and notwithstanding the constant irritation kept up in the lungs by his occupation, nature had made considerable advances to effect a cure of the tuberculous disease. We have already observed, with respect to Dr. Alison's cases of the stone-masons at Edinburgh whose occupation is constantly carried on in the open air, that no tubercles were found in the lungs. But there can be no doubt that a very considerable proportion of the persons will be found to have real tuberculous disease; as when a disposition to it exists, nothing is more likely to prove an exciting cause than the perpetual irritation produced by the inhalation of mechanical particles.

We shall now notice some circumstances which affect the general health of labourers, and thereby induce tuberculous cachexia. Among these none operate more injuriously in disposing to this morbid state than the deficient bodily exercise and the want of pure air which are generally united with sedentary occupations. Shoemakers, tailors, weavers, and dress-makers, may be cited among those who suffer most from these causes. Their sedentary position, the crowded and ill-ventilated apartments in which their labour is generally carried on, and the peculiar posture which they habitually assume, are eminently calculated to prevent the free exercise of the pulmonary organs, to diminish the powers of the system, to impair the nutritive function, and produce a corresponding depression of nervous energy. Their habits also are frequently careless and irregular; they adopt little precaution against the vicissitudes of temperature, expose themselves to the influence of cold and damp, and too often to the evils arising from dram-drinking, and to those other causes which are

* We are gratified to learn that the objections to post-mortem examinations, which have hitherto been almost insurmountable, are beginning to abate; and we therefore trust that we shall soon have this subject fully investigated.

most likely to produce congestions, fevers, and inflammations. If the female dress-makers and other females employed in similar occupations are exempted from some of these causes, the total privation of exercise, the late hours and long duration of their work are more than sufficient to injure, if not destroy, their health in a few years.

Now in all these circumstances we find not only the conditions most favourable to the development of the general tuberculous diathesis, but those also which have a peculiar influence in promoting its manifestation in the lungs. The effect of sedentary habits in all classes and conditions of society is in our opinion most pernicious; and there is perhaps no cause, not even excepting hereditary predisposition, which exerts such a decided influence in the production of phthisis, as the privation of fresh air and free exercise. Indeed, the result of our inquiries leads to the conviction that sedentary habits are among the most powerful causes of tuberculous disease, and that they operate in the higher classes as the principal cause of its greater frequency among females. In this rank of society we find the mortality from phthisis below the average, almost all the active causes of the disease being removed. M. Egret* found that only two males and five females died of phthisis, in seven hundred and thirty persons of this class treated by him during a period of ten years; and Lombard calculated that the disease is only half as prevalent among persons in easy circumstances as it is among the great bulk of the population.

There are certain trades which are generally considered unfavourable to the occurrence of phthisis; among these, seamen, butchers, and tanners hold the first rank.† It has been imagined that there is something in these occupations which has a special effect in preventing the development of tubercles, arising, in the one case, from the impregnation of the atmosphere with saline particles,—in the other, from peculiar properties in the atmosphere when impregnated with effluvia from dead animal matter or living vegetables. We have no belief in the special effect of such agents, but refer the exemption of these classes chiefly to the free and regular exercise in the open air which they enjoy.

The facts which we have adduced in this section, although they are, we admit, imperfect, may nevertheless lead to useful practical results. They not only open an interesting field of observation and inquiry, but suggest

measures for improving the health and condition of society, which are simple and in many cases available. We can only expect to see a decided diminution of disease among the industrious artisans of this country, when their workshops and apartments are more spacious and better ventilated,—when their physical powers are less exposed to the depressing influence of variable temperature, when they take more exercise in the open air, pay more regard to cleanliness, and cease to seek excitement in the pernicious habit of spirit-drinking.

IV. *Of the influence of Climate in the production of Phthisis.*

Our information respecting the influence of climate in the production of tuberculous disease is still very imperfect, and its operation as a predisposing and exciting cause has not been sufficiently discriminated.

A cold, damp, and variable climate, such as that of this country, not only gives the predisposition to the disease, but becomes its exciting cause, and determines in an especial manner its local manifestation in the lungs. Sir William Crichton states that “consumption is infinitely more frequent in Great Britain and Ireland, in comparison of their population, than in the northern parts of Russia; yet the climate of Russia is in general infinitely colder and ruder than ours. The scrofulous or strumous constitution is more common in the northern and middle governments of Russia than in England, and commits greater ravages and disfigurement than are ever witnessed in this country. Great Britain nowhere exhibits such dreadful effects of scrofula as Russia does; but in that empire its attacks are mostly confined to the external set of glands, to the face, the eyes, and throat, and to the bones, especially those of the extremities; the lungs suffer rarely, except in public schools, and among those who adopt the European dress and fashions.”* There are, however, circumstances which must be taken into account in estimating the influence of the respective climates of Russia and England: the Russians clothe themselves more warmly, and take greater precautions against the severity of the climate than the English; on the other hand their poorer classes are worse fed, black sourish rye-bread and vegetables being their chief nourishment. The occupations also of the Russians are for the most part in the open air; whereas a large proportion of the labouring classes in England are employed in manufactories, in which they are shut up for the greater part of the day in a confined and deteriorated atmosphere.

Great heat appears also to have a powerful effect in predisposing to tuberculous disease. The general constitution of the inhabitants of very hot countries, as the Malays and negroes, may be cited in confirmation of this opinion, as both these races are well known to be much more subject to tuberculous disease than Europeans when exposed to the same causes.

* *Annales d'Hygiène*, vol. vi. p. 46.

† We beg to refer the reader who is desirous of more minute information, to the writings of Dr. Beddoes, who has collected a considerable body of evidence on the subject of this section; to Mr. Thackrah's valuable work on the Effects of Trades; to Dr. Forbes's able Memoir in the Transactions of the Provincial Medical and Surgical Association; to the excellent articles of Benoiston de Chateaufort and our friend Dr. Lombard of Geneva in the *Annales d'Hygiène*, and of Dr. Knight and Dr. Kay in the North of England Medical Journal.

* *Pract. Obs. on Pulmonary Consumption*, p. 50, &c.

We shall adduce further proof of this in the subjoined tables, containing a statistical account of the prevalence of phthisis in different countries.*

TABLE IX.

Showing the general result of our researches on the effect of Climate in determining the relative prevalence of Phthisis among the troops.

Place.	Proportion of phthisis to the total deaths.
N. S. Wales and East Indies†	one-thirty-fifth
East Indies	one-thirty-third
Cape of Good Hope	one-seventh
Mediterranean	one-sixth
West Indies (Europeans) ..	one-fifth
Canada	one-fourth
France	one-third
Great Britain	one-third
Blacks in West Indies	one-third

The isolated facts relating to the prevalence of phthisis in different nations which we have collected from their statistical documents, are so discrepant and contradictory that no positive conclusions can be drawn from them respecting the effect of climate in producing the tuberculous diathesis. On this point, therefore, our information remains very incomplete, although by reference to the preceding table it is quite evident that the actual ravages of the disease decrease in a direct ratio with the increased warmth and equability of climate, and increase in the same ratio under opposite conditions; and it is a well-known fact that the inhabitants of warm climates, whether men or brutes, frequently fall a sacrifice to phthisis, when removed into colder countries.

To determine the influence of climate satisfactorily, we require an accurate table of the prevalence not only of pulmonary phthisis, but also of all the forms in which the tuberculous diathesis manifests itself among the inhabitants of different countries; for the influence of any climate in producing this diathesis cannot be estimated from tables illustrating the prevalence of one form of the disease among strangers to that climate, who of course brought with them that disposition to disease which their native country induced, and which we have no means of estimating.

We may, therefore, seem to have arrived too hastily at the conclusion that this disease is favoured by excessive heat, and is more prevalent among the negroes and Malay race. We have, however, been led to it by the study of their physical peculiarities, by the general character and course of their diseases, and by the fact that when these people are removed to Europe, the diathesis manifests itself rapidly

* We avail ourselves of this opportunity to express our acknowledgements to Sir James McGregor and Sir William Burnett, to whose kindness we are indebted for the facilities afforded us of examining the valuable collection of journals and reports from the medical officers of the army and navy.

† The troops were employed in different parts of the East Indies in 1828, 1829, and 1830.

in its most characteristic form of crude tubercles, not in their lungs merely, but simultaneously in almost every organ of their body.

The two following tables have been compiled from the Army Medical Records, for the purpose of determining the greater prevalence of phthisis and other diseases of the lungs among the blacks than among Europeans in the West Indies. The first gives the relative mortality from phthisis, &c. among the blacks and whites of the West Indian army, for eight years, 1822 to 29.

TABLE X.

	Deaths from all diseases	Phthisis.		Other pulmonary diseases.	
		Cases	Deaths	Cases	Deaths
Whites	2275	318	177	3550	100
Blacks	555	221	158	1488	105

By our calculations from the above table, we find that in every thousand deaths among the whites, one hundred and twenty, or little more than one-eighth, are from pulmonic diseases; while in every thousand deaths among the blacks, four hundred and seventy-two, or nearly one-half, are caused by pulmonic diseases.

The following table has been constructed to show that phthisis is not only relatively but absolutely more prevalent among the natives than among Europeans in the East Indies. The table has been compiled from Mr. Marshall's Medical Topography of Ceylon. By adding together the items of his tables from 1815 to 1820 inclusive, reducing them to unity, and then dividing the total deaths per annum, $\times 1000$, by the average strength, we obtained the first column showing the absolute mortality in 1000 of each race during the equal period of one year. By dividing the deaths from phthisis per annum, $\times 1000$, by the average annual mortality, we obtain the second column; and by dividing the deaths from phthisis, $\times 1000$, by the total deaths, we obtain the third.

TABLE XI.

	Europeans.	Malays.	Caffres.	Indians.
Total deaths in 1000 persons during one year	142	36	49	45
Deaths from phthisis in 1000 persons during one year	6	2.0	7.0	2.6
Deaths from phthisis in 1000 deaths from all diseases	4.3	58	146	59

In concluding this section, we beg to express our thanks to our ingenious friend, Mr. Fergus, for assisting us in collecting materials for various parts of this paper. We are in-

debted to him for the six last tables which this section contains:—founded as they are on researches which have required great industry and labour, the task of collecting the materials and of making the necessary calculations has occupied more time than we could have devoted to it, and much more than persons unacquainted with such inquiries imagine. We also avail ourselves of this opportunity to express our thanks to Mr. Farr for the compilation and arrangement of the first, second, and fifth tables in this article.

SECT. IX.—OF TUBERCULOUS DISEASES IN ANIMALS.

The history of tuberculous disease in animals is a subject of much interest to the physician, inasmuch as it affords a collateral illustration of the disease in man.

We believe that tuberculous disease may be induced in any class of animals by those circumstances which produce it in the human subject, being equally influenced by climate, impure air, imperfect nutrition, deficient exercise, and other causes. Tubercles have been noticed in many orders of the mammalia, carnivorous and herbivorous, in birds, and perhaps in insects. Among the mammalia, they have been found in the lion, dromedary, horse, antelope, deer, cow, sheep, goat, domestic pig, monkey, guinea-pig, hare, rabbit, squirrel, and porpoise: among birds, in the psittacus erythæus and some other macaws and parrots, in the flamingo, house-sparrow, turkey, and domestic fowl. Mr. Owen, Assistant Curator of the Museum of the Royal College of Surgeons, informs us that he has discovered tuberculous disease in the following animals which died in the Gardens of the Zoological Society,—*felis caracal*, *Persian lynx*; *paradoxurus typus*, *paradoxure gennet*; *viverra Rasse*, *civet cat*; *herpestes mungos*, *Indian ichneumon*; *nasua fusca*, *brown coati mondi*; *ursus Thibetanus*, *Nepal bear of the Himalaya Mountains*; *tapirus Americanus*, *American tapir*; *alces Americanus*, *American elk*; *simia satyrus*, *ourang outang*; *Macacus cynomolgus*, *Macaque monkey*; *M. radiatus*, *bonneted monkey*; *M. Rhesus*, *pig-tailed monkey*; *cercopithecus sabæus*, *green monkey*; *papio maimon jun.*, *Mandrill baboon*; *lemur nigrifrons*, *black-fronted lemur*; *lemur macauco*, *ruffed macauco*.

Our friend, Mr. Newport, a comparative anatomist of great promise, whose name is already favourably known by his researches into the minute anatomy of insects,* has favoured us with an account of what he believes to be tuberculous deposits in that tribe. In the larva of the sphinx ligustri, or common privet moth, he met with a peculiar matter disseminated in small, irregular, aggregated masses, white, opaque, and of a cheesy consistence, over the whole internal surface of the insect, between layers of very delicate cellular tissue. These masses were most numerous among the muscles; on the exterior of the alimentary

canal, particularly the stomach; on the secretory silk glands, in the biliary ducts, and on the nerves. In the carabus catenulatus, or ground beetle, and in the staphylinus olens, both carnivorous feeders, he noticed similar deposits of more uniform and much smaller size in the cellular and pulmonary tissues: he has also detected appearances similar to those observed in the sphinx ligustri, in the common cray-fish, the astacus fluviatilis of Leach. It is worthy of remark that the sphinx was fed upon stale leaves of the privet for some days previous to examination, the unusual wetness of the season having prevented a fresh supply; the deposition of the same matter has also been produced by purposely feeding the insect upon deteriorated or stale food.

Although the existence of tuberculous disease in insects requires to be established by more numerous observations than have as yet been made, still the view which we take of the pathology of tuberculous disease inclines us to believe that no class of animals is exempt from it; we therefore have little doubt that the application of the causes which lead to it in the human species will also induce it in any animal which is exposed to their influence.*

The morbid appearances presented on examination of the animals we have enumerated also bear a close analogy to those observed in man: the lungs, spleen, mucous membrane of the intestines, the liver, mesenteric, bronchial, and lymphatic glands, are the organs most frequently affected. We are, however, better acquainted with the morbid anatomy of monkeys, because, of all animals, that family is most subject to tuberculous disease; indeed, nearly all the monkeys in our menageries die tuberculous. Dr. Reynaud, of Paris, has devoted much research to this department of comparative pathology, and has published an excellent memoir on phtthisis in the monkeys at the Jardin des Plantes.† In fourteen of these animals he found the lungs containing tubercles, and in many cases entirely converted into tuberculous matter. In three monkeys the disease was confined to the lungs exclusively; in the others various organs were at the same time affected. The larynx was ulcerated in two cases; the bronchial glands were always more or less tuberculous, and in one instance were so much enlarged as to obliterate the left bronchus and prevent respiration in the corresponding lung, which was much contracted. The spleen in six cases was much diseased, being enlarged and adherent to

* All the milch cows in Paris become tuberculous after a certain period of confinement to the house. We have been informed that for some time after the disease has commenced, the quantity of milk obtained from them is greater than before, and their flesh is more esteemed by the unsuspecting epicure than that of the healthy animal. A circumstance of the same kind is mentioned by Aristotle, who observed tubercles in the pig, the ox, and ass; he says, in regard to strumous pigs, that when the disease (*grandines*) exists in a slight degree, the flesh is sweeter (*caro dulcior est*). *Historia Animalium*, lib. viii. cap. 21.

† Archives de Médecine, t. xxv.

* See his papers on the *Sphinx Ligustri*, in the Phil. Trans. 1833 and 1834.

the peritoneum. The blood in the cells formed reddish clots, in the midst of which were tuberculous points. The tuberculous deposit was found in various stages of softening, and sometimes in caverns lined with a false membrane. In one case the tubercles were isolated and crude in the lungs, while in the spleen they were large and softened in the centre; showing that the spleen was the organ in which the tuberculous matter was first deposited.

The disease occurs in animals, as in the human species, at all ages. MM. Andral and Dupuy have even observed it in the fœtus of the sheep and rabbit.

SECT. X.—OF THE CAUSES OF TUBERCULOUS DISEASES, AND IN PARTICULAR OF PHTHISIS.

The causes of tuberculous disease, like those of most diseases, are referrible to two distinct heads, the remote and the exciting,—or those which induce the constitutional predisposition, and those which determine the local deposition of tuberculous matter after such predisposition is established. The one class of causes operates by modifying the whole system, the other by determining in a system so modified, the particular morbid action of which tuberculous matter is the product. Until this distinction between the causes of the constitutional and local disease is fully understood and acted on in practice, we shall make little progress in the prevention or treatment of tuberculous disease.

The share which these two classes of causes have in the production of tubercle varies in different cases. When the person is little exposed to the exciting causes, the constitutional predisposition may be long present without any local affection, while continued exposure to exciting causes may determine the local disease when the morbid state of the constitution exists in a slight degree. We have examples of the former among the wealthy classes of society, where we see the tuberculous cachexia prevail for a considerable time without the actual development of tubercles, because the person is little exposed to the usual exciting causes, and even sedulously avoids them; and we meet with instances of the latter amongst the poor, when engaged in occupations in the exercise of which the lungs are peculiarly exposed to irritation, by which a diseased state of the bronchial membrane and ultimately tuberculous disease are produced. Of this number are the numerous classes of mechanics, who breathe, for many hours every day, an atmosphere charged with fine particles of sand, metal, &c. But the most striking examples of consumption which have been adduced as the consequence of pulmonary irritation, occur in persons who are at the same time exposed to some of the most powerful causes of tubercular cachexia, such as sedentary occupations carried on in a confined and deteriorated atmosphere, and very often also to excessive indulgence in the use of ardent spirits; so that they are exposed

to the causes of the constitutional and local disease at the same time.

I.—Of hereditary transmission considered as a *remote cause of phthisis.*

That pulmonary consumption is an hereditary disease,—in other words, that the tuberculous constitution is transmitted from parent to child, is a fact not to be controverted; indeed we regard it as one of the best established points in the etiology of disease. But it may not be so generally admitted that various other morbid states of the parent produce the predisposition to tuberculous disease in the offspring; a position, however, which we hold to be equally true, and still more important in its consequences. A parent labouring under tuberculous cachexia entails on his offspring a disposition to the same affection, proportioned to the degree of disease under which he labours. Examples of this fact are constantly present in the families of scrofulous parents, where we find the scrofulous constitution much more strongly marked in general in the younger than in the elder children. We even occasionally meet with families the first children of which are healthy, while the last are the subjects of tuberculous disease; the health of the parents having undergone a change during the increase of their family. There may be exceptions to this rule, depending on circumstances beyond our cognizance, but we have little doubt that it is generally true.

It has been made a subject of inquiry whether the child is more disposed to the diseases of the father or mother; and we believe the majority of authors give it in favour of the father: Professor Nassi, however, of Bonn, in his excellent essay on tuberculous diseases, expresses his opinion that the hereditary disposition is more frequently derived from the mother. The point is one which it is very difficult to decide. There can, we think, be no doubt that the child may inherit the constitution of either or both parents: on some occasions we see the constitution of the father, in others that of the mother, predominating in different children of the same family. It has also been remarked, and we think the observation is founded in truth, that the more a child resembles in its external lineaments one or other parent, the more certainly will it inherit the diseases of that parent.

But a state of tuberculous cachexia, as we have just remarked, is not the only morbid condition of the parent which entails the tuberculous predisposition on the children; there are several diseases which have that effect, the most frequent and important of which are a disordered state of the digestive organs and its consequences. Gout, cutaneous diseases, the injurious influence of syphilis or long courses of mercury on the constitution, debility from disease, age, &c.; in short, a deteriorated state of health in the parent from any cause, to such a degree as to produce a state of cachexia, may give rise to the scrofulous constitution in the offspring. However various the causes of the cachectic state of the parent, its effect is

constantly manifested in the disposition of the children to tuberculous disease. This is a most important fact in the history of consumption, and is highly deserving the attentive consideration of the profession.

It may appear that we are disposed to generalise too much in ascribing tuberculous disease in the offspring to morbid conditions of the parent; nevertheless we have not formed our opinion upon superficial observation, nor without mature consideration; and we feel persuaded that the more carefully the subject is investigated, the more correct will our views be found. We have frequent opportunities of remarking a strong disposition to this disease in the children of parents who enjoy what is usually termed good health, and in whose family no scrofulous taint can be traced; whereas, according to our own observation, we never see the parents in an unhealthy state, whatever the nature of their disease may be, without finding, at the same time, that the children are strongly predisposed to tubercles. An opinion is entertained that one generation sometimes escapes tuberculous disease, although their parents and children suffer from it. This is to be explained by the improved state of health enjoyed by the generation exempted, and by the other circumstances which counteract or prevent the development of tubercles.

Of all diseases, we consider dyspepsia the most fertile source of cachexia of every form, for this plain reason, that a healthy condition of the digestive organs and a proper performance of their functions are essential to the due preparation of the food, and consequently to the supply of healthy nourishment to the body. The adjusting powers of the system may do much to correct a disordered condition of the different functions concerned in the process of assimilation, by means of the increased activity of the healthy organs; but the system cannot continue long in a healthy state when any one important function connected with nutrition is materially deranged. Without, however, entering into this most interesting subject, we consider it an established fact,—it is so at least to us,—that dyspepsia and any other disease which induces a cachectic state of the parent, shows itself either in the tuberculous constitution of the children, or in their strong tendency to become the subjects of those disorders which generate such a constitution, such as that form of dyspepsia which has been denominated *strumous* by Dr. Todd, (see article INDIGESTION.)

A cachectic state of the system may also originate in a defective state of the various secretory and excretory functions, the effete matter not being fully carried off; and this cause very generally accompanies dyspepsia, and accelerates its deteriorating influence on the health. There are doubtless other circumstances in the state of the parents which may give rise to the strumous diathesis in their offspring, which are not so evident as those which we have noticed; and yet there can be

little question of their influence when we see children so often present the characters of the scrofulous diathesis at the earliest age, while their parents are in the enjoyment of good health, and free from all appearances of tuberculous disease, local or constitutional. Some remarkable examples of this kind have come under our observation, where whole families have fallen victims to tuberculous consumption, while both parents have not only enjoyed good health themselves to an advanced age, but have been unable to trace any hereditary disposition to the disease in their families for generations back. An imperfect development or a feeble state of the organs of generation has been considered a cause of scrofula in the offspring; anything which interferes with the act of conception or with the nourishment of the fetus in utero, such as a disordered state of the mother's health, depressing passions, a sedentary or unhealthy mode of life, and whatever induces imperfect nutrition in the mother during pregnancy, may lead to such a result; and this may even explain why in some instances one child is predisposed to disease, while the others of the same family are exempt. It is quite impossible to define the various circumstances in the health of the parent which may give rise to the scrofulous disposition in the child, much less to explain their operation: we rather allude to them as subjects deserving the investigation of the general pathologist and practical physician. That tuberculous disease can generally be traced to an hereditary origin, will not be disputed by any medical observer who has given his attention to the subject; but there may be a difference of opinion as to the particular condition of the parent which induces the tuberculous constitution in the offspring, and also as to the degree in which this constitution may exist in the child at birth. We have already stated our opinion respecting the former, and we shall now give our views respecting the latter of these conditions.

1. We have seen that in a very small proportion of cases the child is tuberculous at birth. This, we believe, will rarely occur unless one or both parents are labouring under tuberculous disease in a very advanced stage.

2. The next degree of hereditary disease is that in which the infant is afflicted with tuberculous cachexia from birth,—a state which requires very slight exciting causes to determine the deposition of tuberculous matter in some of its organs; which in such cases occurs early in life, the child often dying tuberculous within the period of infancy. This is a frequent occurrence in the children of consumptive parents.

3. Again, the child presents all the characters of the tuberculous or scrofulous constitution which have been already noticed, and without care will probably soon acquire tuberculous cachexia and die of tuberculous disease in early life. The greater number of scrofulous and consumptive cases which we meet with in

childhood and youth are referrible to this degree of hereditary disease.

4. In another class of cases, the child is merely predisposed to those functional derangements which generate the tuberculous constitution. The cases of predisposition to consumption which come under this class are, according to our observation, the offspring of parents who have laboured under dyspepsia, gout, cutaneous diseases, and other deranged states of health not of a tuberculous nature. They constitute the most numerous and the most remediable of all the classes; and yet, we take leave to add, they are the least generally understood.

This view of the hereditary causes of tuberculous disease we consider of great practical importance, as it is only by our acquaintance with the mode and degree in which the hereditary predisposition affects the constitution, and the circumstances on which its increase depends, that we shall be enabled to direct the management of the child so as to correct the constitutional predisposition, and obviate those derangements which increase it.

II.—*Of the causes which give rise to tuberculous cachexia in individuals not hereditarily predisposed to phthisis.*

The earlier in childhood the causes of tuberculous cachexia are applied, the more speedily will this be induced. If, for example, an infant born in perfect health, and of the healthiest parents, be insufficiently or improperly fed, that is, be nursed by a woman whose milk is inadequate in quantity or quality to afford due nourishment; or if the child be fed on other food ill-suited to the state of the digestive organs, or be kept in close rooms in which free ventilation and cleanliness are neglected, a few months will often suffice to induce tuberculous cachexia. The countenance will become pale, the flesh soft, the limbs emaciated, the abdomen tumid, the evacuations fetid and unnatural. The external lymphatic glands, especially those of the neck, will enlarge and become tuberculous, and the child will speedily fall a victim to tuberculous disease; and this may happen in a family in which the brothers and sisters of this infant who have been properly suckled and reared with care and in pure air, attain a healthy maturity. We may thus see the change from perfect health to complete tuberculous cachexia effected in the infant in the course of a few short months. Now, if this occurs in a strong infant, born of healthy parents, and perfectly healthy at its birth, how much more certainly and rapidly will the same effects be produced in a feeble infant born of unhealthy parents, or, still more, of parents absolutely scrofulous? Again, take a child of three or four years of age, in perfect health, having been born without any hereditary predisposition to disease, well-nursed, and properly nourished,—let it be fed upon coarse innutritious food, and confined in close apartments, where neither the heat nor light of the sun have free admission, and where the ventilation is imperfect, and we

shall soon see the blooming healthy child changed into a pale, sickly, leucophlegmatic creature,—a fit subject for tuberculous disease. This will occur during the whole period of youth, a longer time being required to effect the constitutional deterioration; but in all cases it will vary according to the number and force of the causes and the power possessed by the individual to resist their operation.

Up to the period of the full development of the system, till the body has ceased to increase in stature, till it has reached maturity and acquired the stability of the adult, tubercular cachexia may be readily induced. After maturity the powers of the system in resisting the causes of disease are greater than at an earlier period; still we see the same results produced by similar causes,—the constitutional affection being the same, although it manifests itself more slowly and in a different manner, according to the age and peculiar constitution of the individual. As we increase in years, a more powerful or longer application of the causes is required to induce tuberculous cachexia, but we are not satisfied that this rule holds good after a certain period of advanced life. In old age, it has appeared to us that tuberculous cachexia is acquired more easily than about the middle period of life; but we admit that our facts are not sufficiently numerous, and have not been observed with enough of care to enable us to speak with confidence on this point.

The principal causes which induce tuberculous disease may be arranged under the heads of improper diet; deficiency of pure air, exercise, clothing, and cleanliness; excessive labour and affections of the mind.

Improper Diet.—Of the remote causes, the leading are those circumstances which interfere with the nutrition of the body; among these the imperfect supply of food holds a conspicuous place. But we have rarely an opportunity of seeing the effects of this alone, because when the means of procuring proper nourishment are wanting, there are generally other causes of the disease in action at the same time; such as residence in ill-ventilated and dark apartments, exposure to cold from imperfect clothing, &c. the whole of which are often combined, and hence more speedily effect the deterioration of the health. Food in excess, or of a kind too exciting for the digestive organs, may also induce tubercular cachexia,—a circumstance which is not sufficiently attended to,—we may say not generally understood, even by medical men: nevertheless we hold this to be a frequent cause of scrofula, and believe that it produces the same effects on the system as a deficient supply; the imperfect digestion and assimilation in the one case, and the inadequate nourishment in the other, being equally injurious: the form and general characters which the disease assumes may differ, but the ultimate result will be the same in both cases. The adaptation of the food, both in quality and quantity, to the age of the individual, as well as to the powers of the digestive

organs, is too little considered; and the evil consequences of this neglect are often evident in the children of the wealthy classes of society, who are frequently allowed an unrestricted use of the most exciting kinds of animal food.

Impure Air.—Next to improper food, we rank an imperfect supply of pure air. It is in the lungs that the assimilation of the chyle is completed; and when either the respiration is imperfectly performed, or a sufficient supply of air is wanting, perfect assimilation is prevented.

In the confined abodes of the poorer inhabitants of large and populous cities, where neither pure air nor sufficient light can enter, in consequence of the obscure and overshadowed sides of the buildings, the food cannot be assimilated even though the supply be unexceptionable. A sensible writer on scrofulous diseases considers impure air as the only real cause of scrofula; other causes may assist, but this he considers essential to the production of the disease. "Personal experience," says Baudelocque, "reading, reflection on a great number of facts, and the analysis of many observations, have impressed me with the deep conviction that there exists one principal cause of scrofulous disease, a cause which predominates over all others, and without which, perhaps, the disease would never, or at least very rarely develop itself. This cause consists in particular conditions of the atmosphere in which the individual resides. However ill-chosen or unsubstantial his food may be,—however much cleanliness may be neglected—whatever be the nature of his clothing and its adaptation to the temperature—whatever the climate in which he lives, the exercise he takes, or the duration of his sleep and waking,—if the house in which he dwells be placed in a situation to which the fresh air and the sun's rays have free and direct access, and the house itself be sufficiently airy, light, and well-proportioned to the number of its inmates,—scrofulous disease will never make its appearance. On the contrary, however well-chosen and nutritious the food, however minute the attention paid to cleanliness, with whatever care the clothing be adapted to the temperature, or the duration of exercise, sleep, and waking be regulated,—if the houses are so placed that the sun's rays cannot reach them, or the fresh air cannot be renewed without difficulty,—if, in short, they are small, low, dark, and badly aired, scrofulous disease will inevitably supervene."*

Though we are fully satisfied of the powerful influence of impure air in the production of scrofula, we cannot entirely coincide with M. Baudelocque. We believe that the other causes which we have mentioned are capable of inducing tuberculous cachexia, while the patient is breathing a very pure air. We find the disease not infrequently affecting the inhabitants of elevated and dry countries, where the atmosphere is pure and the people are oc-

cupied in grazing sheep and cattle, and are hence so much in the open air during the day that the confined atmosphere of their ill-ventilated hovels can scarcely be considered the chief cause of the scrofulous diseases by which they are often afflicted, since we have other and more evident causes in the coarse and innutritious vegetable food which forms almost their only sustenance, and in their scanty clothing and exposure to the inclemency of the weather. But there can be no doubt that the habitual respiration of the air of ill-ventilated and gloomy alleys in large towns, as well as that of many manufactories, workhouses, and even schools, is a powerful means of augmenting the hereditary disposition to scrofula, and even of inducing such a disposition *de novo*. Children reared in the workhouses of this country and in similar establishments abroad almost all become scrofulous, and this more, we believe, from the confined impure atmosphere in which they live and the want of active exercise, than from defective nourishment.

Deficient Exercise.—Deficient exercise ranks next as a cause of tuberculous disease. If a due supply of proper nourishment and pure air is necessary to nutrition, bodily exercise is equally necessary to apply such nourishment to the growth and development of the body. The amount of exercise necessary to produce this effect and to maintain a healthy state of the system, will vary according to the age and nature of the constitution; but without such exercise there can be no sound health.

Excessive Labour.—While a certain quantity of exercise is necessary to the maintenance of health, excessive labour, by debilitating the body, may be ranked as a cause of disease. It operates on the whole system, though, according to the mode in which the fatigue is produced, one set of organs may be more affected than another; and when these are overworked and require an excess of nervous influence, others must suffer from a deficient supply. When the labour is carried on in confined apartments, its injurious effects are more decided.

Improper Clothing.—Proper clothing is essentially necessary to the preservation of health. An imperfectly covered state of the body in the cold season, especially in persons engaged in sedentary occupations where exercise does not assist the circulation of the fluids, is most injurious, especially to young persons, in whom it is necessary to maintain a vigorous circulation through the extreme parts of the body in order to ensure its growth and development, to secure the due performance of the cutaneous secretions, and to prevent sanguineous congestion of the internal viscera. These objects cannot be effected without exercise and warm clothing.

While on this subject, we must advert to the pernicious effects of the modern system of female dress. We consider the free expansion of the chest and unimpeded action of all the muscles connected with respiration, as highly

* *Mémoire sur les Scrofules, Revue Médicale, 1832, vol. i. p. 10.*

conducive to health, and as one of the means of obviating pulmonary congestion. The employment of tight stays and other forms of dress which impede the full and free action of the respiratory organs, cannot be too strongly reprobated. This, however, has been so well explained in the excellent article on *PHYSICAL EDUCATION*, that it is unnecessary for us to say more than express our concurrence in the views therein promulgated on this important subject.

Want of Cleanliness.—Cleanliness is also essential to health, and inattention to it is another common cause of disease; and although this may be less powerful than those causes which have just been mentioned, still it has its influence. Without attention to cleanliness, the functions of the skin cannot be properly performed, the effects of which in producing tuberculous cachexia we have elsewhere explained.

Abuse of Spirituous Liquors.—Among the causes of tuberculous cachexia, a free indulgence in ardent spirits holds an important place. While it is one of the most powerful means of debasing the morals and of extinguishing the best feelings of human nature, this pernicious habit is no less effective in destroying the physical constitution. We believe that the abuse of spirituous liquors among the lower classes in this country is productive of tuberculous disease to an extent far beyond what is usually imagined. Indeed, it is only necessary to observe the blanched cadaverous aspect of the spirit-drinker, to be assured of the condition of his internal organs. The tale of his moral and physical degradation is indelibly written on his countenance. Nor does the evil rest here—he not only destroys his own health, but entails on his unfortunate offspring the sure disposition to tuberculous disease.

Mental causes.—Too close application to study is a powerful cause of tuberculous diseases. It operates in several ways:—it necessarily implies sedentary habits, and hence exposes to all the evils which have their origin in want of exercise, such as imperfect digestion, constipated bowels, &c. In addition to these, the sensorium is so much exhausted by excessive exertion, that the nervous system generally is weakened, and the various organs of which the functions are essential to health are deprived of their due proportions of nervous influence.

Mental depression holds a very conspicuous place among those circumstances which diminish the powers of the system generally, and often proves one of the most effectual determining causes of phthisis. Disappointed hopes which have long been cherished, slighted affections, loss of friends, and reverse of fortune exert a powerful influence in inducing phthisis in persons predisposed to the disease.

Various other causes of consumptive diseases have been noticed by authors. Hard water, that is, water holding an unusual quantity of calcareous matter in solution, has been recorded among these causes, and the evidences of this are sufficiently strong to show that such

water has an influence in the production of scrofula. The effects of the water at Rheims, related in the *Memoirs of the Royal Society of Medicine at Paris*, has often been adduced as a striking example.* Heberden† and Cullen‡ have both noticed the influence of this cause; and we may refer the reader to the various works of Dr. Lambe, who has gone into minute details on this subject. It may be difficult to explain how hard water produces such an effect; but the fact should be sufficient to guide us in our selection of a residence for children, more especially for those of a tuberculous constitution. Mercury, when used so as to affect the system, has been very generally considered capable of inducing tuberculous disease. We are inclined to believe this, and therefore consider that its use requires the greatest care in persons of a delicate or strumous constitution.

Contagion.—There remains another imputed cause to be mentioned, viz., contagion. The contagious nature of phthisis has been believed by some authors of high authority, at the head of whom may be placed Morgagni, and altogether disbelieved by others. In the south of Europe the general opinion is in favour of contagion, in the north of Europe against it. The subject is one that scarcely admits of being confirmed or refuted. It would, therefore, be profitless to occupy the pages of this work in adducing authorities or in detailing opinions on a subject on which every medical man in this country has too frequent opportunities of making his own observations and forming his own judgment. The view which we take of tuberculous cachexia, without which tuberculous disease of the lungs in our opinion cannot occur, leads us entirely to disbelieve that phthisis can be communicated by contagion. But we consider that the practice of sleeping in the same bed, or even in the same room with patients in the advanced stage of phthisis, is highly objectionable, because the rooms of the consumptive are rendered peculiarly injurious to health by the nature of the disease, and the confined atmosphere and high temperature in which they are too often kept.

Reviewing what has been said respecting the causes of tubercular cachexia, they may be stated generally to comprehend all those circumstances which debilitate, and increase the irritability of the system, impede the due digestion and assimilation of the food, diminish the various secretions and excretions, and induce internal sanguineous congestion. Defective assimilation,—from whatever cause it proceeds,—whichever be the first link in the chain of morbid actions which derange this process or series of processes,—induces, according to our view, tuberculous cachexia; and whether the primary error exist in the inadequate supply of food, or in the incapacity of the organs to extract from this the elements of

* *Mém. de Soc. Royale de Méd.* vol. ii. p. 280.

† *Commentaries*, p. 362.

‡ *Materia Medica*, vol. i. p. 406.

nutrition, to assimilate and apply them to the reparation, growth, and various purposes of the animal economy, the ultimate result is the same.

Seeing that the causes which produce tuberculous cachexia are so numerous, we should be extremely cautious in estimating their power, and in attributing to any of them specific properties. Whenever their combined effect is such as to depress the vital energy, and lower the power of assimilation beyond a certain degree, the tubercular diathesis will be produced: whenever, on the contrary, the nutritive functions are vigorously carried on, this disposition will not manifest itself, however strongly it may be favoured by the separate action of any one of the causes in the degree in which it is usually applied.

III. *Causes determining Tuberculous Disease of the Lungs.*

The chief causes that come under this head may be divided into two classes: those which act immediately on the lungs, and those which act partly on this organ and partly on the general system. 1. To the first class belong bronchitis, pneumonia, hemoptysis, pertussis, and some other pulmonary affections.

Bronchitis.—Irritation and inflammation of the mucous membrane of the larynx, trachea, and bronchi, are considered a frequent cause of tubercles. Certain it is that no affection so commonly appears to precede tubercular phthisis as bronchial irritation. This circumstance may be accounted for in two ways. The pulmonary mucous membrane of tuberculous subjects is more susceptible of the impressions of the causes which produce congestion and irritation, such as vicissitudes in the temperature and humidity of the atmosphere, or mechanical irritants conveyed into the air-passages during respiration, —and tubercles often prove a source of bronchial irritation some time before their presence is indicated by other symptoms. But we also readily admit that repeated attacks of bronchial inflammation, or the long-continued application of mechanical irritants to the membrane of the bronchi, may prove the exciting cause of tubercles, when the constitutional predisposition exists.

In some instances the irritation commences in the larynx, and from thence appears to extend to the trachea and bronchi; the patient in this case is subject to frequent attacks of laryngeal irritation, which are usually excited by exposure to a cold humid atmosphere: there is a sensation of uneasiness in the larynx, and after a short time an increased secretion of mucus, with frequent hawking to remove it; generally, also, more or less hoarseness is present, and some cough. In other cases the person suffers from repeated attacks of inflammation of the internal fauces, and from thence the disease seems to extend to the larynx. After a series of attacks of laryngeal irritation have occurred, one, more obstinate than the others, does not subside, but continues and is soon accompanied by a cough; or should this symptom have existed previously, it is increased in severity; and the uneasy sensations, which

were at first confined to the larynx, are now felt under the upper part of the sternum, and soon extend over the whole chest. The cough likewise becomes deeper, calling into action all the muscles of respiration. A patient may continue in this state for a considerable time, without fever or any other symptom, except the uneasiness of the chest and the cough; the latter of which gradually becomes more troublesome, and medicine is found to do little more than palliate it.

Such a patient is commonly said to have an "affection of the trachea," although in truth the tracheal portion of the mucous membrane is that which is the least affected, and when affected produces the least irritation: for extensive ulceration is frequently found in this part without giving any signs of its presence during life.

In another class of cases (and these are the most numerous) the morbid state of the mucous membrane commences in, and is chiefly confined to the bronchi; the larynx and trachea appearing to be little affected. The patient is liable to pulmonary catarrh on the slightest exposure to cold; during the whole winter and spring one attack succeeds another, so as scarcely to leave an interval of a few weeks free from cough. This state of bronchial disease often continues for many years in persons even of a tuberculous constitution, without terminating in phthisis, and has been termed tubercular bronchitis. The subjects of these chronic bronchial affections, when they occur in early life, are generally persons of great delicacy of constitution. Their cases are extremely puzzling, and without the aid derived from the physical signs of pulmonary disease, the medical attendant will remain ignorant of the nature of the disease. With care such patients may be preserved for many years; but after a shorter or longer period the catarrhal affection generally becomes permanent, the respiration is more oppressed, the pulse habitually frequent; and the emaciation, which had varied according to the severity or duration of the catarrhal attacks and the length of the intervals between them, now remains or progressively increases. The aspect of the patient is also much changed, and the symptoms collectively leave little doubt that tuberculous disease is established in the lungs. These cases of long-protracted catarrh preceding the manifest existence of tuberculous disease, afford the strongest evidence of the influence of bronchial irritation in exciting phthisis; and we have no doubt that when the least predisposition to tubercular disease prevails, long-continued disease of the bronchial membrane leads to the deposition of tuberculous matter in the extreme branches of the bronchi and the air-cells.

But, as M. Andral observes, "what ought never to be lost sight of is this, that in order that inflammation of the mucous membranes of the air-passages shall be followed by the production of pulmonary tubercles, it is necessary to admit a predisposition. This being admitted, we can easily conceive how in one

individual very slight bronchitis is sufficient to produce tubercles, whilst others do not become phthisical from the most severe and long-continued pulmonary catarrh.*

The bronchial affections which we have just noticed are those which are met with in all classes of life, and are for the most part the consequence of exposure to a cold and humid atmosphere, or the alternation of this with hot rooms. Another fruitful source of bronchial irritation, originating in those occupations which expose the labourer to breathe an atmosphere loaded with particles of matter which mechanically irritate and excite permanent disease of the bronchial membrane, has been noticed in a former part of this article.

Pneumonia.—Inflammation of the pulmonary tissue next claims our attention, as being considered a frequent, and, by some authors, the chief cause of phthisis. The question of inflammation as a cause of tuberculous disease has been already treated so fully in the preceding article, (TUBERCLE,) and we accord so perfectly with the opinions of the author, that it is quite unnecessary to enter on the subject here. Although we believe inflammation incapable of producing tubercles in a healthy subject, we are of opinion that it may prove a determining cause in a tuberculous constitution; and on this account the most sedulous care should be taken to prevent its occurrence in such subjects, and to remove it when it has taken place. Pneumonic inflammation is one of the worst evils that can befall a patient already labouring under tuberculous disease of the lungs, as it never fails to increase the mischief, and frequently converts that which was latent, and might have long remained so, into active disease. It promotes the softening of the tubercles, and renders the pulmonary tissue at once incapable of the functions of respiration, and a fit nidus for the further deposition of tuberculous matter. Indeed, we shall not err far, we believe, in stating that in proportion to the extent of pneumonic inflammation, will be in general the rapidity of phthisis. It is chiefly in those persons who, without suffering from extreme debility, are little liable to inflammation, that we observe phthisis protracted to a great length; the tuberculous disease passing slowly and gradually through its various stages, and often arriving at a considerable extent without producing much febrile disturbance.

Hemoptysis.—Pathologists differ in their opinion respecting the influence of hemoptysis, as we have already had occasion to remark while on the subject of diagnosis. One class of authors regard the effusion of blood as the consequence merely of the presence of tubercles; while some others consider it a cause of the disease. M. Andral believes the hemoptysis to be at once a proof and consequence of pulmonary congestion, which he considers necessary to the formation of tubercles; and having also on several occasions found, both in man and in the horse, tubercles deposited in

the coagulum of blood which is the result of pulmonary apoplexy, he concludes that in this way the effusion of blood may become an exciting cause of the disease.

There can be no doubt, we think, when we attend to the history of the cases in which hemoptysis occurs, that it is very generally a consequence of tubercles in the lungs, or at least occurs subsequently to their formation; although it may originate in simple pulmonary congestion.

It is to be regretted that in the accounts of this and other diseases adduced as causes of phthisis, the patient's previous health and the diseases of his family are not stated. The cases of French authors, which in other respects are detailed with such praiseworthy care and minuteness, are often defective on this point. It is a kind of information which is not sufficiently appreciated, and we have had constantly to lament the want of it in our examination of works on the subject of this article.

Pertussis.—Whooping cough occurring in a predisposed subject may lead to the deposit of tuberculous matter in the lungs, but we are not aware that it is a frequent cause.

2. We now proceed to consider the second class of causes, which embrace various diseases affecting the general system, and which have been considered capable of giving rise to phthisis.

Fevers.—Fevers, both continued and intermittent, are not infrequently followed by the disease so closely as to make them appear in the light of exciting causes. Portal gives a chapter on a form of phthisis induced by fevers, both continued and intermittent; yet the cases which he has adduced, chiefly from Lieutaud, are fever complicated with inflammation of the lungs and pleura, followed by tuberculous disease. But independently of such complications, it is often remarked that symptoms of phthisis occur towards the conclusion of fever, or during the succeeding convalescence.

When fever occurs in a person of a tuberculous constitution, it may prove the exciting cause of tuberculous deposits in the lungs, from the irritation to which these organs are exposed in all fevers; or if tubercles already exist in a latent state, (which we believe to be the most frequent case when fever is the exciting cause of phthisis,) it is very likely to call the tuberculous disease into activity. In this last case, the fever commonly goes through its usual course favourably: the febrile symptoms abate; the tongue becomes moist and clean; the skin soft, the various secretions natural; but there is still a slight return of fever towards evening, and the pulse is frequent at all times: yet the patient seems on the verge of convalescence, and the medical attendant expects to find the pulse slower at each visit, and generally predicts a speedy recovery. But he is disappointed: the frequency of the pulse continues; the evening accession of fever becomes more marked; there is a circumscribed flush on the cheek different from the general flush of fever; the cough which attended the latter in a slight degree increases; perspirations

* Clinique Médicale, t. ii. p. 32.

occur towards morning; and the breathing is observed to be more rapid than during the severity of the fever. The real state of things now becomes evident. The fever has ceased, but in place of terminating in convalescence, as in a healthy subject, it is immediately succeeded by, or rather lapses into, hectic fever. The patient, already greatly reduced, becomes an easy victim to tuberculous disease of the lungs, and generally sinks rapidly under it: a few months, and in some cases a few weeks suffice to complete his destruction.

When the individual is merely predisposed to phthisis before the attack of fever, it is generally succeeded by a more perfect but lingering convalescence; the patient gains strength slowly; he is observed to cough occasionally; his pulse remains quick, and after some time a degree of hectic fever supervenes. These symptoms gradually increase, and at length evening fever and morning perspirations occur more regularly, and are soon followed by a train of symptoms which need not here be noticed. The disease in this case also proves speedily fatal.

There is a third class in which the fever appears connected with consumption, although this does not succeed so closely upon it. Months may elapse before the presence of phthisis is indicated by the usual symptoms, although the fever may still have been the determining cause; inasmuch as the patient never regained his wonted health after it. In this case the fever acts as a remote rather than an exciting cause of phthisis, and might more properly have come under remote causes.

The rapid progress of many cases of phthisis, apparently originating in fever, depends upon the existence of tuberculous disease in a latent state previously to the occurrence of the fever, during the convalescence from which symptoms of consumption were first observed. The irritation of the mucous membranes of the lungs and digestive organs which generally accompanies fevers, favours the increase of tuberculous disease already existing; and the state of convalescence is perhaps of all conditions the most favourable to the progress of pulmonary disease. In a subject exhausted and debilitated by an acute disorder, exposure to cold, over-fatigue, &c. may easily determine the production of phthisis.

Another circumstance which often occurs to aggravate and complicate the cases now under consideration, is an attack of pleurisy, pneumonia, or bronchitis, which is a frequent occurrence from imprudent exposure after febrile diseases.

There remains to be noticed a febrile affection peculiar to childhood, at least in its more acute form, which is fraught with the utmost danger, as it proves a frequent exciting cause of tuberculous disease; we allude to what is commonly denominated *Infantile Remittent Fever*. If neglected or improperly treated, it often induces fatal cerebral disease, but more frequently assumes a chronic form; and being essentially seated in the digestive organs, speedily leads to a derangement of the digestive

function and the various secretions connected with it, and moreover renders the child extremely liable to acute attacks of gastric and bronchial irritation, from slight errors in diet, exposure to cold, &c. This affection is considered by Hufeland as so intimately connected with tuberculous disease, that he regards it as a precursor of the scrofulous diathesis, or a sign of its presence, and proposes to name it scrofulous fever. According to his observation, it is most frequent within the two first years of life.*

Eruptive fevers, particularly rubeola, scarlatina, and variola, are attended with still greater danger to persons of a tuberculous constitution than continued fever.

Rubeola.—Bronchial disease, often of a very severe character, forms an essential part of measles; so that we have bronchial irritation superadded to the fever. In early life measles are known to prove a frequent exciting cause of tuberculous disease.

Scarlatina.—Although attended with less bronchial irritation, scarlatina is still a very dangerous disease to young persons disposed to or labouring under the tuberculous diathesis. During convalescence from scarlatina there is a peculiar disposition to inflammation; and pleurisy and pneumonia are easily induced by slight exposure to cold, fatigue, &c., for some time after the eruption has ceased; and the rapidity of phthisis after scarlatina, which was noticed by Morton, is, we believe, chiefly owing to the inflammation of the pleura or lungs being superadded to the tuberculous disease previously existing. It is during the convalescence from these diseases that the great danger is to be apprehended, and the most sedulous care should be taken during that period to guard against exposure to cold and other exciting causes of pulmonary inflammation.

Variola.—Small-pox is generally accompanied with much bronchial irritation, and proves a very fatal disease in the strumous habit; but fortunately we have few opportunities of witnessing the evil consequences of this disease at present. The following remark of Heberden will shew that the influence of the diseases which have just been noticed, in inducing phthisis, did not escape the observation of that sagacious physician: “Fieri potest ut morbilli graviores, vel peripneumonia, vel tussis convulsiva, vel alia adversa valetudo latentia tabis semina excitent, vel etiam gignant, tam in ultimâ senectute, quam in pueritiâ; cujus rei exempla ubique obvia sunt.”†

Several other diseases have been considered causes of phthisis, such as *rheumatism*, *syphilis*, *psora*, &c.; but the observations upon which this opinion rests do not appear to us to have been made with sufficient accuracy to merit notice in this place.

SECT. XI.—OF THE PATHOLOGY OF PHTHISIS, AND OF TUBERCULOUS DISEASES IN GENERAL.

In a certain condition of the system which we have endeavoured to describe under the title of tuberculous cachexia, a peculiar mat-

* *Traité de la Maladie Scrophuleuse*, p. 92.

† *Commentarii*.

ter is poured out by the bloodvessels and deposited in the various tissues and organs of the body. This matter, constituting one of the forms in which the morbid modification of the general system manifests itself, is subject to laws of formation and has physical characters proper to itself, by which it can generally be recognised, however modified in form and appearance by the structure or functions of the part in which it is deposited.

From remote antiquity to the present day, the disease of which this matter constitutes the distinctive anatomical character, has received different names according to its development in particular organs and tissues. In the external glands and in bones, it is commonly called *serofula*; in the lungs, *phthisis*; and in the glands of the mesentery, *tabes mesenterica*, &c. The identity of these affections was only suspected by the ancients from the similarity of the general symptoms, but has been demonstrated by the moderns on the clear evidence of morbid anatomy; an increased attention to which science and the study of the causes of the disease has led pathologists to entertain more accurate opinions and more comprehensive views regarding it.

From the rounded form which this matter assumes in certain situations, it received the very inappropriate name of *tubercle*; a term which is still applied to it by modern pathologists, although it designates an appearance not constant to this but occasionally assumed by other morbid products, and depending rather on the structure of the organs in which it is deposited than on the matter itself; as is clearly shewn in Dr. Carswell's "Illustrations." It occurs perhaps more frequently than any other morbid product; and a proof that it is dependent on a certain morbid condition of the animal economy is to be found in the circumstance that it is often deposited at the same time in various parts of the body,—on some occasions in almost every organ.

Tubercle or tuberculous matter is now, we believe, generally considered as a secretion or deposit depending upon a morbid state of the general system, from the liability to which no constitution, no temperament, age, sex, or race, as we have already seen, is entirely exempt, though the disposition to it is strongest in that condition of the body called lymphatic in the age of infancy, in the female sex, and in the negro race. These and other circumstances of climate, occupation, &c., not only influence its absolute frequency, but have also a powerful effect in determining its development in particular organs or structures, in modifying the course of the disease, and in giving a various character even to the general diathesis by which the disposition to its formation is characterised.

But in whatever point of view we may regard tuberculous cachexia, we shall find its phenomena explicable only by admitting that it depends on a general modification of the whole and every part of the animal economy; and that all notions which regard it as the morbid degeneration of any organ or tissue, or of any particular system, or the morbid modifica-

tion of any single fluid, are necessarily erroneous, and founded on limited views of its nature and laws, and totally inadequate to explain its phenomena.

The deposition of the peculiar matter of tubercle in any of the tissues or organs of the body is only the result of previous changes in the general system, cognizable, as we have endeavoured to show (Sect. II.), by the physical condition of the patient and by a disordered state of various functions,—a condition of body quite distinct from mere debility, and therefore inexplicable on the idea of a difference of force or tone of the system; and which, though very generally accompanied with a feeble organisation, is not inconsistent with too great development and inordinate action of particular parts, and even with considerable physical power of the system.

As tuberculous cachexia appears to be the consequence of an imperfect assimilation of the nutritive matter received into the economy, it is evident that its influence cannot be confined to any part, tissue, or organ, but pervades the whole system, and modifies the entire organism,—the structure of every part and the nature of every secretion. Thus the osseous system is more spongy; the cellular tissue is singularly lax; the muscular flaccid and imperfectly developed; the vascular system is weak and irregular in its actions, and subject to local congestions from the slightest disturbing causes. The circulating fluids also partake of the general disorder; the blood is serous, and deficient in fibrine and colouring matter.* The glandular and lymphatic systems are more peculiarly affected, as being more intimately concerned in the function of nutrition; and hence this system has been by many considered as the seat of the disease. The skin is generally thin and soft, or thick, coarse, and dry, and subject to many diseases apparently arising from the morbid condition of its function of secretion, which is always in tuberculous subjects more or less deranged. The mucous system is peculiarly susceptible of disease; and great discharges of matter, differing more or less from the healthy secretion, are poured forth from the surfaces of the mucous membranes on the application of the slightest causes of irritation or congestion. These we consider as examples and proofs of a defective state of organisation,—the consequence of defective power in the assimilative organs, or an imperfect supply of nutritious matter, &c. This view of the pathology of tuberculous cachexia is that, we believe, generally adopted by the best pathologists of the present day. But Dr. Todd has gone further, and explained his opinion by attributing the formation of tubercles to the deposition of coagulable lymph imperfectly organizable. From his experiments on the reproduction of the amputated members of the lower animals, he is induced to consider coagulable lymph as the matrix of the various tissues of the body.†

* Andral, Anat. Path. Trans. vol. i. p. 535.

† See our work "On the Influence of Climate, &c." pp. 311-314, note.

In the healthy state of the nutritive function each part separates the materials proper for its support, and converts them into its own particular tissue or structure; and the various secretory organs secrete their peculiar fluids in their due quantity and healthy qualities,—some to be applied to the purposes of the animal economy, others to serve as vehicles for eliminating effete and useless matter from the system. Hence, imperfect assimilation on the one hand, or defective secretion and elimination on the other, may ultimately give rise to a state of tuberculous cachexia. Such a condition being once established in the parent, it is easy to conceive what will be its influence on the offspring.

The extended view which we take of tuberculous cachexia, and of its influence on the secretions and on the products of diseased action, inclines us to believe that tubercular deposits are always at first in a fluid or semi-fluid state, and that the concrete form in which they are commonly found arises simply from the absorption of the more fluid part, and is in many situations dependent even on their compression, as is shown by Dr. Carswell; and we have no difficulty in conceiving that the matter formed in certain cutaneous eruptions,—and that thrown off from the free surfaces of mucous membranes, would have assumed all the characters of crude tubercle, had it been confined in the parenchyma of organs, or the extreme bronchial ramifications, &c. When the tuberculous diathesis prevails to a great degree, large depositions of tuberculous matter may take place in many organs of the body about the same time; or irritation of any one organ may determine the production of the disease in that alone, and death may be the result, before other parts of the system are affected.

The foregoing observations, with some slight exceptions, are to be regarded rather as a detail of the more constant phenomena which accompany the progress and development of phthisis, than as an exposition of the real pathology of the disease. In the few remarks which we are now about to make, if we deviate from the sure path of demonstrable fact, we believe that we are still borne out by observation and by the results of practical experience; and we are willing to incur the imputation of yielding a little to theory rather than hazard the chance of leaving unsaid that which, we are disposed to think, may be of practical value to some of our readers.

It is reasonable to believe that the remote causes of phthisis, however variously they may appear to operate, do so by inducing some peculiar or determinate derangement of the system—some positive pathological condition, which, being constantly present wherever tuberculous disease is found, may be regarded as necessary to its production. Although we hesitate not to say, that, in the actual state of our physiological and pathological knowledge, we are unable to define with certainty all the conditions in which tuberculous disease has its origin; we think that it would not be difficult to point out some of the more im-

portant links of the chain which connects special functional disorder with the formation of tuberculous cachexia. On some future occasion we may take an opportunity to enter more fully upon the subject; our limits at present merely permit us to call the attention of the reader to that morbid condition which, in our minds, constitutes the most obvious and important in a practical point of view.

A congestive state of the venous system of the abdomen is the condition to which we refer; it is one which was familiar to the pathologists and practitioners of the last century, and, although it has not been quite overlooked, it has been too much neglected by the moderns. Such of our readers as are familiar with the writings of the German physicians of the middle of the last century, particularly Stahl,* Hoffman,† and above all Kaempf, and his disciples, will be aware of the extensive influence and importance attached to this state of the abdominal circulation, at that time. Referring to those works where the facts upon which the doctrine rests are fully exposed, we shall restrict ourselves here to a few observations more particularly bearing upon the subject of this article, and which it is but justice to ourselves to say were established in our mind as the result of practical observation, before we were aware of the existence of the German doctrines of abdominal infarctus.‡

In children originally of a strumous habit, we observe a constant disposition to this congestive state of the abdominal circulation; and unless we succeed in obviating it, they become tuberculous and die early in life. In youth we find the same state of congestion as a precursor of tuberculous cachexia; but it is during the middle period of life, from thirty-five to fifty, that it is accompanied with more marked symptoms, such as dyspepsia with its various concomitants, which exist often for a very considerable time, and not unfrequently obscure the pulmonary affection till tuberculous disease has made considerable progress. This is the form of the affection which has been denominated *dyspeptic phthisis*; and if

* See his "Vena Portæ, Porta Malorum."

† Med. Rat. t. i. s. l. cap. viii.

‡ John Kaempf, the original improver, if not author, of this doctrine of *abdominal infarctus*, and of its peculiar treatment by clysters, did not himself publish any work on the subject. The doctrine was first made known in the inaugural dissertation of his eldest son (also named John) *De infarctu vasorum ventriculi*, published at Basil in 1751. It was afterwards more fully developed in the dissertations of Koch, *De infarctibus vasorum in infimo ventre*, Argent. 1752; of Schmid, *De concrements uteri*, Basil, 1753; of Elvert, *De infarctibus venarum abdominalium*, Tubing. 1754; of Faber and Brobeck, *Uterior expositio novæ methodæ Kaempfianæ*, Tubing. 1755; of G. L. Kaempf (the second son), *De morbis ex atrophia*, Basil, 1756; and, finally, in the treatise published in his native language by John, the eldest son, entitled *Frer Aertze und Kranke bestimente ab hardlung*, &c. Dessau, 1784-8. The best of these dissertations, viz. those of J. Kaempf, Koch, Elvert, and Faber and Brobeck, are reprinted in the third volume of *Baldinger's Sylloge*, Gott. 1778.

the term referred merely to the cause of the pulmonary disease, there would be little harm in retaining it,—but if used to designate a species of phthisis differing from the tubercular, we consider it decidedly objectionable; because, however prominent the dyspeptic symptoms may be, tubercular disease of the lungs is the cause of death. While we admit to the fullest extent the necessity of attention to the state of the digestive organs, we must object to the pathological view which limits the attention of the practitioner to the dyspeptic affection, neglecting other and equally essential parts of the treatment. We do not know such a disease as dyspeptic phthisis as constituting a particular species; but we are well acquainted with that form of tubercular phthisis which is long preceded and accompanied in its progress by dyspepsia. Indeed, tubercular phthisis rarely occurs in the middle period of life without this complication; but it cannot be doubted that the deranged condition of the digestive organs is, in these cases, very often a mere consequence of a long pre-existing state of congestion of the venous system of the abdomen; and which, if not corrected by more efficient measures than those generally applied to relieve the dyspeptic symptoms, may soon terminate in pulmonary consumption. The profession are highly indebted to Dr. Wilson Philip for calling their attention to the congestive state of the hepatic system, and pointing out some of the most effectual means of obviating it; but we cannot admit that his dyspeptic phthisis differs in its nature from common tubercular phthisis.

The effects of congestion and derangement of the abdominal viscera have long been remarked as causes of phthisis: they were regarded by Kaempfer and his disciples as giving rise to most of the chronic diseases of the chest. Portal observes that it is certain that engorgement of the liver and other affections which derange the secretion and even excretion of the bile, may become a cause of pulmonary phthisis; and several other authors have remarked the connexion of phthisis with abdominal disease, but in a manner so vague and undefined as to attract little attention.

Abdominal plethora, when once established, gives rise to a series of deranged functions in the digestive organs, the lungs, skin, &c., which, by impeding digestion and assimilation, affect the whole animal economy. These are manifested in imperfect biliary secretion, constipated bowels, and irritated mucous surfaces, in congestion of the lungs, and a dry and harsh state of the skin. In consequence of the overloaded condition of the venous system, the heart, generally feeble in the tubercular constitution, is oppressed, and the arterial circulation impeded and enfeebled. In this state of the system, very slight exciting causes induce disease, especially inflammation and hemorrhage; hence arises the constant liability of strumous subjects to inflammatory diseases of a sub-acute and chronic character, and hence also we derive an ex-

planation of the hemorrhages to which they are peculiarly liable even at a very early age. The same pathological state of the abdominal circulation forms the remote cause of the various congestive and chronic diseases so common in the strumous subject; such as glandular swellings, cutaneous eruptions, &c. &c.

SECT. XII.—PREVENTION OF TUBERCULOUS DISEASES.

We have stated our views so fully respecting the nature and causes of tuberculous diseases, that it is unnecessary to enter into minute details on the subject of prevention: we shall, therefore, confine ourselves to some general remarks regarding the principal circumstances which require the attention of the physician who may be called upon to lay down rules respecting this most important subject.

The first question that suggests itself under the head of prevention regards Hereditary Transmission, and involves the consideration of two distinct objects;—the first being to check the transmission of the disease by the parent to the offspring; the second, to prevent the disease in children born with the constitutional predisposition to it.

1.—*Prevention as regards Parents.*

We have already endeavoured to show in the section on the Causes of Phthisis, that it is not necessary that the parents should be the subjects of tuberculous disease in order to transmit the tuberculous constitution to their children:—the belief that scrofulous parents only have consumptive children is an error that cannot be too soon corrected. We have also shown that a deranged state of health in the parent from many different causes, may render the offspring predisposed to the disease before us.

Every member of the profession, by observing what is daily passing before him, may see numerous proofs of the truth of this statement: he will find that when the parents are unhealthy, the children are so likewise, and that the latter often show evident signs of the tuberculous constitution when the former have no symptoms of it. The children of parents who have suffered long from dyspeptic complaints, gout, cutaneous affections, or any other form of disease which has influenced the general system, are very frequently the subjects of tuberculous disease, or of such derangements as dispose to tuberculous cachexia. When both parents are affected, this result is brought about with more certainty.

Marriage.—In order to prevent effectually the extension of tuberculous disease, it is essential that we should in the first place direct our attention to the health of the parents:—were they convinced that the health of their children depended upon their own, a beneficial effect might be produced among the more reflecting part of mankind, and especially among families of a strumous habit. If more consideration were bestowed on matrimonial alliances, and a more healthy and natural mode of living were adopted by persons in that rank of life which gives them the power of regulating their mode of living

according to their own choice, the predisposition which is so often entailed on their offspring might be checked, and even extinguished in their family, in the course of a few generations. In the present state of society, the reverse of this very commonly happens; and from the total disregard of the precautions alluded to, the third generation often terminates the race. The children of dyspeptic persons generally become the subjects of dyspepsia in a greater degree and at an earlier period than their parents; and if they marry into families of a delicate constitution, their offspring become highly tuberculous and die of phthisis in early youth or even in childhood. We could at this moment adduce many examples of this melancholy fact; but it is consolatory to know that it is an evil which may be in some measure obviated or removed. This extinction of families may, we believe, be prevented by judicious intermarriages with healthy persons. Families already predisposed to tuberculous disease should at least endeavour to avoid matrimonial alliance with others in the same condition; but above all they should avoid the too common practice of intermarrying among their own immediate relations,—a practice which is at once a fertile source of scrofula, a sure mode of deteriorating the intellectual and physical powers, and eventually the means of extinguishing the degenerated race. "There can be no question," says Dr. Mason Good, "that inter-marriages, among the collateral branches of the same family, tend more than any thing else to fix and multiply, and aggravate hereditary predisposition. And hence, nothing can be wiser, on physical as well as on moral grounds, than the restraints which divine and human laws have concurred in laying on marriages between relations."* It would also be well if all persons who contemplate marriage were aware of the necessity of attending to their state of health previously to, and after the adoption of this change of life. The dyspeptic should have recourse to those means which are calculated to restore the functions of his digestive organs; the gouty subject should renounce the well-known causes of his disorder; and those who are afflicted with organic disease, more especially with consumption, should pause before they enter into a contract which can only entail disease and unhappiness on all concerned.

The medical practitioner alone sees, or at least comprehends the extent of misery originating in marriages of this description; he will, therefore, appreciate the justness of these remarks, although he will acknowledge the difficulty of enforcing them on the practical consideration of the public. We are well aware that the mass of mankind are far too reckless to attend to any precautionary measures on the subject, even though perfectly satisfied of their truth and necessity; still there is a small proportion on whom we are inclined to think these cautions may not be wholly thrown away. It must not be forgotten that

this is not merely a question which has reference to private feelings and social happiness, but one of great public importance, involving at once the well-being of society, and the moral as well as the physical character of nations.*

Pregnancy.—There are certain rules of management and conduct which it is necessary for every Mother to pursue during pregnancy. Far too little regard is paid by females to their health during this most important period of their lives, and they are in general little aware of the influence of their own health upon that of their children. From the commencement of pregnancy, every female, especially if she is delicate or belongs to a strumous family, should regard her health with more than common solicitude. She should take daily exercise in the open air suited to her strength, and when circumstances permit, we would recommend that she should pass the period of pregnancy in the country.

It has often been imagined that females during the state of pregnancy require a fuller diet than that to which they have been previously accustomed. This is a great error as a general rule: increase of diet is not necessary or beneficial; on the contrary, it is often useful to reduce the usual quantity of food, especially in the advanced months, a period during which stimulants of all kinds are generally hurtful. There is an increased activity in the system of the pregnant female, which, so far from requiring any additional increase from art, more frequently renders it necessary to diminish the stimulants in common use.

Crowded assemblies of all kinds, public spectacles and theatrical exhibitions, in short every thing calculated to excite strong feelings, to depress the mind, or excite the passions, ought to be sedulously avoided. There are numerous other circumstances regarding the conduct of females during pregnancy which do not come within the province of this article: these it will be the duty of the medical attendant to point out and enforce. He should particularly impress upon the attention of the young mother, that the health of her infant depends upon her own, and that from the commencement of pregnancy she is to consider herself responsible in a great degree for the health of her offspring.

II.—*Prevention as regards Children.*

Although we are not acquainted with any direct remedies for the constitutional predisposition to tuberculous disease, there can, we think, be no doubt that we are possessed of the means of correcting it in many instances in an indirect manner.

By placing the predisposed child in circumstances the most favourable to health, as regards nourishment, air, exercise, &c.; by removing functional derangements as they occur, and by maintaining especially a healthy condition of the digestive organs, we may improve the constitution so as to overcome the hereditary pre-

* We beg to refer to the valuable little work of Mr. Belinaye, on the "Sources of Health and Disease in Communities," for some very judicious remarks on this subject.

* Study of Medicine, vol. v. p. 35.

disposition. By the measures now referred to, we are persuaded that a large proportion of such children might be saved, although it is perhaps not beyond the truth to say that five-sixths perish under the present system of management. In proceeding to develop more fully the measures which we deem essential in the accomplishment of this object, we are well aware that many of our recommendations will unfortunately be beyond the means and attainment of the public at large; but nevertheless we feel called upon to state them without regard to individual exceptions, as they are in our opinion the most effectual means of prevention when circumstances admit their application.

In order to render our observations more practical, we shall apply them to the different periods of life: this will, no doubt, give rise to some repetitions; but these are unavoidable in treating of a disease the causes and remedies of which vary so much at different ages.

1. *Prevention of the disease in Infants.*—During the growth and development of the body, all those measures which are known to contribute to the general health must be adopted, in order to prevent tuberculous disease in an infant born with the predisposition to it. The rules for governing the health of strumous infants are nearly the same as for others; but they require to be more rigidly enforced and more strictly attended to. Unless the child of tuberculous parents be reared with the greatest attention to every circumstance which can contribute to health, he has but little chance of reaching maturity without becoming the subject of tuberculous disease.

Nursing.—If the infant derives the strumous constitution from both parents, or from the mother only, he should be suckled by a young healthy nurse; but should the disposition to disease be derived entirely from the father, and the mother's health be unexceptionable, she should suckle her own child. It is always satisfactory when this can be accomplished, as it is, with few exceptions, the plan most agreeable to the mother; and if her mode of living be consistent with her duties as a nurse, it will be far better for the infant: but all these contingencies require consideration before we decide on the plan which it is desirable to adopt. We do not enter upon the moral consideration of the question,—we merely speak of it in a medical point of view; and we are satisfied that when the mother's health renders her unfit to nurse her child, or her habits or mode of living are such as to prevent her from adhering to those regulations by which every nurse, whether mother or not, should abide, it is much better for the health of the infant that he should derive his first nourishment from the breast of a stranger.

The arguments advanced in favour of the opinion that every mother should nurse her own infant, appear very plausible, and would be perfectly just if every mother enjoyed that state of health which renders her fit for such a duty. In the present state of society, however, this is far from being the case, and we

therefore consider it better for the delicate mother herself, and infinitely so for her child, that she should at once renounce a task for which her constitution renders her unfit, than struggle on for a few months in an attempt which may injure her own health and destroy her infant. Half measures, so often recommended in such cases, are always unwise; they generally end in the child being fed by hand in place of being suckled,—a plan which never fails to injure the health of a strumous infant. We would therefore lay it down as an invariable rule, that the child of a consumptive mother or of one in whom the strumous constitution is strongly marked, more particularly if it be attended by decided scrofulous disease, should be suckled by another woman, and that the period of nursing should generally range from twelve to eighteen months, or even longer. We recommend the suckling to be continued for this length of time, partly with a view to enable the infant to pass over the dangerous process of teething with greater safety: indeed the strumous infant should not be weaned till the first set of teeth have appeared; he should have no food in general but the nurse's milk till he is six months old at least, and for some time after this it should be of the lightest quality, and constitute a small proportion of his nutriment.

It is almost unnecessary to add to these remarks that the selection of a nurse for a tuberculous infant deserves especial attention. She should be young, healthy, and free from all suspicion of a strumous constitution, and her child should not be older than that which she is required to nurse. She should take daily exercise in the open air; her regimen should not differ much from that to which she has been accustomed, and any change which is made in it should be gradual. It is erroneous to suppose that women when nursing require to be much more highly fed than at other times: a good nurse does not need this, and a bad one will not be much better for it. The quantity which many nurses eat and drink, and the indolent life which they too often lead, have the effect of deranging the digestive organs, and frequently induce a state of febrile excitement, or a premature return of the catamenia.

Dress, Bathing, &c.—The dress of all infants should be carefully suited to the season. The whole surface, particularly the extremities, should be well protected during cold weather: the notion that infants may be hardened by exposing them to the air in a half-covered state is false in the case of all children, and leads to pernicious consequences in those of a delicate constitution.

Much has been said and written in favour of cold bathing; and authors who have laid down rules on this subject have adduced in support of the practice the customs of savage nations, altogether overlooking the difference in the condition of infants in civilised life. The object of washing and bathing children is two-fold; the first and most important being that of cleanliness, especially in the tuberculous infant, in whom it is essential that the cutaneous functions should

be maintained in a state of healthy activity. At first the infant should be washed with warm water, and a bath every night, with the view of thoroughly cleaning the body, will be beneficial; by degrees the water with which he is sponged in the morning may be made tepid, but the night bath should be continued of such a temperature as to prove grateful to his feelings. The second object in bathing being to brace and strengthen the infant, he may, as his age increases, be sponged with cold water, or even plunged into it, every morning during the summer with advantage. The judicious adoption of this plan, along with subsequent friction of the body with flannel, is, we believe, one of the most effectual means of strengthening children; but its effects must be carefully watched, as all children will not be equally benefitted by cold bathing, and the health of some may even be injured by it.

Air.—As we regard the respiration of a deteriorated atmosphere one of the most powerful causes of tuberculous cachexia, so we consider the respiration of pure air an indispensable requisite for strumous children; indeed, without this all our efforts to improve their health will fail. Too much attention, therefore, cannot be paid to the construction and ventilation of the child's apartments: the room in which he sleeps should be large and well-proportioned, the air should be frequently renewed, and his bed should not have more curtains than are necessary to guard against currents of air. The custom which prevails in this country of surrounding beds with thick curtains is most injurious to health; and it is to this habit, and to the heated atmosphere of their bed-rooms, that the languor and bloated appearance of many young persons, on first awaking in the morning, is in a great measure to be attributed. The bed-rooms should be large in all their dimensions, they should be in an elevated part of the house, and so situated as to admit a free supply both of air and light: those apartments to which the sun's rays and the refreshing breeze have free access, are always the most healthy and desirable.

The proper time for carrying an infant into the open air must be determined by the season of the year and the state of the weather. A delicate infant born late in the autumn will not generally derive advantage from being carried into the open air, in this climate, till the succeeding spring; and if the rooms in which he is kept are large, often changed and well ventilated, he will not suffer from the confinement, while he will most probably escape catarrhal affections which are so often the consequences of the injudicious exposure of infants to a cold or humid atmosphere.

Residence.—It is almost unnecessary to say, that when an infant can be suckled in a healthy situation in the country, it is, *ceteris paribus*, far preferable to the town; but the choice of situation requires so much judgment and is so little regarded, that we trust to be excused for offering a few remarks in this place on the rules by which it should be regulated.

There is no circumstance connected with health, concerning which the public are, in our opinion, so ill informed, as the requisites of a healthy residence, both as regards the local position and the internal construction. In this island we have chiefly to guard against humidity, on which account our houses should not be built near water, especially when stagnant, and, still less, near marshes.

Large trees, which are both an ornament and an advantage at some distance from a house, become injurious when so near as to overshadow it, or prevent the air from circulating freely around it, and through its various apartments. The atmosphere of a building overhung by trees, or surrounded by a thick shrubbery, is in a state of constant humidity, except in the driest weather; and the health of the inmates rarely fails to suffer. The natural moisture of the country arising from the humid state of the soil and vegetation, is greatly increased by such an injudicious mode of planting; an artificial atmosphere is thus created which renders a situation of this kind much less healthy than the more open parts of large towns. It is not generally known how limited may be the range of a damp unhealthy atmosphere; a low situation surrounded by trees may be capable of inducing tuberculous disease in an infant, whereas a rising ground a hundred yards distant may afford a healthy site for his residence. The dryness of the air in towns, which is the consequence of good drainage and an artificial soil, is at once the safeguard of the inhabitants, and a compensation, in some measure, for the want of that unimpeded circulation and renewal of pure air which the country alone affords.

2. *Prevention of the disease in Childhood.*

—During the period of childhood the same unremitting attention is necessary to the circumstances just mentioned under the head of infancy. The important process of teething being fairly passed, the food of the child ought to be regulated chiefly by the state of the digestive organs. In proportion to the delicacy of the child, the diet will in general require to be mild; when he thrives upon farinaceous food, milk, and light broths, no stronger or more substantial diet need be used during the first two years of life:—when he looks healthy, and grows, and his bowels are regular (for this is one of the surest indications that the food is suited to the digestive organs,) we have the best proofs that the diet agrees with him. When, on the other hand, the child appears heated or flushed towards evening, when he drinks greedily and more than is usual in children of the same age, and when his bowels do not act regularly, we may be assured that there is something wrong in the regimen employed.

There is no greater error in the management of children than that of giving them animal diet very early in life. To feed an infant with animal food before it has teeth proper for masticating it, shows a total disregard to the plain indications of nature in withholding such teeth

till the system requires their assistance in masticating solid food. Before that period, milk, farinaceous food, and broth afford that kind of sustenance which is best suited to the digestive organs, and to the nourishment of the system. The method of grating and pounding meat as a substitute for chewing, may be well suited to the toothless octogenarian, whose stomach is capable of digesting it; but the stomach of the young child is not adapted to the digestion of such food, and will be disordered by it. When the child has the means of masticating, a little animal food may be allowed; but at first it should be of the lightest quality and given on alternate days only, and even then its effects should be watched; for all changes in the regimen of children should be gradual.

The frequent origin of scrofulous disease in defective nourishment has led to the opposite extreme; and children who are disposed to tuberculous disease are too often subjected to a system of overfeeding, which induces the disease it is intended to prevent. By persevering in the use of an overstimulating diet the digestive organs become irritated, and the various secretions immediately connected with digestion are diminished, especially the biliary secretion; at least the sensible qualities of the bile enable us to observe it best. Constipation of the bowels soon follows, congestion of the hepatic and abdominal veins succeeds, and is followed by the train of consequences which have already been detailed. It would be well if the advocates of the system of high-feeding would bear in mind the salutary adage, *corpora impura quo plus nutries, eo magis lædis*.

Exercise.—When the child has acquired sufficient strength to take active exercise, he can scarcely be too much in the open air; the more he is habituated to this, the more capable will he be of bearing the vicissitudes of the climate. If children are allowed to amuse themselves at pleasure, they will generally take that kind and degree of exercise which is best calculated to promote the growth and development of the body. When they are too feeble to take sufficient exercise on foot, riding on a donkey or pony forms the best substitute: this kind of exercise is at all times of infinite service to delicate children; it amuses the mind and exercises the muscles of the whole body, and yet in so gentle a manner as to induce little fatigue. Young girls should be allowed, and even encouraged to take the same kind of exercise: it is chiefly the unrestrained freedom of active play that renders boys so much less subject to curvatures of the spine and other deformities than girls,—a large proportion of whom are more or less mishapen, in consequence of the unnatural restraint which is imposed upon them in their exercise and dress.

The clothing of young persons requires particular attention, and must of course be regulated according to the season. The winter dress should be early resumed and laid aside late. It is in spring and autumn that the vicissitudes of our climate are greatest, and congestive and inflammatory affections most com-

mon: this is peculiarly the case in the spring, which is also the season when local strumous affections are most liable to occur in constitutions disposed to them. Flannel next the skin is in our opinion not only proper but generally necessary: it may be put off with advantage during the night, and cotton may be substituted during the summer, the flannel being resumed early in the autumn.

Education.—The education of strumous children requires much judgment and consideration; no such child should be condemned to pass the greater part of the day in the close apartments of a crowded school until he has attained his ninth year at least.

We consider that the hours of confinement in schools are much too long for the purposes of instruction, and might be abridged with great advantage to the health of the children; the young mind is easily wearied, and it is not sufficiently considered that the intellectual development ought for a time to give way to the physical improvement of delicate children. School-rooms should be large and lofty, so as to insure ventilation without the risk of exposure to currents of cold air, for the impure atmosphere which too commonly prevails in schools is an unfailing source of injury to health. During the first years of education, children should be allowed a little relaxation and play at intervals in the school hours.

At no period of youth should education be pushed beyond its proper limits or the mind be worked above its powers; the welfare of the pupil demands the observance of this rule on the part of the master as well as the parents, more especially when the child belongs to that class of strumous children whose intellects are preternaturally acute. Unfortunately, however, these are generally the pupils selected by the master to do credit to his establishment; every means are taken to encourage the premature manifestation of mind and to stimulate the child to renewed exertions; and thus health, and even life, is often sacrificed at a period of brilliant promise, when the hopes of friends are buoyed up by the fallacious expectation of a harvest which a more rational system of education might have realized.

In some cases, however, the mischief resulting from this cause does not make its appearance at this early age; we have met with many distressing examples of young men, who, after years of close application at school, had entered upon their studies at the university with the same unabated zeal, but were soon compelled by the sudden failure of their health to abandon their literary pursuits and the prospects which they had in view. The more we have seen of the prevailing system of management in schools, the more have we been persuaded that no subject more deserves the attention of parents than the education of strumous children; and, however laudable may be their desire to see the minds of their offspring highly cultivated, it should be checked by the knowledge that this object can only be attained by the sacrifice of health, and too often by the loss of life. "The

time," says Dr. Beddoes, "is not perhaps far distant, when parents shall discover that the best method of cultivating the understanding, provides at the same time most effectually for robustness of constitution; and that the means of securing both parts of the comprehensive prayer of the satirist,—*ut sit mens sana in corpore sano*—are identical."

The consequences which we have just noticed as arising from the erroneous system of education in the schools for boys, prevail in a greater degree, and are productive of more injury in female boarding-schools. If the plans pursued at many of these establishments were intended to injure the health of the pupils, they could not be better contrived to effect that purpose. The prevailing system of female education is indeed fraught with most pernicious consequences:—at a period of life when the development of the physical constitution demands the most judicious management, young girls are sent to schools in which no other object appears to claim consideration than the amount of mental improvement, or rather the variety of accomplishments with which they can be stored. At an early hour in the morning the pupil is set down at the piano or the drawing-table, where she remains in a constrained position, often in a cold room, till the whole frame, and more especially the lower extremities, become chilled:—the brief relaxation during the short space allowed for meals and the formal walk, are insufficient to restore the natural warmth of the system; and it often happens that girls are allowed to retire to their room at bedtime with their feet so chilled as frequently to prevent sleep for hours. Those who are acquainted with the boarding-schools of this country will allow that this is no exaggerated picture of many of them. A delicate girl submitted to such a regimen cannot escape disease.

While school-boys have the advantage of a play-ground, or enjoy their recreation at pleasure in the open fields, the unfortunate inmates of a female boarding-school are only permitted to walk along the footpaths in pairs in stiff and monotonous formality, resembling, as Beddoes justly remarks, a funeral procession, and wanting nothing to funereal melancholy but sables and the hearse. The consequence is, that the muscles of the upper extremities and those which are chiefly concerned in the support of the trunk are rarely called into active play; they do not acquire strength as the body increases in stature; they remain weak and unequal to the task of supporting the trunk in the erect posture. A curved state of the spine is generally the consequence; and this, by altering the position and form of the thorax, renders the respiratory movements imperfect; the capacity of the chest is diminished, and the lungs are consequently more liable to congestion, and the diseases which are its consequences.

While the natural form of the body is thus destroyed, the derangement of the general health is manifested by the paleness of the countenance, the dry and coarse appearance of the skin, costive bowels, and cold extremities. In

short, all the requisites for the production of struma may be found in a large proportion of female boarding-schools, where the system we have described is pursued.

There are many exceptions to this system of boarding-school education, and the number would no doubt be considerably increased if the conductors of such schools were aware of half the misery they inflict on the young committed to their charge. In the establishments to which we allude, as being conducted on different principles, the cultivation of the mind and the acquirement of the various female accomplishments are not the only objects of pursuit; the health of the girls forms, as it ought, the first and paramount consideration.

The time devoted to study by the present system should be greatly abridged, and that allowed for exercise augmented in proportion. The situation and construction of the school should be free from all the objections which we have already pointed out, and the exercise should be such as to call into action every muscle of the body in succession. The clothing during the winter must be warm, and every means should be adopted to guard against coldness of the extremities. The pupils should not be allowed to sit so long at one time as to induce this state, nor to go to bed with chilled feet. Were we to select any one circumstance more injurious than another to the health of young girls, it would be cold extremities, the consequence of want of active exercise and the prevailing and most pernicious habit of wearing thin shoes while in the house. A warm bath should form a necessary appendage to every boarding-school, and every girl should enjoy the benefit of it occasionally. A large, lofty, and well-ventilated room should be set apart for the express purpose of exercise, when the weather is such as to prevent it in the open air. We believe that a system of gymnastics is quite as necessary in the schools for girls as they are in those for boys; and, although they need not be carried so far as in the latter, they should be sufficiently varied to give free exercise to the trunk and arms, so as to expand the chest and strengthen the back. If the girl has any tendency to curvature of the spine, those exercises which are employed to cure this deformity should constitute a part of the daily gymnastics. To the room devoted to these exercises, the younger girls should be allowed to retire for a short time during the usual hours of school and amuse themselves at pleasure. This latter recreation we consider of the utmost importance: it must nevertheless be understood that no exercise is to be considered a substitute for that which is enjoyed in the open air; and for this reason every female boarding-school ought to have a play-ground, where the pupils may choose their own amusements, and play without restraint.

It is almost unnecessary for us to observe that all tight-dressing is utterly incompatible with the extent and variety of exercise which we recommend, and must therefore be discarded. The idea that young females require stays as a means of support is admitted by all

medical men to be most erroneous, and only tends to perpetuate a practice which is productive of much evil and frequent deformity; especially at that unfortunate era, when, as Dr. Beddoes remarks, "the girl is taken up to be manufactured into a lady." If girls were properly exercised in the open air, and strengthened by the various means which are within the reach of all, and which nature points out to us as best, stays would not be necessary before the body is fully matured, and would even then be scarcely wanted.

The measures which we have suggested appear to us to be practicable, and could not fail to be productive of much good. We believe that if a judicious system of management were pursued in every boarding-school, the opprobrium which has so long attached to them would not only be removed, but they might be made the means of improving the general health of the pupils, and even of correcting the scrofulous constitution, and would thus become the source of much future happiness both to the children and their parents.

When we take a comprehensive retrospect of the nature and causes of consumption, the claim of this subject to our best attention will be fully apparent; and in urging it on the consideration of the profession, we would remind them that the most important object of physical education in this country, as Beddoes justly remarks, unquestionably is to guard against all tendency to consumption; and that it is only through their exertions that the desired improvements can be effected.*

Before we conclude these remarks on the education of youth, we would advert to the great and paramount importance of the choice of a profession. There may be some advantages, as our great moralist contends, in fixing a young person, from the first dawn of thought, in a determination to some state of life; but we consider that it is far more essential that the parent should pause in selecting a profession for his son before he has fully ascertained that his health and physical capacity are sufficient to sustain the duties inseparable from it. So little is this now considered, that the most unhappy results are very frequently produced by the ill-judged selection of professions without any regard to health.

3. *Prevention of the disease in Youth.*—The period of life which extends from youth to adult age, from about the eighteenth to the twenty-fifth year in males, and the sixteenth to the twenty-second in females, is one of great importance as regards persons predisposed to phthisis. If their health has suffered by mismanagement in education, or from other causes, during early youth, the system very often begins to show it about the period of puberty

in a remarkable manner. The development of the body which should naturally take place at this epoch, and which in healthy persons is accompanied with an increase of strength and vigour in the system, is often delayed in such persons beyond the usual age, or imperfectly accomplished. If, therefore, they remain weak and thin, or look unhealthy after the period of puberty, they are in great danger of falling into tuberculous cachexia; this more especially happens in young persons who have been hard-worked at school, or kept much at sedentary occupations.

Under these circumstances, the utmost care will be necessary to prevent tuberculous disease. A strict inquiry should be made into the state of every function, and more especially of those connected with nutrition. The condition of the digestive organs and skin requires especial attention, because they are most commonly deranged: the tongue will very often be found furred; the alvine evacuations irregular; and the skin dry, harsh, and affected with eruptions, particularly with *acne* in its various forms:—in young females the catamenia will be found either to be imperfectly established, or not to have appeared. Such are the common symptoms presented to us in these cases, but they admit of considerable variety in different constitutions and temperaments.

The absolute necessity of attending to these early indications of tuberculous cachexia cannot be too strongly impressed by medical men upon the consideration of parents, in order to save the young persons to whom we allude. We have no doubt that a very large proportion of our youth who fall victims to phthisis from twenty to thirty years of age, might be saved by a timely adoption of the simple measures which we shall presently point out, and which are, in some degree, within the power and reach of all.

In the constitutions to which we allude, the pulse is generally feeble; the veins are largely developed; and the change in the balance between the arterial and venous circulation, which in others occurs only after the middle period of life, takes place in such persons before they have reached maturity, and hence we derive an explanation of many of their diseases. The chief object in our preventive treatment ought to be the maintenance of a healthy condition of the chylipoietic system, and an active state of the pulmonary and cutaneous functions; for which purpose very simple and available remedies are found beneficial: combined with these, warm bathing, frequent friction of the surface, exercise in the open air, and above all on horseback, along with a residence in a healthy part of the country, will often in a few months produce the most beneficial effects.

There is one kind of exercise which has not been sufficiently attended to in the prevention of pulmonary disease, but which deserves particular notice in this place; we mean the *exercise of the respiratory organs* themselves and of all the muscles employed in the pro-

* We would strongly recommend the careful perusal of Dr. Andrew Combe's excellent work on "The Principles of Physiology applied to the Preservation of Health, and to the improvement of Physical and Mental Education." It is far superior to any work of the kind that we have met with;—it ought to be familiar to every schoolmaster and schoolmistress, and cannot be too generally read.

cess of respiration:—the great object of this is to expand the chest and ensure the full action of the lungs.

Dr. Autenrieth, of Tübingen, according to Sir Alexander Crichton, first recommended the practice of improving the narrow and contracted chest by deep and frequent inspirations. He advised his patients to place their hands upon some solid support, and to exercise themselves by taking repeated deep inspirations; but cautioned them against carrying this so far as to produce pain.* We are in the habit of recommending the full expansion of the chest in a manner somewhat different from that of Autenrieth; we desire the young person while standing to throw his arms and shoulders back, and while in this position, to inhale slowly as much air as he can, and repeat this exercise at short intervals several times in succession: when this can be done in the open air, it is most desirable, a double advantage being thus obtained from the practice. Some exercise of this kind should be adopted daily by all young persons, more especially by those whose chests are narrow or deformed, and should be slowly and gradually increased. Fencing, the use of dumbbells, and similar modes of exercising the arms, will also be eminently useful in attaining the important end we have in view; but they should never be carried so far as to induce fatigue or uneasiness. If regularly employed by boys under this necessary restriction, they would not merely expand the chest, but would tend to remove that disproportionate development of their upper and lower extremities which we so frequently observe in youth. By thus exercising the upper extremities and the muscles of the trunk, and inflating the lungs to their full extent, the chest and pulmonary organs will acquire their due proportions. We also consider exercises of this description particularly necessary to persons engaged in occupations which require a bent or stooping posture; and especially to those mechanics, as tailors and shoemakers, whose constrained position seldom allows the upper parts of the lungs to be fully expanded.

Reading aloud and public recitation will also, when prudently employed, be useful in strengthening the pulmonary and digestive organs, and in giving tone and power to the voice. The clear and distinct enunciation which is acquired only by long practice, is seldom found associated with pulmonary disease, and we are therefore inclined to commend the practice of recitation and elocution at schools. It would, we believe, be difficult to cite the example of any great orator who died of pulmonary disease, while many might be adduced whose health was improved and their life prolonged by the beneficial effects of this exercise. Cicero was disposed to phthisis in early life, and Cuvier attributed his exemption from pulmonary disease, to which he was expected to fall a sacrifice, to the increased strength which

his lungs acquired in the discharge of his duties as a public lecturer.

Many of the modes of exercising the pulmonary organs which we have just described will be equally useful to young females, although they will not require to be carried to so great an extent. We consider the ancient and well-known game of battle-door and shuttlecock one of the very best exercises which can be adopted by them within doors.

Although we so highly approve of every judicious means of exercise, we would strongly condemn those which require excessive bodily exertion, such as climbing precipices, &c. and which have been sometimes recommended for the prevention of phthisis. These violent measures undoubtedly exercise the lungs, but they at the same time excite the action of the heart, and render it liable to be oppressed by the blood being suddenly forced upon it by the inordinate muscular exertion. We consider all such violent exertion fraught with danger: indeed we have met with several cases of diseased heart in young persons, apparently originating in forcible and long-continued exertion, as in boat-rowing, &c.

Of course, all these modes of exercise are quite incompatible with the existence of organic disease; it will therefore be incumbent on the medical attendant to ascertain the actual condition of the lungs before he recommends the adoption of any measures which would tend to aggravate the disease of which those now proposed are merely preventives.

There are also other rules relating to this important period of life which the medical attendant will not fail to keep in mind in laying down directions for his patient; but these are so obvious that it is unnecessary for us to enter on them here.

Remedial measures.—We have already seen that it is about the period of puberty that phthisis so often occurs and tuberculous cachexia is established; this, therefore, will be the proper place to consider the utility of those remedies which have been adopted for the cure of this morbid state of the constitution and for the prevention of phthisis. The utility, however, of these remedies is not confined to this period of life; they may be employed at any age, almost from infancy, when the circumstances of the patient indicate their use; and some of them, although ranked among preventives, are often applicable in the early stages of phthisis.

1. *Alteratives.*—We first notice this important class of remedies, both on account of their very general employment, and their beneficial effect on the health.

The remedies which we shall notice under this head are Mercury, Taraxacum, Sarsaparilla, Antimony, Sulphur, Mineral Waters, Alkalies, Lime-water, and the Murates of Lime and of Barytes.

Mercury.—The influence of this medicine on the secreting functions of the liver renders it, when properly administered, a very valuable remedy in the tuberculous constitution; but if, on the other hand, it be carried beyond its alterative effect on the hepatic system, it seldom

* Crichton, op. cit. p. 137.

fails to prove injurious; it requires, therefore, to be administered with great caution to persons of a tuberculous constitution. We give the preference to its milder preparations, such as the hydrargyrum cum cretâ; this, or the pilula hydrargyri given in such doses and at such intervals as shall prevent its producing irritation of the mucous surfaces of the alimentary canal, and followed by the employment of some gentle laxative, will be very useful in all those cases in which an imperfect biliary secretion and a torpid state of the bowels are prominent symptoms. It is usually, and we think very properly, prescribed in combination with some narcotic medicine, such as hyoscyamus or conium; and in our opinion it should always be followed by an aperient. Dr. Wilson Philip has recommended mercurial alteratives in small doses for the cure of hepatic congestion in a species of phthisis which he considers to originate in dyspepsia. We have already stated our opinion on this form of disease, but entertain no doubt of the existence of the hepatic congestion as a precursor of tuberculous disease of the lungs. In such cases a judicious employment of mercurial alteratives with aperients, and a well-regulated diet, may relieve the abdominal plethora, and thus remove congestion of the lungs. Although we cannot adopt Dr. Philip's views respecting the mode in which hepatic disease is communicated to the lungs, we agree with him that minute alterative doses of mercury, if used with judgment and discretion, may often produce the most salutary effects in threatened or incipient phthisis.* Beyond this stage the practice can only be palliative; although it may afford relief, it cannot cure tuberculous disease of the lungs, and unless employed with much discretion may be productive of mischief.

Taraxacum.—We consider this a very valuable medicine in tuberculous constitutions, from its power of diminishing abdominal plethora, and its especial influence on the urinary and biliary secretions. Hufeland strongly recommends taraxacum every spring in the treatment of scrofula, and the translator of his work regards it as an efficacious remedy in the mesenteric disease of infants, and in the congestions of the abdominal viscera which are the consequences of intermittent fevers; he also cites Zimmermann's opinion that it is the best remedy for the dispersion of pulmonary tubercles.† Kaempfer and his followers made extensive use of taraxacum in the form of enemata in almost all the chronic diseases of the abdomen, and with great success, if we may judge from the reputation which their method of treatment acquired.‡

After a few doses of mercurial alteratives, a course of taraxacum, steadily pursued for several weeks during the spring or summer, will often produce a very beneficial effect. The expressed juice is the form in which it is usually given on the continent, where it is considered infinitely superior to every other preparation of the plant, and we think that it deserves a preference when it can be procured. The extract, however, when well prepared, contains, we believe, the virtues of the plant, and is more readily taken than either the expressed juice or the decoction. We usually prescribe it in combination with some tincture of hops and aromatic water, and in this form we find no difficulty in getting children to take it for many weeks. The bowels require attention, and an occasional laxative will generally be beneficial in all cases during its use.

Sarsaparilla.—Although the powers of this medicine have been very differently estimated, and the cases in which it is most beneficial are by no means well ascertained, it has been long used as an alterative. We have frequently found it of service after a course of mercurials or taraxacum, but we think its effects are less salutary when the internal secretions have not been previously improved. Its influence on the skin is most evident, and it is in a defective state of the cutaneous functions that we prescribe it with the greatest expectation of benefit. In a dry harsh condition of the skin, with a disposition to eruptive affections of the slighter kind, a course of sarsaparilla combined with warm bathing seldom fails to produce benefit. We are of opinion that it should always be given after a course of mercurial alteratives; and being a mild medicine, it may, if administered in such doses as will not oppress the stomach, be prescribed to the most delicate patients. The infusion of the root in distilled or lime-water is the preparation we usually prefer.

Antimony has been much extolled for its alterative powers. The once-celebrated antihæctic of Poterius consisted of oxide of antimony and tin. Hufeland has the highest opinion of antimony in correcting the strumous diathesis.* We have not often administered its preparations alone as alteratives, but very frequently in combination with other medicines of the same class, more particularly with mercury, and occasionally with sarsaparilla. When a disposition to fever, with a dry hot skin, or bronchial irritation, exists, we consider antimony a valuable addition to any mild alterative which may be suited to the case.

Sulphur.—The great frequency of cutaneous affections in strumous constitutions has led to the use of sulphur, and we regard it as a valuable remedy in many cases. We have the authority of Borden for the powerful effects of the sulphureous waters of the Pyrennees in the cure of scrofula; and in some forms of strumous diseases we have a high opinion of them. In the cases to which we allude, the skin is coarse and dry, and the whole constitution is of a torpid character; but in the more delicate

* For the effects and mode of employing minute doses of mercury we refer to Dr. W. Philip's work "On Indigestion," and his more recent work "On the Influence of Minute Doses of Mercury," &c. 1834.

† Traité de la Maladie Scrophuleuse. Traduit et accompagné des Notes par J. B. Bousquet, p. 275 et seq.

‡ Op. cit. See our sect. on *Pathology*, p. 324.

* Op. cit. p. 166.

class of strumous patients with a thin skin, the use of sulphureous waters requires much caution.

We consider the mineral waters of this class the best form of administering sulphur; bathing should generally be combined with their internal use; and when the water does not act on the bowels, they should be kept open by laxatives. Bordeu combined mercurial frictions with the sulphureous waters of Barège; but this is unnecessary when the patient has been properly prepared for the operation of the waters by a course of mercurial or vegetable alteratives, which, if not always necessary, will very generally be useful, and render the course of sulphureous waters more effectual.

Mineral waters.—We consider mineral waters superior in efficacy to all other alternative medicines.

The operation of these invaluable remedies may be so directed as to promote all the secretions and excretions, to influence the functions of almost every organ, and improve the condition of the circulating fluids. In strumous habits, affected with great abdominal plethora, a defective state of the biliary secretion and an unhealthy state of the skin, &c., no remedy with which we are acquainted is so well calculated to produce a full alterative effect on the whole system as a well-directed course of mineral waters, combined with warm bathing. They are not, however, suited to every person of the strumous constitution. In the class of cases we have just described, the advantage of them is at once apparent; but in young persons of an excitable temperament, their operation, even though they be of the mildest kind, will scarcely be borne with impunity. The waters of this class in which we have the greatest confidence, and from which we have observed the most marked benefit, are those of Ems, of Carlsbad, of Marienbad, and Eger.

The purer chalybeate waters have also been esteemed valuable remedies in correcting the scrofulous constitution. Morton considered them the most useful of all preventives of phthisis, and he states that he has seen some cases of evident consumption perfectly cured by the use of these waters, “et sine ullâ recidivatione redditos:” he also found them of great utility in chronic cases of phthisis accompanied with hæmoptysis, when taken daily for a long time in small quantities.*

It would be encroaching on another department of this work to go further into detail on the subject of these remedies; but we cannot conclude these few observations without expressing our belief, that when the powerful influence of mineral waters over the extensive class of diseases which have their origin in abdominal plethora and deficient excretion, together with the mode of exhibiting them, is more generally understood, they will be more frequently employed and more fully appreciated.†

Alkalies.—This class of medicines has often been employed as alteratives in the treatment of scrofulous diseases, and chiefly with the view of correcting the constitutional diathesis. The theory which gave rise to the employment of alkalies, namely, that acidity was the chief cause of scrofula, is now exploded; still these remedies are held in considerable repute and are unquestionably useful.

The fixed alkalies are mostly used in this country, the liquor potassæ, the carbonates of potass and of soda being the forms in which they are chiefly used. The mode in which they act is not well understood; they evidently increase the urinary, and appear to have some influence in promoting the bilious secretion, and in rendering that of the mucous membranes more fluid. Their alterative action on the skin is also evinced by their abating cutaneous irritation; and the effects of the liquor potassæ in correcting the disposition to boils is very remarkable. But, whatever be their mode of operation, they are certainly beneficial in many tuberculous affections; they also form valuable adjuncts to purgative medicines.

Lime-water has been long held in estimation: Morton prescribed it in combination with the decoction of sarsaparilla; Hufeland, also, speaks in high terms of its efficacy in glandular swellings, in mesenteric disease, and even in incipient tubercular phthisis. The muriates of lime and of baryta were likewise, at one time, in great repute in the treatment of scrofulous diseases, and are at present too much neglected.

We would here remark that during the use of all the alteratives we have noticed, the *warm bath* will be productive of considerable benefit. By promoting a free circulation in the cutaneous vessels, it favours the action of those medicines which act specifically on the surface, relieves internal congestion, and thereby indirectly aids also the operation of those alterative remedies which exert their influence on the abdominal secretions.

2. *Purgatives.*—These medicines are chiefly useful in obviating constipation, or in promoting the operation of alteratives; but their employment in the tuberculous subject must be regulated by certain restrictions.

In a torpid state of the bowels with little disposition to irritation of the alimentary canal, active purgatives may be occasionally useful; but we beg to enter our protest against the indiscriminate practice of active purging which still prevails too generally in the early stages of tuberculous disease. It is lamentable to observe the injurious effects of this practice in the debility which it produces, and in the irritation which it establishes in the mucous surfaces. Although we consider abdominal congestion as forming so important a part in the pathology of tuberculous diseases, we regard the frequent repetition of harsh purgatives

* Op. citat. lib. ii. cap. ii. et ix. lib. iii. cap. v.

† We are unwilling to quit this subject without calling the attention of our readers to the artificial mineral waters prepared at Brighton, and which

supply an accurate imitation of the most esteemed waters of the north of Europe. At this well-conducted establishment an opportunity is given of varying the water according to the state of the patient,—the advantages of which are obvious.

as the worst possible means of remedying it: a single dose or two of cathartics often gives relief by the copious discharge which is excited from the liver and mucous surfaces; but their frequent repetition never fails to do injury. Entertaining these views respecting the action of purgatives, we read with much pleasure the strong opinion of Dr. Stokes of Dublin, a valuable contributor to this work, on the same subject. Speaking of the influence of gastro-enteric disease in accelerating the fatal termination of phthisis, he says, "I feel satisfied, that under a different mode of treatment from that ordinarily employed, this complication would be much less frequently observed; as in numerous instances I have known it to be induced clearly by the use of purgative medicines. If ever there was a case in which we should be cautious in giving medicines of this description, it is in incipient or threatened phthisis, on account of the great liability that exists to inflammation and ulceration of the digestive tube; yet, in all those cases, which, in conformity with the prejudice of the day, are supposed to arise from a *disordered state of the stomach—of the digestive apparatus—a depraved state of the biliary organs—atony of the chylopoietic viscera*, &c. &c. a set of terms invented to cloak ignorance, and conveying no single clear idea to the mind, this practice is constantly pursued—a diarrhœa is established, and the digestive apparatus becomes indeed disordered, more from the remedies than the disease."†

The very prevalent use of active doses of calomel and strong purgatives in delicate strumous children is productive of a degree of mischief which is not sufficiently known: the great error in the administering of such medicines is their excessive dose and too frequent repetition. Where they are given simply as laxatives, and their repetition is regulated according to the nature of the case, especially when a course of alterative medicine forms a part of the treatment, they may be made very useful in the correction of the strumous habit; but no class of remedies requires to be exhibited with more caution in young delicate persons of a strumous constitution.

3. *Tonics*.—In a disease in which debility is one of the principal features, it is not surprising that tonics should suggest themselves to the mind both of the medical attendant and the patient.

There are two periods during which this class of remedies proves useful;—the first, that which precedes the local deposition of tuberculous matter; the second, the advanced stage of pulmonary disease, when the debility and exhaustion are great. In this latter period in particular, tonics often afford great temporary support.

Chalybeates have an excellent effect in some young persons of a tuberculous constitution. In those who have a languid circulation, a soft relaxed state of muscle, and a pale blood-

less appearance, they are superior to every other remedy with which we are acquainted; but the indiscriminate exhibition of them in all cases of debility is productive of much mischief. Before benefit can be derived from chalybeates, the digestive organs must be free from irritation; otherwise they will generally do harm, however great may be the debility attending such a state. When such derangement of the digestive organs prevails, proper antiphlogistic measures will be necessary to render chalybeates admissible; and if the case in other respects does not contra-indicate their use, they may then be exhibited with great benefit. But we repeat that the indiscriminate manner in which the preparations of iron are too commonly prescribed in all cases of scrofula and debility is productive of more injury than is usually imagined: although they may give a temporary support to the system, they will not fail, when injudiciously employed, to confirm the functional derangement, which it should be our first object to remove.

In the advanced stages of phthisis, when the expectoration is copious and the patient is greatly debilitated, without suffering much from gastric irritation or fever, we have seen remarkable effects from sulphate of iron in improving the patient's strength and abating the expectoration; these were the cases in which Griffith observed so much benefit from his celebrated steel and myrrh mixture. The vegetable tonics are also useful at this period. The sulphate of quinine in small doses, either alone or combined with sulphuric acid, forms one of the best medicines of this class.

4. *Bathing*.—As a means of giving tone to the system and enabling it to bear the vicissitudes of climate, the *Cold Bath* forms a very valuable remedy. We would strongly recommend that it should be used by children and young persons of a scrofulous constitution during the summer, as one of the best tonics they can employ. Sea-water is to be preferred when it can be obtained, and the air of the coast forms no unimportant part of the benefit which is generally experienced from a course of sea-bathing. The same remarks apply to the cold bath as to internal tonics;—unless the functions of the internal organs are in a healthy state, little advantage will be derived from it. It is always necessary, therefore, before prescribing this remedy, to ascertain that the digestive functions in particular are well performed; and when there are strong indications of abdominal congestion, or a dry harsh state of the skin, it will be proper to employ the warm bath as a preliminary measure. But notwithstanding these precautions, there are some children who cannot bear the shock of the cold bath, and are positively injured by it; hence its effects on children must be closely watched. Unless it is succeeded by a glow, a feeling of increased strength, and a keen appetite, it will do no good, and ought to be at once abandoned, and the warm or tepid sea-water bath substituted.

Delicate persons who cannot bear the cold plunge or shower-bath, will often derive great benefit from having the body rapidly sponged

* Dublin Journal of Med. and Chem. Science, vol. ii. p. 59, 60.

with cold water. This is particularly serviceable to young children, and should in all cases be succeeded by friction over the whole surface. The practice of sponging the chest with sea-water or salt and water daily is also highly useful, and should generally be adopted by delicate persons throughout the whole year. It is a powerful tonic, and a most effective means of diminishing the susceptibility to the impressions of cold.

While on the subject of cold bathing, we must not omit to notice the beneficial effects of *swimming*. When accompanied with this invigorating exercise, the cold bath becomes doubly serviceable. Every boy, as Locke recommends, ought to be taught swimming as a part of his education. The Romans attached so much importance to it, that not to be versed in the art was considered by them as great a reproach as ignorance of reading; *nec literas didicit, nec nature*.

In very delicate children much more benefit will be derived from the tepid than the cold bath. It is, in truth, to them what the latter is to the more robust. The powers of warm and tepid bathing in the treatment of scrofulous children are not sufficiently valued. One of the most powerful means which we possess of relieving abdominal congestion, improving the functions of their skin, and giving tone and vigour to their whole system, is a course of warm sea-bathing with active friction over the whole surface after each bath; the temperature of the bath towards the termination of the course being gradually reduced till it becomes tepid. The opinion that warm baths generally relax is erroneous; they are no doubt debilitating when used by persons of a weak and relaxed constitution, or when continued too long; but on the contrary they invariably give tone when employed in the cases to which they are properly applicable. We have already remarked that warm bathing greatly promotes the action of alterative medicines; these two remedies should therefore be combined when possible.

Of medicated baths we have had no practical experience: common salt and the carbonate of soda are the only substances which we have used in this way, and from both we have observed good effects. Baths of malt, of bark, of hemlock, and other substances supposed to have specific effects, have been particularly mentioned by foreign authors. Hufeland states that he has seen surprising benefit derived from hemlock baths, repeated daily for weeks, in removing glandular swellings, cicatrizing ulcers, &c.; and he considers bark and other astringents, when employed in this way, much more useful than when administered internally.

The excellent article BATHING is so full of information, and lays down such judicious rules on the employment of baths generally, that we consider it unnecessary to enter further upon the subject.

5. *Travelling, Sailing, Climate*.—These are valuable means of improving the health of persons of a tuberculous constitution; and when no local disorder exists to prevent their beneficial

influence on the system, they may be made powerful remedies for correcting the disposition to tuberculous disease. But these measures must be used for a long period; a residence for a few months only in the finest climate, or travelling under the most favourable circumstances, cannot be expected to do much in correcting a constitutional disorder which may have existed from birth. Their positive advantages also will depend upon their being adapted to the circumstances of the individual case, and upon a strict attention to those regulations respecting regimen, exercise, &c. which are deemed proper; for neither these nor any other measures which act on the system generally will prove of much permanent benefit, unless those local derangements which almost invariably exist in the scrofulous constitution are removed before they are adopted. It is from a want of due consideration of these circumstances, and from an over-confidence in the unaided effects of the measures to which we have alluded, that so little benefit is often derived from them.

When proper regard is paid to all the circumstances of the patient, and the measure is adopted with the necessary precautions, travelling will be attended with many advantages. Independently of its physical effects, the change of scene and the constant succession of new objects presented to the young traveller, exerts a direct and most beneficial influence on the mental constitution; the mind is thereby engaged, the nervous system is soothed, and a just harmony is established between the various functions of the whole economy. If he happens to be fond of natural scenery, or to take delight in the practical pursuit of any branch of natural history, the beneficial effects of a residence in a mild climate may be much augmented. For this reason we think that a taste for botany, geology, and similar pursuits, which necessarily induce the invalid to take exercise in the open air, should always be encouraged in young persons of a delicate constitution; the study of marine botany and of the various branches of zoology which can only be pursued on the sea-shore, also contributes greatly, when used with proper precautions, to amend the health.

When more distant journeys or voyages cannot be accomplished, short and repeated voyages and excursions, within the limits of our own country, may be made beneficial during the continuance of mild weather. It is chiefly with the view of avoiding the winter that foreign residence is recommended; but this will be more fully considered when we treat of the effects of climate in incipient phthisis.

SECT. XIII.—TREATMENT OF PHTHISIS.

In entering upon the consideration of the treatment, with a view to lay down rules for its application to the different stages of phthisis, we beg to refer the reader to a former part of this article, in which the disordered states preceding and accompanying the local deposition of tuberculous matter are fully described. We have there endeavoured to pour-

tray the characteristic features of the tuberculous constitution, and we would now simply observe that a familiar acquaintance with these is of the first importance to the practitioner, inasmuch as they will assist him greatly in forming a correct judgment of the case, more especially when the signs of local disease are equivocal or obscure. The condition of those organs and functions which are more immediately connected with nutrition claim our particular attention, for it seldom happens that they do not manifest evident derangement; and when such derangement exists, we may feel assured that we shall make little progress in the treatment of the pulmonary affection until it is removed or corrected. There is, no doubt, considerable variety in the manner in which the digestive organs are disordered in tuberculous persons, depending in a great measure on the nature of the causes which have induced such disorder. But there is one prevailing form in which the dyspeptic symptoms have their origin, and which we have already noticed in describing the tuberculous constitution, and referred, for a more full account of it, to the article INDIGESTION, *Strumous Dyspepsia*. We may, however, observe, that as we consider it to depend on congestion of the whole abdominal venous system and on an irritated state of the mucous surfaces, it will, we believe, be remedied by whatever allays irritation, promotes the various secretions and excretions of the chylopoietic viscera, and induces a more active state of the cutaneous circulation. But these remedial measures, as well as all others which are applicable to the treatment of incipient phthisis, require to be modified according to the predominance of particular symptoms. Thus, in some cases, the disorder of the digestive organs,—in others the morbid state of the skin, is the most prominent derangement:—again, in some there is a torpid and inactive condition of the whole system, with a languid circulation and deficient nervous sensibility, while in others the converse of all these prevails. Hence it is apparent that the treatment must be varied to meet the circumstances of each case, although the principles upon which it is conducted are the same, and the same general objects are to be attained in all.

The most efficient general means of correcting the tuberculous constitution and removing functional derangement, have been described in the last section; we shall, therefore, proceed to consider those measures which have been thought to possess particular powers in the cure of phthisis.

I. *General Remedies*.—It would far exceed the proper limits of this article to enter into an account of all the remedies which have been at various times extolled as capable of curing phthisis. The greater number of them had their origin in empiricism; and although they obtained some renown in their day from the credulity of the public, they were, in general, found utterly inadequate to accomplish the cures promised by the ignorant or deceitful pretenders who introduced them. Passing over,

therefore, a long list of nostrums which have justly been banished from modern practice, we shall merely notice those remedies whose beneficial effects are tolerably established, either in the treatment of the disease generally or in the relief of particular symptoms.

1. *Bloodletting*.—Small and frequently-repeated bleedings have been recommended by various authors as a means of curing incipient phthisis. Morton employed bleeding in the early stages of the disease and for the prevention of hæmoptysis, to the extent of from six to ten ounces, and repeated it two or three times at proper intervals, when its repetition was indicated. He considered that it was not only ill adapted, but positively destructive in the confirmed stage of phthisis; but when employed in due season, and aided by the judicious exhibition of other necessary remedies, it was most successful in guarding against inflammation, congestion, and subsequent ulceration of the lungs, and even phthisis itself, with cough, dyspnoea, and its other train of fearful symptoms.* But the practice of repeated bleedings was first brought into general notice in this country by Dovar, whose extravagant partiality for the remedy, and excessive employment of it, probably led to its unmerited disuse. His plan was to bleed to the amount of six or eight ounces every day for the first fortnight, and gradually to increase the period between each repetition of the measure by employing it at the respective intervals of every second, third, and fifth day for the three successive fortnights.† Mead speaks strongly in favour of the same practice;—"I have seen cases," he says, "judged almost desperate, where this method of practice succeeded well."‡ Sir John Pringle says, "In the first stage of a consumption, when the patient complains of pains in his side, constriction at the breast, or hot and restless nights, I have trusted most to small and repeated bleedings: the quantity of blood drawn was from four to seven or eight ounces, once in eight or ten days; and sometimes a vein was opened after shorter intervals."§ 'Dr. Monro says that the plan of "taking away from four to eight ounces of blood whenever the pain of the breast was troublesome, or the patient was hot and restless at nights from the hectic fever, gave the greatest relief of anything we tried; and these repeated small bleedings were so far from wasting the patient's strength, that they rather seemed to prevent its being exhausted so fast as otherwise it would have been, by allaying the force of the hectic fever."|| It is to be recollected that Pringle and Monro were army-physicians, and that their patients were more likely to require and derive advantage from bleeding than the ge-

* Op. cit. lib. ii. ch. 2.

† The Ancient Physician's Legacy to his Country. By Thomas Dovar, M.D. p. 26. Lond. 1733.

‡ *Monita et Præcepta Med. c. i. s. x.*

§ Observations on the Diseases of the Army, part iii. ch. 3.

|| Account of the Diseases in the British Military Hospitals in Germany, &c. p. 131.

nerality of consumptive patients in private life. Fothergill always found benefit from repeated venesection, except in delicate constitutions; and Stoll considered it the best remedy that could be employed. More recently several physicians have spoken favourably of the practice of bloodletting. Dr. Hosack of New York states that he has "in many instances employed it with the most happy effect in incipient phthisis, even when strong hereditary predisposition existed."* Dr. Cheyne of Dublin has also lately written a paper in which he gives a very favourable opinion of this practice in hemoptysis, and also in incipient pulmonary phthisis; in both of which he states that "these small bleedings may be practised with safety, and often, if I mistake not, with more advantage than any other remedy in use."† Dr. Cheyne's view in adopting this practice is to subdue the inflammatory state of the lungs produced by the irritation of tubercles, and to arrest the progress of the disease in its early stage: he employs small bleedings once every week or ten days in those cases which he conceived to be incipient phthisis, "and with a degree of success which forbids the relinquishment of that practice."

The greater number of the advocates of this practice evidently adopted it not only after tuberculous disease of the lungs had taken place, but after this had become complicated with inflammation. Before the disease has advanced thus far, the circumstance which calls chiefly for venesection is pulmonary congestion. In this case a moderate bleeding will always, we believe, be useful; and when employed as soon as the congestion is evident, will often prevent hemorrhage and inflammation, and perhaps the deposition of tuberculous matter. When the patient has been subject to natural discharges of blood from the nose or otherwise, bloodletting is the more necessary. It rarely happens, we believe, that general bleeding requires to be frequently repeated if the patient be put upon a proper regimen, and the necessary remedies are employed to diminish abdominal plethora. When it is frequently repeated, the quantity abstracted should be diminished each time, and the intervals increased.

We have a high opinion of the beneficial effects of Local Bleeding in cases of this kind, and we believe that the abstraction of small quantities of blood from the chest by cupping will be the most effectual way of relieving the inflammatory action which accompanies tuberculous disease of the lungs, after congestion of the large vessels has been diminished by one or more general bleedings.

2. *Emetics*.—The effects of emetics appear to be so important, and their utility in pulmonary diseases has been so highly commended by some of our best practical writers, that we think it proper to devote some space to the consideration of the practice.

From an early period in the history of me-

dicine, emetics have been employed in the treatment of phthisis; and, although they were prescribed with various views by different practitioners, their beneficial effects when judiciously exhibited have been generally acknowledged. Some considered them chiefly useful in unloading the stomach and biliary system; some used them as the means of suppressing pulmonary hemorrhage and inflammation; while others regarded them as capable of curing phthisis in its early stages. It is our present purpose to examine the grounds upon which this last opinion rests.

We have the positive testimony of several practical physicians in favour of the remarkable benefit derived from the use of gentle emetics repeated at short intervals during the early stages of tubercular phthisis. Morton states that after bleeding they are of great utility in the cure of this disease, and that they will often check it in its early stages; the opinion of this eminent physician is so clearly and strongly expressed that we shall give it in his own words: "A quâ vomitione non tantum ventriculus humorum saburrâ oppressus relevari, et nausea inde nata tolli, et digestio restitui possint, (quæ omnia non sunt flocci habenda,) verum etiam moles humorum jam pulmonibus impactorum, harum partium exagitatione inter vomendum, insigniter expectorari solet, unâ cum notabili revelatione ponderis gravativi à mole istâ effecti. Atque hoc ritu non tantum plurimos empiricos vidi, cum successu felici, sese omnem incipientem phthisin curaturos gloriari, verum etiam ipse ego ratione et experientiâ fretus sæpissimè phthiseos incipientis progressum, eodem modo, brevi temporis spatio, præpediti."* Again, in regard to cases complicated with hysteria and hypochondriasis, he says, "vomitoria verò lenia, et ægri viribus æqualia, opitulando cerebro et nervis, in principio morbi, instar miraculi hujusmodi phthisicos relevare solent."† Since Morton's time, emetics have been recommended by several eminent physicians; Dr. Simmons warmly advocates their use, and lays down some excellent directions for their employment; he believed that "the earlier in the disease they are had recourse to, the more likely they will be to do good, and the less likely to do harm."‡ Dr. Parr says that "no remedy is so generally useful as a slight emetic frequently repeated; and could phthisis be ever cured, it would be by the joint action of emetics and blisters."§ Dr. Bryan Robinson,|| Dr. Thomas Reid,¶ and Dr. Marryat,** have urged the employment of emetics in still more forcible language,

* Op. cit. lib. ii. cap. viii.

† Ibid. lib. iii. cap. iv.

‡ Pract. Obs. on the Treatment of Consumption, p. 67.

§ London Med. Dict. art. *Emetics*.

|| Observations on the Virtues and Operations of Medicines, 1752, p. 146, et seq.

¶ Essay on the Nature and Cure of the Phthisis Pulmonalis, 1782.

** Therapeutics, or the Art of Healing, 1817, p. 45.

* American Med. and Philos. Register, vol. ii. p. 470.

† Dublin Hospital Reports, vol. v. p. 351 et seq.

and have fully confirmed by their own experience the value of the remedy in the early stages of phthisis. Dr. Dumas, of Montpellier, one of the translators of Dr. Reid's work, also cites several cases in corroboration of the practice; and more recently Bayle, a high authority, has mentioned emetics, frequently repeated, among the most valuable remedies in the early stages of phthisis.

The most recent experiments with emetics are those by Dr. Giovanni de Vittis, chief physician to the military hospitals of the Neapolitan army. In the military hospital at Capua, where the greater number of phthisical patients of the army are sent, antimonial emetics were tried in every case. From the 1st of May, 1828, to the 13th of January, 1832, there were sent out of the hospital perfectly cured (*perfettamente guariti*) forty cases of *chronic catarrh*, forty-seven of *phthisis* in the first stage, one hundred and two in the second, and twenty-seven in the third, making a total of two hundred and sixteen cures, of which one hundred and seventy-six were cases of phthisis. The mode of treatment consisted in giving every morning and evening a table-spoonful of a solution containing three grains of tartarized antimony in five ounces of infusion of elder flowers, and one ounce of syrup. The patients were at the same time put upon a light farinaceous diet, composed chiefly of rice, chocolate, and biscuits. A second spoonful of the emetic mixture was given at the end of a quarter of an hour when the first dose did not produce vomiting. If it excited brisk purging, it was omitted for some days, and roasted ipecacuan and digitalis, which are said to produce wonderful effects in curing this diarrhoea, were administered in the proportion of one grain of the roasted ipecacuan powder to one of digitalis, and repeated every hour or oftener, until the diarrhoea ceased. We give this report from an Italian medical journal,* as we have not yet been able to procure Dr. Giovanni's work. Although we may be permitted to entertain doubts as to the validity of the cures, especially of those in the advanced stage, we cannot doubt that the practice must generally have produced very beneficial effects.

The extent to which vomiting was carried by the advocates of this practice surprises the practitioner of the present day. Robinson states the case of a consumptive patient, subject to repeated attacks of hæmoptysis, who was kept alive for eight years by taking three ipecacuan emetics every week during that period; Reid says that they may be taken every morning and evening with perfect safety for months; and Richter gives the case of a woman, aged forty, who took six hundred emetics in ten years. There can be no doubt that the physicians who employed emetics

thus extensively were fully assured of the advantages which they produced, and their patients must have been equally sensible of the benefit derived from them, otherwise it is scarcely credible that a practice so disagreeable would have been prescribed, or persevered in, for so long a period. But if such marked effects were observed to follow the employment of this remedy, it may well excite surprise that it has been allowed to fall into disuse; for at present emetics are merely used as palliatives, and are by no means generally considered of importance in the cure of phthisis. Two causes may be adduced in explanation of this fact; the first, the disagreeable nature of the remedy; the second, the want of firmness and decision on the part of the physician in enforcing a practice, the value and operation of which he could not satisfactorily comprehend. If we can succeed in removing the latter objection by showing how emetics may be made the efficient means of preventing phthisis, the former difficulty will be easily overcome.

The minute researches of Dr. Carswell on the morbid anatomy of tubercle, have satisfied him that tuberculous matter is first deposited on the free surfaces of mucous membranes, such as the bronchial membrane in the lungs, and that of the biliary ducts in the liver. It is very probable, as Dr. Carswell remarks, that tuberculous matter is equally deposited on the surfaces of all mucous membranes, but is speedily removed from many, such as the intestinal canal, by the constant action kept up in them by the passage of foreign substances; while the structure of the lungs is such as to favour the retention of the morbid deposit. For a full account of Dr. Carswell's views on this subject, see the article *TUBERCLE*; the clear manner in which he has there explained the cause of the more frequent occurrence of tuberculous matter in the lungs than in other organs, and in the upper lobes than in the other parts of the lungs, is so satisfactory that it is unnecessary for us to enter more into the subject here.

The power of emetics in augmenting the bronchial secretion and ejecting it from the lungs is well established: and, therefore, we can easily conceive how the repeated action of emetics may prevent the deposition, or at least the accumulation, of tuberculous matter in the bronchial ramifications and air-cells, and thus prevent the *localization* of the disease, and give time for the correction of the constitutional disorder. In this manner, it is not improbable that a judicious use of emetics may prove a powerful means of preventing the deposition of tuberculous matter in the lungs.

We cheerfully acknowledge that our attention was first particularly directed to the benefit which may be derived from emetics in phthisis, by Dr. Carswell's researches into the primary seat of tubercle, and whatever advantages may be hereafter experienced from the adoption of the practice, the merit justly belongs to him. If the researches of this enlightened pathologist

* *Annali Universali di Medicina*, Dicembre, 1832.—“ Osservazioni ed esperienze sulla tisi polmonare seguite da un metodo particolare per la cura di tal malattia; del dottor Giovanni de Vittis, primo medico degli Ospedali militari dell'armata di terra di S.M.—Napoli, 1832.”

had led to no other result than the establishment of the important fact, that tuberculous matter is first deposited on mucous surfaces, and that it may be expelled from them in the way we have described, he would have conferred a great benefit on mankind.*

Although we regard the action of emetics on the pulmonary system as one of their most valuable effects, we are not disposed to limit their utility to this, but consider that their determining the circulation to the surface and promoting the biliary secretion constitute very important parts of their operation. They equalise the circulation, restore the secretions which are usually deficient in the tuberculous constitution, and tend to diminish abdominal congestion: hence emetics may be ranked, as Dr. Reid justly observes, among the most powerful alterative medicines which we possess.

Having said thus much on the subject of emetics and their operation, it is right to state that our own experience of the practice has not yet been very considerable; but we think we shall be held justified in earnestly calling the attention of the profession to it, as one which holds out to us the rational hope of being made one of the most efficient means of preventing the localization of tuberculous disease in the lungs in many cases, and perhaps of removing it in some others. For ourselves, we do not hesitate to say that, resting on the discovery of Dr. Carswell, and on the strong testimony of the respectable writers whose authority we have cited, we shall continue to avail ourselves of every fair occasion to put the practice to the test of experience. That it is a safe practice when adopted with discernment, we have abundant proof, even when it is carried to an extent which we deem unnecessary.

If the observations which we have made should bring into more general use the employment of gentle and frequent emetics in the early stages of phthisis, we trust that the measure will not be adopted without that judgment and circumspection which can alone render any active practice useful, or even safe. To have recourse at once to emetics in every instance of threatened phthisis, without fully inquiring into all the circumstances of the case, would be highly injudicious: we shall find that although emetics may be freely given in one class of cases, they cannot be safely exhibited in another without preparing the patient for them by bleeding, purgatives, and proper antiphlogistic measures; and that in a third class, where gastric irritation is a prominent symptom, they

may be altogether inadmissible. There is a state of the mucous membranes of the alimentary canal which frequently attends phthisis even in its earliest stages, and which we consider as strongly contra-indicating the use of emetics. We have already described this state in a former part of this article, but we may observe here that it is attended with the following symptoms:—the whole internal fauces are red, congested, and swollen, the posterior part of the pharynx, as far as the eye can reach, is also of a deep red, and often partially dry and shining; there is thirst, and generally epigastric tenderness on pressure, with redness of the tongue. We have at this moment two young patients in this state under observation, and although they are in the incipient stage of phthisis, we have not ventured to employ emetics, considering them dangerous when these symptoms are present. We would confine the use of ipecacuan in such cases to minute doses, with the view of promoting the secretion of the bronchial membrane.

When tuberculous matter is deposited in the lungs to any considerable extent, the case will require much more attention before the employment of emetics; the abstraction of blood, both generally and locally, and a discharge established over the part by blisters or other means, will be useful, and may be even necessary in many such cases, as preliminary measures, before emetics can be safely administered; and when there is a disposition to pulmonary inflammation, small doses of tartarized antimony, along with those remedies which favour a free secretion of the bronchial mucous membrane, may be employed with benefit, and, in some cases, may be preferable to actual vomiting. Alkalies have been considered valuable medicines in promoting the secretion of the mucous surfaces, and may, therefore, be advantageously prescribed during the use of emetics. In short, while recommending a cautious employment of emetics in the early stages of phthisis, we would not be understood to advise emetics alone, but merely that they should constitute a part of the treatment. The other remedial means which are adapted to the circumstances of the case must be employed at the same time: indeed, it is no small recommendation of the practice of emetics, that it need not interfere with the general treatment which may be considered most suitable to the condition of the patient.

The choice of emetics, the period of employing them, and the frequency with which they may be repeated, are not matters of indifference. Morton preferred and generally prescribed squills; that used by Maryat, and called by him the "dry emetic," consisted of one grain of tartar emetic and three of ipecacuan, taken fasting, without drinking any liquids during its operation. When the diarrhoea was severe, his emetic consisted of four grains of ipecacuan and one of sulphate of copper. Reid preferred gentle doses of ipecacuan, sufficient to puke once or twice; and Simmons recommends sulphate of copper as superior to any other. We consider ipecacuan the safest and best emetic

* We are aware that all morbid anatomists are not satisfied of the correctness of Dr. Carswell's views, and we have seen objections urged against them in the periodical press and otherwise; but the arguments which have been adduced have little weight with us who know the minute and patient researches of Dr. Carswell, and the pure spirit of philosophical inquiry which directs them; and we hesitate not to predict that the more thoroughly the subject is investigated, the more fully will his views be borne out and established.

for repeated use; it is proper to give it so as to produce a very gentle effect, and we think a very small quantity of fluid only should be taken to promote its action. When the biliary system is much loaded, an antimonial emetic may be useful in the first instance, as it appears to possess more power than ipecacuan in promoting a free discharge of bile.

Morton thought it best to administer the emetic towards evening, and to repeat it every third or fourth day, three or four times, when the patient could bear it and its repetition was indicated. Simmons, Marryat, and Reid regarded the morning as the best time; and when it is considered that the bronchial secretions accumulate during sleep, there are certainly good reasons for coinciding in their opinion as a general rule; although circumstances may occur to render evening the proper time for the exhibition of the emetic: if given before going to bed, it may prevent fever and promote sleep in some cases.

Simmons began by administering emetics twice a week until the symptoms were relieved, and then repeated them every second day, or even every day, for several days together, with good effects. Marryat gave his dry emetic twice or thrice a week: Reid employed ipecacuan every morning, repeating it occasionally in the evening; and he says that this plan may be continued for several months with perfect safety. The repetition of the emetic must, in our opinion, be regulated according to the nature of the case. When it is given with the view of preventing the deposition of tuberculous matter, it may, perhaps, be sufficient to repeat it once or twice a week. When the case is more urgent, and the patient is threatened with the deposition of tuberculous matter in the lungs, or when the presence of this is already suspected, emetics may be much more frequently repeated: but in all cases it will be necessary to watch their effects on the gastric system, and to suspend the use of them the moment they appear to excite irritation there. During the interval between the emetics, it may promote the end we have in view, to give ipecacuan, alkalies, and other medicines which have the effect of promoting the bronchial secretion, in minute alterative doses.

3. *Digitalis*.—There is not, perhaps, a medicine in the *Materia Medica*, concerning the virtues of which in phthisis medical writers have differed so much as digitalis; some regarding it as possessed of powers beyond all other remedies, others considering it to have very little efficacy, while a third class have even condemned it as pernicious. No better instance can, perhaps, be adduced of the difficulty of estimating the effects of a medicine. We find Dr. Beddoes affirming that, in general, when he had all possible evidence of the existence of tubercles, the exhibition of digitalis has been perfectly successful:—"If I specify," he adds, "that it has succeeded in three such cases out of five, I believe I much underrate the proportion of favourable events."* Now it is not to be

credited that Beddoes would have spoken of digitalis in such terms unless he had observed some very remarkable effects produced by it. At present we may be permitted to doubt his having all possible evidence of the existence of tuberculous disease of the lungs in many of his cases; yet, making due allowance for this, and for his warm imagination and sanguine character of mind, we cannot doubt that he experienced very beneficial effects from digitalis. Its utility in dropsy may afford us some explanation of its effects in abdominal and pulmonary congestion. But, whatever be its effects in phthisis, the medicine has wonderfully fallen in the estimation of the profession since the time of Beddoes; and it is now, we believe, only employed in hemoptysis, or with the view of reducing increased action of the heart, and of thereby abating inflammation of the lungs and general excitement of the system.

A series of experiments has lately been made in Paris for the purpose of ascertaining the efficacy of digitalis, but they have not added much to our means of accurately estimating its virtues. Medical authors in general are agreed in regard to the power of this medicine in suppressing pulmonary hemorrhage, but differ greatly with respect to its influence in phthisis.

We are ourselves equally unable to pronounce a decided opinion. Like several other remedies that have been loudly proclaimed almost as specifics in certain diseases, digitalis has failed to maintain, in the hands of others, the character with which it was introduced to notice by Drake, Beddoes, &c.; and we would require a series of careful observations to enable us to ascertain its real virtues.

Digitalis is evidently a medicine of great power, although it is quite clear that we are not yet acquainted with the peculiar circumstances under which it may be employed with advantage in phthisis. Of its powers in hemoptysis there can be little doubt; it also possesses considerable efficacy in abating febrile excitement and excitability of the nervous system, and in regulating the action of the heart; hence, when phthisis is complicated with disease of this organ, it is a medicine of great utility.

4. *Iodine*.—The beneficial effects of iodine in scrofulous diseases have led to the belief that it might prove useful in phthisis; and several authors have recommended it in this disease. We have abundant testimony of the alterative powers of this medicine in various forms of scrofula, particularly in those affecting the skin and external glands.* We have experienced its good effects in scrofulous children, but have never used it in phthisis, although we think it very probable that when employed as an alterative it may prove a valuable remedy in correcting the tuberculous diathesis. Its action seems to be exerted chiefly on the nutritive functions, and its beneficial effects in some cases have been made apparent by the im-

* See the medical researches on the effects of iodine by Alexander Manson, M.D.; the experiments of Lugol, and the excellent report by M. Baudelocque in the *Revue Médicale*, already cited.

* Essay on Consumption, p. 118.

proved health of the patient while taking it. But the reverse of this has been too often the consequence of its imprudent employment, or its exhibition in cases to which it was not adapted.* In the recent work of Dr. Morton, an American physician, which has just been put into our hands, we find the strongest testimony in favour of iodine in phthisis that we have yet met with. He states that having used it extensively, he is able to express an unequivocal opinion respecting it. "In a large number of instances," says Dr. Morton, "it has appeared, especially in incipient consumption, to arrest or suspend the tubercular secretion, and with it the hectic, marasmus, cough, dyspnoea, and other urgent symptoms. There are some constitutions in which it does not appear to produce any obvious effects, either for better or worse; but in a majority of cases, even in the second stage of phthisis, I have been much gratified with the results. Thus it often relieves the dyspnoea, improves the complexion, and restores the appetite, even when the advanced progress of the disease precludes all hope of recovery. In some instances it has so obviously improved the nutritive function, that patients have increased in flesh by its use, and at the same time recovered, in a considerable degree, a naturally florid complexion."† Dr. Morton is physician to a public hospital, and seems to have had considerable experience. He prescribes the iodine in the form of a solution containing three grains of iodine, and six grains of hydriodate of potash in an ounce of distilled water, from three to five drops of which are given every morning, noon, and night.

The result of the experiments made with iodine in this country does not by any means correspond with that of Dr. Morton. Dr. Baron was, we believe, the first English physician who employed iodine in phthisis; he found good effects result from it in some cases, but whether more extensive subsequent experience has confirmed the favourable anticipations which he formed of the effect of iodine in this disease, we are not aware.‡ Dr. Bardsley, in his excellent Hospital Reports, after stating the valuable effects of the medicine in scrofula, remarks, "It has been my aim to establish the *real virtues* of iodine in a tuberculous state of the lungs. In fifteen well-marked examples of incipient phthisis, I employed this medicine with a strict attention to its effects. In five instances, it appeared at first to arrest the further progress of the disease, but the amendment was only temporary, for the tubercles passed slowly but progressively through their several stages, and death was the consequence of the

extensive disorganization which occurred in the lungs."*

We are of opinion that this medicine, administered as an alternative, may prove highly useful, when we are better acquainted with its mode of operation and with the cases in which it is particularly indicated.

5. *Climate*.—We have already entered so fully into this subject (see article CLIMATE), and have given such a particular account of the comparative merits of the various places resorted to by pulmonary invalids, that we have little to add here beyond the application of climate to the different stages of tuberculous disease.

a. Since the nature of phthisis has been more fully understood, the expectations from climate as a means of cure have greatly abated, and hence it is much more justly considered at the present time simply as a *preventive* of the disease. When adopted with this view, climate is certainly one of the most powerful remedies we possess for improving the tuberculous constitution, and enabling us to correct the predisposition to the disease. When, therefore, the tuberculous diathesis is strongly manifested, it is most desirable that this measure should be adopted in early life. Children and young persons of a tuberculous constitution, more especially those who suffer much from damp weather, and are very liable to catarrh in this country, escape this by a residence in a mild and drier climate; and by a continued residence therein for several successive winters, their constitution may be so much improved as to enable them to resist the influence of this season on their return. If we were to select the two periods of life at which such a change appears to be most beneficial, we should probably specify that between the third and seventh year, and again that towards the approach of puberty. If the health of the child from the third to the seventh year is maintained in a good state, he is then capable of taking more active exercise in the open air, and various means may be employed to strengthen his constitution which are inadmissible at an earlier age. The period of puberty in persons of a tuberculous constitution is a very critical one; and a residence in a mild climate towards the approach of this important epoch will prove highly beneficial in favouring the full development of the body, and the establishment of those functions which are naturally called into action at this period of life.

But although a change of climate is attended with such decided benefit at the two ages we have here mentioned, no measure promises greater advantages at any time when tuberculous disease is threatened. One winter at this time spent in a mild climate will do more as a preventive of phthisis than several winters when the health is more disordered.

b. During the *Incipient Stage* of phthisis, that is, after tuberculous matter is deposited in the lungs, the power of climate is much less, and much more caution is necessary in prescribing it. A careful and minute examination

* For an account of the injurious effects of iodine when injudiciously employed, see Dr. Jahn's Report. "De la maladie iodique, ou des désordres qu'entraîne à sa suite l'emploi trop long temps continué de l'iode."—Journ. Complement. tom xxxv.

† Illustrations of Pulmonary Consumption, &c. by Samuel George Morton, M.D., Philadelphia, 1834, p. 130-31.

‡ Illustrations of the Enquiry respecting Tuberculous Diseases, p. 228. et seq.

* Hospital Facts and Observations, &c. p. 123.

of all the symptoms of the case is imperatively called for on the part of the medical attendant, before he recommends a measure necessarily attended by the excitement and exposures which are in some degree inseparable from a long journey or voyage. Proper preliminary means must be adopted to remove pulmonary congestion and bronchial irritation when these exist, and to induce a healthy state of the functions of the chylopoietic viscera; in short if due precautions are not taken to improve the local functional derangements before the patient leaves this country, the measure may prove highly injurious.

Even under the most favourable circumstances, change of climate ought only to be considered as a means of placing the patient in a more favourable position for adopting such measures as may be proper for his condition; those remedial means and those plans of treatment, which are required in his particular case during his residence at home, will, in all probability, be required in that to which he may migrate; but he will derive this additional advantage from the change, that those measures which would have availed him little in his own country, are likely to prove highly useful under the favourable influence of his new position. Hence it will be apparent that this change must not be allowed to interfere with the use of the various remedies which have been suggested in this and the preceding section.

c. In the *Advanced Stages* of phthisis, when tuberculous disease of the lungs exists to a considerable extent and hectic fever is established, change of climate will be of little avail, and will probably be prejudicial, unless adopted under very favourable circumstances. There are, notwithstanding, some chronic cases in which the measure may prove useful at any period of the disease, even when tuberculous cavities exist in the lungs: we allude to those forms of the disease, already described, in which the tuberculous deposit is very limited, and passes through its various stages of softening, &c. without exciting much local or constitutional irritation.

But, at whatever period the change is adopted, it is of the highest importance to impress upon the mind of the patient and his friends that if the measure is attended with favourable effects, it ought, in a large proportion of cases, to be continued for several successive years, in order to produce a full and permanent influence upon the constitution; and must at the same time be aided, as has been already remarked, by the adoption of such a regimen and the use of such remedies as are known to improve the general health and correct disordered functions.

d. *Particular Climates*.—A full account of the various places in the south of Europe, in the islands of the Northern Atlantic, and in our own country, which have been resorted to by invalids, will be found in the article CLIMATE; our remarks, therefore, in this place will be very general.

Of all climates with which we are ac-

quainted, that of *Madeira* is the best for consumptive persons. We have every year an opportunity of becoming acquainted with its effects upon a considerable number of persons who repair to it in different conditions of health, and we see no reason to change the high opinion we have given of it in the article alluded to. The beneficial effects of a residence for one or two winters in *Madeira* have become much more apparent since the public have been impressed with the necessity of adopting change of climate rather as a preventive than as a means of cure. A few years ago, it was a matter of little moment to select a climate for the consumptive patient, because he was generally in the advanced stage of the disease, without hope of recovery, before the measure was proposed or adopted; and its fatal termination was not infrequently accelerated by the only means to which he looked for safety.

Dr. Renton's report of the effects of the climate of *Madeira* on the invalids who passed the last winter there has just reached us. The total number of pulmonary invalids who arrived there during the season of 1833-34 was 66. Of this number 15 died; 43 returned to their homes; and 8 still remain in the island. "Of the 15 fatal cases," says Dr. Renton, "13 ought not to have left their homes; of the 43 who left the island for England, or other parts of the world, 36 were very much improved; indeed I may say a large majority of them went away well." The result was very different a few years since, when persons were only sent to *Madeira* in the advanced stage of the disease.*

In point of climate the *Bermudas* and *Canary Islands* approach nearest to that of *Madeira*. The *West Indies* may be suited to some constitutions as a preventive; but when tuberculous disease exists in the lungs, we can only repeat, that the concurrent testimony of all the medical men whom we have consulted on the subject, and whose opportunities of judging were ample, establishes the fact that consumptive cases sent thither from this country proceed much more rapidly to a fatal termination than in temperate climates.

In Italy, *Rome*, *Pisa*, and *Nice*, afford the best climates for consumptive patients during the winter; but no part of Italy is favourable to such invalids during the summer. In the south-east of France, *Hyères* possesses the best climate; in the south-west, the climate of *Pau* is the mildest and most favourable, particularly during the spring.

In this country, *Torquay* presents, on the whole, more advantages than any other situation as a winter residence. Its peculiar position on the southern declivity of a range of limestone-hills by which it is protected from the north and east, the excellent accommodations for the invalid, and the facility of exercise in the sheltered and picturesque country by which it is surrounded, are all advantages which are enjoyed in an equal degree in no other

* See the account of *Madeira* in our work "On the Influence of Climate."

place in our island. From the extent of sheltered country which the neighbourhood affords, it is also well adapted for exercise on horseback, which we deem of so much importance in the treatment of pulmonary disease.

Undercliff, in the Isle of Wight, possesses great natural advantages, and when suitable accommodations are provided for invalids, and upon a superior scale to those which have been hitherto attempted, it will scarcely be exceeded in this country as a winter residence for the pulmonary invalid. *Clifton* affords a good winter residence for those cases in which the digestive organs are much deranged, and the climate of Torquay might prove too relaxing. *Hastings* and *St. Leonards* are the most sheltered situations on the southern coast; but during the autumn months we consider that the climate of *Brighton* possesses more advantages in a large proportion of cases than any other part of that coast, or perhaps of England. On this account it will be advantageous to many invalids to pass the autumn at Brighton and the winter at *St. Leonards* or *Hastings*. The western shores of our island, as the Isles of *Bute* and *Man*, although mild, are too humid to afford good residences to the pulmonary patient.

Our observations on climate have hitherto had reference chiefly to the winter. During the summer, our own country affords a variety of residences; but a frequent change of place during this season is much more useful to persons threatened with consumption than a continued residence in the best situation. The interior and mountainous districts during the summer, and the sea-coast in the autumn afford the best succession of changes. But a tour on the continent, during the summer months, will be productive of still greater benefit. If the tour be made in the more romantic and picturesque countries, the pleasing and continued excitement which is produced by the great variety and beauty of the scenery exerts a more beneficial influence on the whole economy, in a limited space of time, than any other measure with which we are acquainted. Of course, we now allude to persons free from local disease; when this is established, such a tour must be conducted with more precaution.

Regulated temperature.—The great object of removing to a milder and more sheltered situation is to enable the invalid to be as much as possible in the open air. Change of climate, therefore, presents much fewer advantages to the confirmed phthisical invalid, who must keep within doors during the greater part of the winter wherever he may reside, and who will find the comforts of home in general much more than a compensation for any additional mildness of temperature. Such patients will derive advantage from maintaining their apartments at an equable temperature, and when this can be accomplished throughout the whole house, it will be far more beneficial than confining the patient to one or two warm rooms. This measure is chiefly suited to cases of chronic phthisis in delicate females and in persons in

advanced life; but in the young at that stage of the disease when we may reasonably entertain a hope of recovery, such confinement is rarely advisable,—indeed it forms an obstacle to the best means of improving the patient's health.

II. Local Remedies.—The numerous local remedies which have been employed in the treatment of phthisis may be considered under two heads; those which are applied to the external parts of the thorax, and those which act immediately upon the lungs by means of inhalation.

1. Local bleeding.—External remedies have been employed in pulmonary phthisis chiefly with the view of preventing or removing congestion and inflammation of the lungs: the abstraction of blood by means of cupping or leeches is one of the most effectual of these applications, and there are few cases in which they may not be productive of benefit at some period of the disease. In young persons disposed to phthisis, and in those cases in which pulmonary congestion is indicated, we consider cupping on the upper parts of the chest a very useful practice. Two or three ounces may be abstracted from time to time, and dry cupping may be also employed over the whole of the upper parts of the chest. If necessary, this practice may be frequently repeated; and when tuberculous deposits are present in the lungs, such small bleedings may be made very beneficial. We consider cupping a more effectual mode of abstracting blood from the chest than leeches, and the dry cupping which we always employ at the same time, we think of considerable utility. Leeches, however, are perhaps equally beneficial in irritation of the bronchial membrane; and when the larynx or trachea are affected, they may be applied nearer the seat of disease. We would, however, take this opportunity of cautioning the young practitioner not to be too free in the application of leeches in laryngeal irritation; we have known a patient lose his voice entirely by the application of a dozen leeches to the region of the larynx. It is congestion and subacute inflammation only which are generally present in consumptive patients, and local bleedings must be employed with circumspection.

2. Counter-irritants.—Among the various remedies which have been employed in phthisis, counter-irritants have long occupied a chief place. They differ considerably in effect; some produce a temporary irritation only, without any discharge, as the common rubefacients; others, as cantharides, excite a copious serous discharge; and others, as tartar emetic, produce deep pustular eruptions; while setons or issues cause a more permanent puriform discharge from the subcutaneous tissue. All the applications which we have mentioned, however different in their action, are useful; and each of them is applicable to particular circumstances.

The simple *rubefacients*, such as camphorated spirits and spirit of turpentine, are chiefly employed in the very early stages with the view of exciting the action of the cutaneous vessels,

and may be applied daily over a great part of the chest. We think that they are of considerable use in an inactive state of the skin accompanied with an irritable condition of the bronchial membrane; they will also often afford relief in slight local pains. *Plaisters* composed of Burgundy pitch and other substances of a similar kind, may be ranked under rubefacients, as they operate chiefly in exciting irritation of the skin; but they also act by effectually protecting the part from cold. We apply them by preference between the scapulæ; they are less inconvenient in that situation, and moreover leave the chest clear for other applications, such as cold sponging, friction, &c.

After rubefacients, *blisters* are in most general use, and when applied in the cases to which they are adapted, and at the proper period, they seldom fail to produce marked benefit. In slight inflammations of the pleura, and in the catarrhal attacks of phthisical patients, blisters give essential relief. In cases where the abstraction of blood, either local or general, is necessary, blisters should for the most part be avoided until the practitioner is satisfied that the further employment of bleeding is unnecessary; this is, in our opinion, the proper period for the application of blisters. Even in catarrh, they should not be applied early in the disease, nor before the febrile excitement has been reduced by the proper remedies; their effects are then very remarkable in removing the remains of the disease; but if employed in the early stage of inflammatory action, they frequently increase the evil by exciting irritation in the system, especially in consumptive subjects; indeed, we consider that the prevailing error in the use of blisters is their too early application.

A succession of blisters is often recommended in phthisis, and when the skin is not irritable, and the patient does not suffer much inconvenience from their operation, they may be of some use; but we never saw them beneficial when they excited much pain and irritation; and in a disease which is attended with so many distressing symptoms, we ought not unnecessarily to add to these by the injudicious application of external irritants: the less uneasiness blisters give, and the greater the discharge they occasion, the more benefit is derived from them. Blisters applied to persons with a thin irritable skin should be covered with a piece of fine muslin, moistened with oil, and they should be removed at the end of six or eight hours; in this way they will produce less irritation.

The *tartar emetic* ointment has been more generally employed of late as an external irritant than any other application, and in general it answers well; although the sanguine expectations entertained by Dr. Jenner of the effects of this remedy are, we fear, far from having been realized.*

Setons and Issues.—Discharges of matter from the subcutaneous tissue have been generally

employed in phthisis, although, in general, their application has been confined to, or at least most frequently adopted in, the late stages of the disease, when they could be of little utility. Issues may be useful in the state of tuberculous cachexia before the deposition of tuberculous matter in the lungs; and even after this period such discharges may have some effect in checking the further progress of the disease, while means are at the same time employed to improve the general health. They are strongly recommended in this stage of the disease by Mudge. "In this critical and dangerous situation," says that judicious practitioner, "I think I can venture to say, from long experience, that, accompanied with change of air and occasional bleedings, the patient will find his greatest security in a drain from a large scapular issue assisted by a diet of asses milk and vegetables."

The cases in which issues are more particularly indicated are full gross habits of body, with little sensibility; and if the patient has been subject to cutaneous diseases or ulcers, so much the more advantage may be expected from them. In such cases issues generally discharge freely, and give little pain; and we agree with Mudge, that when they are applied, they should be so large as to ensure an abundant discharge. In irritable, sensitive, or spare persons with a thin skin, issues or any other form of external discharge, will not prove of much use; the irritation and distress which they occasion more than counterbalance their good effects. Indeed, we think that local discharges of all kinds must be employed with certain restrictions. When they excite little constitutional irritation, they are most beneficial; but, on the contrary, when they produce long-continued pain, increase the action of the heart, or prevent sleep, we cease to continue them, being well assured that their effects on the system are more likely to do mischief than they can otherwise do good.

In regard, therefore, to the class of external stimulants and discharges, we consider that, with due attention to the restrictions we have laid down on the subject of their application, very great advantage may be derived from their employment in allaying pulmonary irritation, and thus affording time for the adoption of such means as are calculated to improve the general condition of the system. He who expects more from these remedies will, we believe, be generally disappointed. For a full account of this subject see COUNTER-IRRITATION.

3. *Inhalation.*—The inhalation of volatilized substances in the form of dry fumes or vapours has been supposed to be beneficial in phthisis, from their being applied directly to the seat of the disease.

Dry fumigations.—The inhalation of the fumes of resinous and balsamic substances is a very ancient practice. From the time of Galen and Rhazes such fumigations have been employed in the treatment of pulmonary disease; they were particularly advocated in this country by Bennet and Mead, but have gradually fallen into disuse in modern times.

* See his Letter to Dr. Parry on the Influence of Artificial Eruptions, &c.

It will not be necessary to go much into detail upon this practice, nor to dwell long on the advantages which have been ascribed to it in the cure of phthisis. In chronic bronchial disease, or even in chronic tuberculous disease, the application of gentle stimulants of this kind to the bronchial membrane may be useful; but before we can decide on the particular cases to which they are applicable, we would require a series of experiments conducted by practitioners well acquainted with the nature of pulmonary diseases.

The only substance applied in the way of fumigation which has attracted much attention in modern times is *Tar*. The vapour of this substance was first recommended to the notice of the profession by Sir Alexander Crichton, who was induced to try it by a conjecture of Mudge, that the salutary effect of sea voyages is greatly assisted by the perpetual inhalation of an atmosphere impregnated with the volatile parts of the resinous and terebinthinate substances in and about the vessel. The vapour is obtained by heating the tar over a spirit-lamp, a small proportion of subcarbonate of potash being previously added to neutralize any pyroligneous acid which the tar may contain. The heat should be moderate, and the vapour diffused equally over the chamber of the patient, which should also be carefully maintained at an equable temperature. The success of the tar-vapour appears to have been remarkable in some cases of pulmonary disease accompanied with cough and expectoration; while in others, which were apparently of a similar nature, it produced no sensible benefit, and was sometimes injurious by irritating the lungs or provoking hemoptysis. In the appendix to the last edition of Crichton's work, an account is given of some experiments made with this remedy in the hospital of La Charité at Berlin, by Drs. Hufeland and Neumann; it appears "that of fifty-four patients, labouring under pulmonary consumption, four were cured, six left the hospital in a state of convalescence at their own request, sixteen did not receive any benefit from the remedy, twelve appeared to get worse under the treatment, and sixteen died."*

We are not aware that any well-conducted experiments on tar-vapour have been made on a large scale in this country, except those of Dr. James Forbes, which were not in favour of it;† and it is reasonable to believe that the general result of the trials has not been such as to encourage the continuance of the practice. Dr. Morton of Philadelphia, in the work already quoted, gives the following favourable opinion of the efficacy of tar fumigation. "After a fair trial with various substances there is no one which I have prescribed in this form with equal success to tar in combination with subcarbonate of potash, in the manner recommended by Sir Alexander Crichton. In truth, I have seen it act like a charm." In chronic catarrh he knows of no plan of treatment that can

vie with this. He also states that the fumigation was employed by the late Dr. Rush of Philadelphia upwards of thirty years ago. For a full account of the effects of tar-vapour, and the mode of employing it, we beg to refer to Sir Alexander Crichton's excellent and sensible work, which will repay the reader, independently of the information it will afford him on the particular subject in question.

Watery and medicated vapours.—The inhalation of the steam of water, either pure or impregnated with the virtues of emollient medicines, is also a practice of some antiquity. Bennet and others recommended the respiration of watery vapours arising from decoctions of emollient herbs in cases of phthisis unattended with expectoration; but the inhalation of vapour was not much employed until the publication of Dr. Mudge's sensible work, in the middle of the last century, introduced it to public notice as a remedy for a catarrhus cough and inflammatory affections of the lining bronchial membrane.* After trying the effects of various pectoral ingredients, he found no vapour so inoffensive and grateful to the lungs as the simple steam of warm water; the apparatus which he employed for its inhalation is still in use, and is generally known by the name of "Mudge's inhaler," but much improved by Mr. Reid, the inventor of the stomach-pump.

In a very irritable state of the bronchial membrane, this author occasionally combined opiates with the warm inhalations, and with great relief of the symptoms. The inhalation of warm water impregnated with narcotic substances has been recommended as useful in allaying irritation of the mucous membrane of the larynx and bronchi; but we are inclined to believe that the principal part of the benefit derived from the inhalation of medicated vapours has, in many cases, been produced by the simple effects of the vehicle. When the air of a consumptive patient's room is very dry, the cough frequently becomes more troublesome, and some advantage is derived from a basin of warm water placed near the patient; the vapour softens the air, and renders it less exciting to the irritated surfaces of the air-passages, and saves the patient the irksome labour of inhaling.

Chlorine.—About ten years ago M. Gannal, a French manufacturer, having observed that consumptive patients experienced relief while breathing an atmosphere charged with the chlorine disengaged in the manufacture of printed cottons, suggested it as a remedy for phthisis; and since that time numerous experiments have been made with chlorine in France and this country. M. Gannal, in several memoirs presented to the Academy of Medicine, relates numerous cases in which marked relief was obtained from its employment;† and a case is given by M. Cottereau, in which a

* Op. cit. p. 243, et seq.

† Remarks on Tar Vapour as a Remedy in Diseases of the Lungs, Med. and Phys. Journ. Oct. 1822.

* A Radical and Expeditious Cure for a Recent Catarrhus Cough, p. 131 et cet.

† See Potter's Translation of Gannal's Memoirs. Lond. 1830.

cicatrix was found after death in a part of the lung where pectoriloquy and "gargouillement" were distinctly heard eighteen months before:—the patient died of gastric fever.* Numerous other instances of the apparent success of the remedy have been recorded in the French periodical publications.† In this country, however, the trials made with chlorine have not been attended with such beneficial results: it has frequently afforded great relief, but rarely effected a cure. We have tried it in many instances, and it has in several apparently suspended the progress of the disease; but the cases in which we employed it were in the advanced stage, when tuberculous cavities already existed in the lungs. Many of the cases recorded by others were also far advanced; and there can be no doubt that the cures which have been related as effected by the inhalation of chlorine occurred in persons whose lungs were diseased to a very limited extent only.

The symptom which we have found chlorine most decidedly relieve is dyspnoea; in all the cases in which it was beneficial, the freedom of breathing which it produced was one of its most obvious effects;—it also appeared to allay the cough in some cases;—in others we were obliged to abandon its use from the irritation which it excited; and in the majority of the cases it produced no sensible amelioration of the symptoms.

The mode which we adopt in the use of chlorine is to direct the inhalation to be continued for five minutes only, and to be repeated frequently in the course of the day. We find that a longer period produces a sensation of fatigue, and the patient returns to it with less readiness. We begin with five drops, and gradually increase the quantity to forty, but rarely go beyond this. The inconveniences which we have observed from it are soreness of the mouth and an increase of the bronchial irritation. As a palliative, chlorine may be employed in combination with other remedies calculated to abate pulmonary irritation.

These observations will, we think, apply with equal or greater force to the inhalation of *Iodine* and substances in the *gaseous* form. Hydrogen and carbonic acid gases, and even oxygen and nitrous oxide, have been employed in phthisis, but without any such advantages as entitle them to consideration. When more rational and just views of the pathology of phthisis are generally entertained by the profession, we shall cease to hear it asserted that this disease is to be cured by local applications. We do not, however, condemn such measures as useless; on the contrary, we consider them valuable as palliatives, and of great service as adjuncts to those remedies which are directed to amend the condition of the general health, and to correct the tuberculous diathesis: but we certainly disapprove of any local remedy being relied on as the principal means of curing a disease which depends upon a morbid

state of the constitution. Such an error is founded on imperfect views of the real nature of tubercular phthisis, is productive of much mischief in practice, and cannot be too strongly reprobated.

III. *Treatment of Particular Symptoms.*

Cough.—The relief of this symptom is one of the first indications in the treatment of phthisis; but before we employ any remedies for allaying it by abating the sensibility of the respiratory organs, it will be desirable to examine into the causes which produce the cough, with a view to adopt more effectual means to palliate or remove it.

If we find that it depends upon bronchial irritation, which is usually the case, the application of leeches followed by rubefacients and blisters over the upper part of the sternum, are the most direct remedies we can employ. In other cases when it depends upon gastro-hepatic irritation and congestion, leeches and a few alterative doses of mercury with laxatives will be the best means of relieving it.

But it does not often happen that the cough is severe at this early period of the disease; it is as this advances and the local disorganization extends, that this symptom becomes frequent and distressing. In addition to the general means employed in the treatment of the disease, it will then be necessary to give medicines to abate the cough and procure sleep; with this view, the usual narcotic medicines should, we think, be tried before recourse is had to opium, which, though it is one of the most valuable medicines we possess in the treatment of phthisis, should be used as sparingly as possible in the early period of the disease, in order that it may be more beneficial in the later stages. One of the greatest errors committed in the treatment of phthisis is, in our opinion, a too early and too frequent use of opium in large doses: we have often obtained the full effects of an opiate from four or five drops of the solution of the muriate of morphia without any subsequent inconvenience; indeed it is always desirable to begin with the smallest doses, because, as the disease advances, it is generally necessary to increase the quantity, and vary the preparation, as it often becomes in the last stages the chief solace of the patient amidst his multiplied sufferings.

When the cough is kept up by an accumulation of mucus in the bronchi, and the patient has much difficulty in expectorating, a gentle emetic will often afford great and almost immediate relief, and save the patient hours of harassing cough, and a restless night.

Hemoptysis.—The pulmonary hemorrhage which attends the early stages of phthisis, we believe to be in almost every case dependent upon congestion of the lungs, and hence we consider venesection the most effectual remedy. The quantity of blood abstracted must be regulated by the urgency of the symptoms and the constitution of the patient; and when due attention is paid to these circumstances, we believe that venesection is always useful and generally necessary. Until the sanguineous congestion and the increased action of the heart

* Journ. Hebdom. t. ii. 1831.

† See Archives Générales de Médecine.

which generally attends active hemorrhage is somewhat abated, medicines given with the view of suppressing the hemorrhage will for the most part produce little effect. We have never had occasion to regret the employment of bleeding, nor have we observed in our practice any evil consequences result from it. The quantity of blood abstracted need not in any case be great; but if the hemorrhage should return, and especially if the excitement of the circulation should continue, venesection may be required frequently, and at short intervals, before the hemorrhagic action ceases. When there exists a disposition to frequent returns of hemoptysis, small bleedings repeated from time to time form the most effectual and, in some cases, the only means of arresting the hemorrhage. One of the most striking cases illustrative of the efficacy of this practice is recorded by Dr. Cheyne, in the fifth volume of the Dublin Hospital Reports. As the gentleman who was the subject of this case was under our care for some time before he became Dr. Cheyne's patient, and his case is altogether a very interesting one, we shall give some account of it here. This gentleman had been subject to hemoptysis for many years; but, after his return from Italy, where he had been for some time under our care, it greatly increased. During four months he had every day from three to four attacks, and at the end of February, 1825, was reduced to such a state of weakness and emaciation that he was unable to move from his chair to his bed without assistance. It was in this condition, after having experienced the inefficacy of other remedies, that Dr. Cheyne had recourse to frequent small bleedings. Six ounces of blood were taken from the arm, which had the effect of suspending the return of hemoptysis for four days, when he had a slight relapse; six ounces were again abstracted, and no return of hemoptysis occurred for ten days. From this time three or four ounces of blood were regularly taken from the arm every week for a year, and once every month or six weeks for another year. During the first eighteen months the blood was invariably cupped and buffy, but after that time it assumed the natural appearance. The pulse during the whole period of the complaint was never much accelerated; the most unpleasant symptom was a sensation of weight in the chest in the recumbent posture. Another circumstance deserves notice:—the digestive organs, which had been constantly deranged during his illness, improved immediately after the bleedings were commenced and the hemoptysis was checked. In reviewing the whole history of this case, we have little doubt that the abdominal circulation was the primary seat of congestion: the early attacks of hemoptysis were preceded by constipated bowels, and the patient suffered from pain in the region of the liver, with dyspepsia, headache, and depression of spirits.

We are enabled, by a communication just received from this gentleman, to give an account of his health subsequent to Dr. Cheyne's report (1827). He states that he enjoyed good

health, with the exception of an occasional slight attack of hemoptysis, for which the lancet was used, up to April 1830, when the hemorrhage returned in a greater degree, and continued to recur frequently for two months unchecked by bloodletting. When reduced to great weakness he tried carriage exercise in the country, which appeared to have the most beneficial effects in allaying the hemorrhage; and in the course of two months he was able to return to his clerical duties. In May 1831 he had another attack, and again in December 1832; since which time he has had no serious return, and has not used the lancet since December 1833. He adds that he is now, October 8, 1834, quite well, between twelve and thirteen stone weight, takes much exercise on horseback, and feels no inconvenience whatever from reading the service and preaching twice on the same day. There cannot be a stronger instance of the beneficial effects of small bleedings in suspending hemorrhage than this case affords, and if this practice had not been so judiciously adopted by Dr. Cheyne, the patient must inevitably have sunk under the continued recurrence of pulmonary hemorrhage. But we are disposed to think the remedy was relied on too exclusively in this case; and the faith of the patient in its efficacy is now somewhat shaken.

The practice of small bleedings may be adopted, we believe, in other hemorrhagies with advantage, as in hemorrhage from the bowels, menorrhagia, epistaxis, &c.

Local bleeding, especially by leeches, in the early stage of hemoptysis, or even when there exists a congestive state of the lungs, with a disposition to hemoptysis, is, in our opinion, a dangerous practice, and likely to produce the effect it is intended to remove or prevent. This was exemplified in the patient whose case we have just recorded: while at Rome, leeches were applied to the anus, with the view of relieving abdominal plethora, and before they had ceased to bleed, the patient was attacked by copious hemorrhage from the lungs, which it required several general bleedings to subdue. In a slighter degree we have frequently observed this effect produced by leeches, and we consider the practice of abstracting blood in this manner from a person threatened with hemoptysis or apoplexy not free from danger. In all cases where the object is to relieve congestion of the large vessels, general bleeding is the proper mode of abstracting blood in the first instance: when, on the other hand, we wish to promote or restore suppressed secretions in plethoric persons, local bleeding by leeches is the best measure. After the plethora has been reduced by one or more general bleedings, local bleeding may often be employed with advantage.

Various medicines have been used in hemoptysis from a belief in their specific powers in checking hemorrhage: (see article HEMOPTYSIS.) When the circulation is excited, and more especially when there is reason to apprehend pulmonary inflammation, tartarized antimony combined with nitre forms one of

the most efficient remedies; it is recommended by Dr. Cheyne as superior to all others "in cases of hemoptysis with inflammatory symptoms." It may be given to produce nausea: a quarter or often an eighth of a grain with five to ten grains of nitre every hour will generally prove sufficient to abate the increased action of the heart and induce some nausea. The other remedies in most estimation for the cure of hemoptysis are digitalis, superacetate of lead, ipecacuan, nitre, sulphuric acid, and opium, which last is often useful when there is much nervous irritation or alarm. We consider purgatives of great utility in pulmonary hemorrhage, which in the consumptive constitution is often connected with hepatic congestion; and accordingly we have found that the hemorrhage did not generally cease till the biliary secretion assumed the natural appearance; hence in all cases of hemoptysis we would recommend attention to the functions of the liver. Aperients of the least irritating kind deserve the preference; the saline laxatives generally answer best.

After bleeding and other means have checked hemoptysis, there is some danger of inflammation supervening; and a blister will be beneficial in preventing this. Even during the continuance of the bleeding, blisters are often useful. We consider the application of cold water or ice to the chest a very doubtful measure; and the cold affusion over the whole body, which has been recommended, highly objectionable. Ice, or iced water, may be given internally with advantage. When the hemorrhage has been great and the patient's strength is much reduced, mild tonics may be employed with benefit as soon as the hemorrhage has ceased. Bark with sulphuric acid we consider the best tonic in such cases: in the slighter forms of hemoptysis, the preparations of iron are good remedies.

The cure of pulmonary hemorrhage in persons threatened with phthisis, is not merely to be considered as the removal of a symptom; it may be the means of preventing the occurrence of phthisis, if advantage is taken of the removal of pulmonary congestion to adopt such measures as shall prevent its return, and at the same time improve the general health; the means by which this may be best effected have been already pointed out. It is particularly necessary to watch the state of the pulmonary circulation after an attack of hemoptysis; and when congestion of the lungs is indicated, a small bleeding, employed in season, may prevent a return of the hemoptysis.

Pain of chest.—The pain which occurs during the progress of phthisis is seldom very severe, unless when it is complicated with acute pleuritic inflammation. The abstraction of a few ounces of blood by cupping, or the application of leeches or a blister, will generally be sufficient to remove it; but of all local applications we have found the mustard poultice most convenient and effective in relieving the pains which accompany the latter stages of phthisis. In persons with a very irritable state of skin, we find a warm poultice

of linseed meal with a very small proportion of mustard have considerable effect in mitigating pain without exciting much external irritation. When the pain is fixed, a plaister of burgundy pitch applied over the part will be very useful; and in slight pains, friction with stimulating or opiate liniments, or the application of æther, will often relieve them.

Dyspnœa.—Severe dyspnœa, except during the last weeks of the disease, is not productive of much distress. During the paroxysms which occur at this period, a combination of æther and opium often proves useful; and if they are very harassing and the pulse admits of depletion, a small quantity of blood may be abstracted with advantage. Laennec recommends belladonna in these cases, but we have never seen it produce decided relief; we have found the extract of stramonium, given in small doses of a quarter or a half a grain every day in cases where the dyspnœa was constant, a far more efficacious remedy.

External applications are sometimes beneficial, particularly when the dyspnœa returns in paroxysms; a mustard poultice is quickest in its operation, and may be applied either to the chest, arms, or feet. When the stomach is loaded, an emetic will afford more relief than any other remedy: the inhalation of æther, either alone or combined in solution with some narcotic substance, is also occasionally useful; but in the last stage of the disease, when the oppression of breathing often becomes very distressing, especially towards night, we have found opium and æther afford more effectual relief than any other remedy.

Nausea and vomiting.—In a small proportion of phthisical cases, this forms a very distressing and obstinate symptom. Indeed there is no symptom more difficult of relief than the extreme irritability of the stomach which occasionally accompanies phthisis: we have known it prevail for years, the quantity of food retained during the whole of that period being wonderfully small. All the cases of this affection which we have seen, have occurred in young females of a strongly marked tuberculous constitution. A strict adherence to a mild diet, the avoidance of everything which is found by experience to irritate the stomach, and the use of food in the smallest possible quantity at a time, will often relieve the vomiting or reduce its frequency. In some cases we have derived decided benefit from the use of prussic acid, and in others from lime-water or liquor potassæ. Seltzer water is also occasionally useful. External remedies, such as blisters and sinapisms, produce temporary relief only.

Hectic fever.—When this symptom occurs in the early stages of phthisis, and especially when it is accompanied with pain or tightness of the chest, it may be necessary to have recourse to venesection; but in general small doses of tartarized antimony combined with nitre or saline medicines will be the most effectual remedies. When the hot stage is strong, sponging the hands and feet with tepid vinegar and water will afford relief; but the cold fit frequently forms the principal and most dis-

treassing part of the febrile paroxysm. Bark occasionally relieves this stage, although its effects are generally temporary. When the chill comes on at a particular hour of the day, its severity may often be abated by keeping the patient warmly covered in bed till the paroxysm has passed. But the best means of controlling the hectic fever is a well regulated diet.

Perspirations.—The copious perspirations of the consumptive patient during sleep form one of his most distressing symptoms during the advanced stages of the disease.

In many cases medicine has little power in diminishing these perspirations. Sulphuric acid is commonly used for this purpose; and when the debility is great, and there are no objections to its exhibition, much advantage will be derived from a combination of the acid with an infusion of bark, or with small doses of sulphate of quinine; small quantities of this medicine being much more beneficial as a tonic than the larger doses. When there are objections to the bark, infusion of sage may be advantageously combined with the acid; and acetic acid may sometimes be substituted for the sulphuric. Fouquier thinks that acetate of lead possesses a specific effect in diminishing night-sweats; the dose in which he usually gave it was from four to eight grains, increased even to twelve grains a day. We have seen the expectoration diminish under the influence of this remedy, but we have not used it much in perspirations. The most effectual plan of moderating the perspiration consists in regulating the patient's diet, which should be mild and moderate; and much warm fluid, particularly towards night, should be avoided. When the perspirations are very copious, the patient should sleep in flannel or calico; and it is often necessary, and at all times a great comfort to him, to be wiped with warm flannels, and to have his clothes changed frequently.

Diarrhœa.—Although the bowels are frequently irritable and easily deranged during the whole progress of phthisis, diarrhœa in general does not occur in a severe degree till an advanced period of the disease: the expectoration is generally abundant, and the perspirations are copious before it appears.

In the earlier stages diarrhœa often depends on an irritated and loaded state of the alimentary canal, produced by errors in diet or other causes. This will be remedied by gentle aperients, such as rhubarb combined with carbonate of soda; or when the stomach is much oppressed, an emetic may be preferable: and a strict attention to regimen will very generally prevent its return under such circumstances. But when the diarrhœa depends on ulcerated bowels, which happens in a large proportion of cases, as we have already shown, it becomes of course very obstinate, and stimulants and rough astringents aggravate and increase it; while a mild diet, consisting chiefly of farinaceous food, such as rice, arrow-root, and sago, soups, milk, and light animal food, diminish it and even prolong the patient's life. It is not sufficiently considered that the diarrhœa of the latter stages of phthisis depends upon diseased

bowels; and that the almost constant existence of internal ulcerations forbids the practice of loading the stomach with large quantities of chalk mixture, kino, catechu, and stimulating aromatics and exciting food, but rather calls for the employment of a mild regimen and soothing medicines. Ipecacuan in combination with some mild narcotic, or with the compound ipecacuan powder, forms a very useful medicine; sulphate of copper is also occasionally useful; and an enema of starch and opium frequently suspends the diarrhœa for a considerable time, and produces sleep more effectually than any other remedy.

External applications, such as stimulating and opiate liniments, will often give relief to the uneasy sensation in the bowels which sometimes remains long after an evacuation.

Complications.—The treatment of the various diseases which complicate phthisis in its progress, such as laryngeal irritation, bronchial inflammation, catarrh, pneumonia, &c. does not differ from that usually employed in those diseases; and we refer for full particulars respecting it to the articles under those heads. It must, however, be kept in mind, in treating all the intercurrent diseases which attend phthisis, that they are merely complications, and require cautious treatment in proportion to the advanced state of the tuberculous disease and the debility of the patient.

IV. *Treatment of the advanced stage.*—As phthisis advances, the case becomes more complicated, and consequently the treatment requires to be more varied. The extension of the tuberculous disease in the respiratory organs renders them less capable of performing their functions: the pulmonary circulation is carried on with increasing difficulty, the lungs are more subject to congestion and inflammation, and hence the increase of cough, dyspnoea, and pain,—symptoms which generally become more urgent with the progress of the disease. With the extension of the local disease, the hectic fever, and especially the perspirations, increase; the digestive organs, partly from sympathy, but more from the advance of tuberculous disease, become deranged; and nausea, vomiting, and still more frequently diarrhœa, add greatly to the patient's sufferings. According to the predominance of one or more of these symptoms, must the means of relief be varied: hence the treatment of the advanced stages resolves itself chiefly into the treatment of particular symptoms, which has been considered in the last section. We would only observe that the patient's life may be prolonged, and the remaining term of his existence deprived of much of its discomfort and distress by observing a strict adherence to a mild regimen, avoiding whatever excites the circulation or irritates the digestive organs. If these precautions are neglected, the hectic fever, the perspirations, and the diarrhœa will be increased; the patient's mind also becomes irritable under an exciting regimen, and he is fretful and impatient under his sufferings; a circumstance which adds not a little to his own uneasiness, and is moreover most painful to the feelings of

those around him: hence the great object of our treatment should be to soothe and tranquillize both mind and body.

V. Regimen.—The great difficulty of directing the regimen of persons of a tuberculous constitution depends upon the discrepancy which exists between the wants of the system and the powers of the digestive organs. The former appears to call for a strongly tonic diet; while its employment never fails to aggravate the weak and irritable condition of the latter, and depress still further the powers of the constitution: hence it is evident that the food which is best adapted to the digestive organs, is that which will ultimately contribute most effectually to the strength of the system. A disregard to this obvious law of the economy has given rise to the great diversity of opinion which still prevails respecting the regimen of tuberculous patients. We have already stated our opinion regarding the diet of children, and alluded to the prevailing error of over-feeding young persons of the strumous constitution. The strongest and most exciting kinds of animal food frequently constitute their diet, whether their stomachs are strong or weak, irritable or otherwise; the delicate puny girl of seven years of age has the same dinner as the robust lad of seventeen, and both are generally fed upon a kind of meat which is adapted only to persons of adult age and matured strength, who take active exercise the greater part of the day in the open air.

During the early stage of phthisis the diet ought to be mild, and in cases where there is a tendency to pulmonary congestion it should be strictly antiphlogistic; but the diversity of the prevailing symptoms renders it impossible to lay down any general rule on the subject. We would simply remark that when, from any cause, it is necessary to reduce the diet, its subsequent increase should be made with great caution and very gradually.

As phthisis advances, the diet must be regulated according to the circumstances of each case: one person will bear and derive advantage from a diet that would excite fever in another; and, therefore, any general rule that could be laid down on this subject would be weakened by so many exceptions that it would be useless. Too much importance is attached to the food, and too little to the state of the digestive organs; and hence it is most erroneously supposed that the emaciation and wasting of the patient may be checked by an additional quantity and richer quality of food; by which means derangement of the digestive organs is induced along with a new train of symptoms, which tend to complicate the case and add to the distress of the patient.

Although a mild diet is that which is most generally suited to the advanced stages of phthisis, cases may occur in which it is advisable to adopt a more exciting regimen; and instances are on record where the consumptive patient, after long lingering under a spare diet, has rapidly improved in strength and been apparently cured by a diet of an opposite quality.

That this has occurred we do not doubt; but the patient has probably been as much indebted to the mild diet as to that which followed it. The patients who have been cured in this manner have no doubt been persons in whom the tuberculous disease of the lungs was limited, and advancing to a cure before the change of regimen was adopted. In many such cases, however, a change from a mild to a stimulating diet would do mischief, and interfere with the curative process going on in the lungs; indeed the proportion of cases is very small in which it will prove useful, and even then much judgment and discernment will be necessary on the part of the practitioner in deciding on the proper period for its employment. When such a change of diet is made, it should generally be accompanied by an increase of exercise in the open air: Salvadori combined his salt meat and generous wines with exercise on horseback, and promoted perspiration artificially by placing his patients near the fire.

The cases that are likely to be cured by the stimulating plan of treatment,—by beef steaks and porter,—bear so small a proportion to the many that will be injured by it, that we do not consider it deserving of further notice in this place. Many more patients have been preserved by the early adoption of a milk and vegetable diet, with a residence in the country; and there are numerous instances in which this regimen, adopted in the very commencement of tuberculous disease, proves more suitable than any other. The jelly of some of the mosses has been recommended as a nutritious article of diet for the cure of consumption; of these the Iceland moss jelly has been generally preferred: it affords a light form of nourishment, and its bitter qualities render it useful in some states of the stomach. Asses' milk and goats' whey are well known articles of diet in such cases; but on this part of our subject it is unnecessary to go into detail in this work.

In bringing this article to a conclusion, we feel that, although we have exceeded the limits which we had originally assigned to it, the subject, in the extended view which we have taken of it, is one of such deep interest, involves so many important considerations, and embraces so wide a range, that we may have omitted some things, and passed lightly over others; but we believe that we shall be found to have attached its due value to every point which is of real consequence. If, in the accomplishment of our object, we have dwelt more particularly on some parts than on others, we have been induced to do so from a full conviction of their paramount importance. Our great aim has been to point out the sources of tuberculous diseases, and to impress upon our medical brethren the necessity of directing their chief attention to the origin and causes of phthisis,—a knowledge of which can alone lead to the means of preventing that disease, and of diminishing the frequency of tuberculous diseases generally.

(James Clark.)

TYMPANITES, from *τύμπανον*, a drum, occasionally referred to by the early writers under the term dry dropsy, and classed by them with anasarca and ascites.* *Emphysema tympaniticum*, Young; *emphysema abdominalis*, Good. Distension of the parietes of the abdomen, continuing the same under different positions of the body, not yielding readily to pressure, but, when that is applied, returning immediately to its former state on its removal, and, when struck, emitting a sound like that produced by a drum, the distending medium being air confined within or external to the alvine canal: there is consequently no sense of fluctuation, and that of weight is infinitely less to the feelings of the patient than the increase of bulk would lead him to expect. By these characters tympanites is to be distinguished from physeonia and other tumefactions of the abdomen, the absence of the symptoms of each of which will further serve for its identification.

Nosology has been encumbered by the enumeration of several species of tympanites, distinguished according to the locality in the abdomen occupied by the distending volume of air. The most natural, and those which have been generally adopted, have referred to its presence either within or external to the alvine canal, and have been named accordingly *tympanites intestinalis* and *tympanites abdominalis*. Sauvages has given the name of *tympanites enterophysodes* to the presence of air between the coats of the intestines; a very rare occurrence, and still more rarely, if ever, we conceive, existing to such an extent as to occasion *tympanites*: if it has, it is probable that it has been secondary to *tympanites intestinalis*, the air having been derived from the canal; an accident which seems possible if the mucous membrane were eroded, even though the quantity should not be excessive. It has been regarded as a fourth species when the *tympanites intestinalis* and *tympanites abdominalis* have been co-existent; but it may be presumed that the former has always been the primary condition, and erosion or rupture of the intestines an intermediate occurrence. The combination of *tympanites abdominalis* with ascites has been enumerated by Sauvages as a fifth species under the name of *tympanites asciticus*; but although in most examinations after death of bodies in which *tympanites* has been present, serum has been found in the sac of the peritoneum, it would be inconsistent with every purpose of nosology to discuss such a combination as a distinct form of disease. To obtain a clear view, however, of *tympanites* in its several relations, it will be well to consider the modes in which air is received and collected in the abdomen, as well as the means by which its riddance is effected. It may not be inappropriate also to this place to record our knowledge of the nature of the intestinal

gases, for it is possible that it may hereafter suggest more rational methods of relieving those who suffer from their presence in excess than any that have been hitherto devised.

A chief source of air developed in the alimentary canal is undoubtedly the aliment which is received into it, and of this, from abundant experience of its effects within the body, and from knowledge directly as well as indirectly obtained from without, we are certain that it is extricated in greatest quantity from vegetable substances: these, it is well known, contain it in variable proportions, and are freed, as are the constituents of diet generally, from considerable quantities of it by culinary processes through the medium of the heat to which they are subjected. In a healthy state of the digestive function, and with due care as to the selection and preparation of food, the air belonging to it for the most part disappears after it is taken into the stomach, and is probably transferred, still in its combined state, with the chyle to the blood, the latter being known to contain it in considerable proportions; according to Hales and Haller as one part in thirty-three, and all the other fluids in variable proportions. When digestion, however, is imperfect in consequence of a faulty state of the organs concerned in that function, or of improper food, air is extricated in such quantities as to lead to an uncomfortable distension of different parts of the alimentary canal. The stimulus of distension excites in the first place the vermicular and peristaltic action of the parietes of the canal to transfer it, in aid of its own elasticity, from one portion to another, and eventually to the riddance of so much of it as has remained unabsorbed. In failure of this effect the muscles of the abdomen are excited to the same end, and irregular actions are also induced, such as singultus, eructations, &c. When the increase in the volume of the confined air becomes still more excessive, accumulates, and is retained, the state induced constitutes *tympanites intestinalis*.

But besides the extrication of air immediately from the ingesta, John Hunter conceived that it might be derived from the blood-vessels by a process analogous to or in every respect identical with that of secretion. This hypothesis, which has been generally admitted, is founded on the established fact of air being detected in localities into which it could not have been introduced directly from without the body, and where it could not be referred to putrefaction.* 2dly. On the analogy afforded by certain kinds of fishes possessing a sound or bladder commonly used for the purpose of

* Atque ejus (ὕδρωπα) tres species sunt. Primum *τυμπανίτιν*: secundum *λευκοφλεγματίαν* vel ὑπὸ σάρα: tertium *ἀσκήτιν* Græci nominarunt. Celous, lib. iii. cap. xxi.

* Majendie and Gerardin included a portion of intestine between two ligatures and returned it into the abdomen; air, nevertheless, was found occupying it, although care had been taken that it should be divested of any matter containing it. Cambaluisier, Belg., and Glisson have made similar observations. Dict. des Sc. Méd. art. *Pneumatose*. Division of the pneumo-gastric nerves is often followed by an accumulation of air in the stomach, as demonstrated by the experiments of Willis, Ducrotoy de Blainville, Haller, and Dumas. Ibid.

balancing, and next apparently for that of raising themselves to the surface of the water; and the presence of which cannot be accounted for as in the bones of birds, where an immediate communication is to be traced with the air-cells of the lungs. Lastly, on the constant separation and absorption of gas by vegetables, as proved directly by multiplied experiments, and further confirmed by the well-known fact of the inflation by air of the pods and capsules of a variety of plants common in our gardens.

In the act of deglutition it is probable, that besides the air contained in the food, a small portion is swallowed with it. Dr. Gosse of Geneva (and several physiologists have repeated his experiments with the same results) has shewn that even large quantities of it may be swallowed; and Gerardin, in his essay on intestinal gases, has related an instance in which, by this faculty, an individual was enabled to simulate tympanites so as to deceive several respectable practitioners.

The manifestation of sudden and excessive evolutions of gas in the alimentary tube, particularly in some instances of hysteria, has been referred, and apparently with reason, to the secreting process; but when we reflect on the immense volume of air which is separated from vegetable substances in a state of fermentation,* to which, moreover, they are partially subjected in the animal body in defect of healthy digestion, the necessity of any other source is at least not very obvious.

The nature of the gases that are found in different parts of the alimentary canal has been examined by Jurine and Chevreul. Jurine's results shewed that as we recede from the stomach, the proportion of oxygen and carbonic acid decreases, while that of nitrogen increases; and that the proportion of hydrogen is greater in the large than in the small intestines, and less in these than in the stomach.† M. Chevreul analysed the gas in the stomach, the small and large intestines, with the following results.

In the stomach :

Oxygen	11
Carbonic acid	14
Hydrogen	3.55
Nitrogen	71.45
	<hr/>
	100.0

In the small intestines in three different subjects :

Oxygen.....	0.0	0.0	0.0
Carbonic acid .	24.39	40.0	25.0
Hydrogen	55.53	51.15	8.4
Nitrogen	20.08	8.85	66.6
	<hr/>	<hr/>	<hr/>
	100.00	100.00	100.0

Gas in the great intestines of the three first subjects :

Oxygen	0.0
Carbonic acid	43.5
Carburetted hydrogen, with a trace of sulphuretted ditto....	5.47
Nitrogen	51.03
	<hr/>
	100.00

Of the second :

Oxygen	0.0
Carbonic acid	70.0
Hydrogen and carburetted hydrogen	11.6
Nitrogen	18.4
	<hr/>
	100.0

In the cæcum of the third :

Oxygen	0.0
Carbonic acid	12.5
Hydrogen	7.5
Carburetted hydrogen.....	12.5
Nitrogen	67.5
	<hr/>
	100.0

In the rectum of the same :

Oxygen	0.0
Carbonic acid	42.86
Hydrogen	0.0
Carburetted hydrogen	11.18
Nitrogen	45.96
	<hr/>
	100.00*

We are not aware of any analysis having been made of the intestinal air in cases of tympanites; but there is no reason to presume that any peculiar variation in the nature of its constituents is a condition of this disease, although their proportions are constantly subject to the modifying effects of different kinds of food, and respond to the fluctuating condition of the secreted products of other organs of the body.

Tympanites intestinalis sometimes occurs in fevers accompanied with much cerebral disturbance; and in this, as well as in other diseases in which the nervous system is particularly implicated, it has been observed to take place very suddenly: under such circumstances it has received the particular appellation of meteorismus, a condition which, to a certain extent at least, may be accounted for by a suspension of nervous stimulus to the muscular coat of the alimentary canal. Tympanites is symptomatic also of gastritis, of enteritis, and of peritonitis; diseases in which it is obvious that the propelling power of the intestines is impeded, although from a different cause. In acute diseases of the thoracic as well as of the abdominal viscera, tympanites occasionally occurs, and is to be accounted for by an ex-

* It appears, from the experiments of Dr. Hales, that an apple, and many other kinds of aliment, give out six hundred times their own bulk of an elastic gas during fermentation.

† Mem. Roy. Med. Soc. t. x. p. 72 et seq.

* System of Physiology, by John Bostock, M.D., vol. ii. p. 491. *Majendie*, Phys. t. ii. p. 85, 104, 5, 112, 3.

cessive extrication of air from the food, in consequence of the common suspension of the digestive powers under such circumstances, and the impediment offered to the action of the muscles auxiliary to the function of the canal itself. In obstinate constipation, and other mechanical obstructions, direct impediment to the transfer of the gaseous fluid occasions its accumulation, and sometimes excessive distension of some part of the alimentary tube. In ulcerations of it, and other local diseases, its vermicular and peristaltic actions are arrested, and a tympanitic state of the intestines is a consequence. In ileus and hernia it occasionally produces extreme discomfort; but in these, and under the before-mentioned circumstances, its consideration belongs to that of the disease from which it arises; and though relief may be afforded by some of the means presently to be pointed out, their selection must be subject to the principles on which the original disease is to be treated.

Whether tympanitis intestinalis should be regarded as a disease distinctly idiopathic has been questioned, and, as we conceive, not without reason. The deference, however, which is so largely due to the authority of Cullen, and the conviction that he has faithfully portrayed a chain of symptoms of occasional occurrence and demanding particular consideration, induce us to give a place to his description of it as such in this article. "I cannot perceive," observes this writer, "that it arises in any peculiar temperament, or depends upon any obvious predisposition. It occurs in either sex, at every age, and frequently in young persons. Various remote causes of it have been assigned; but many of these have not commonly the effect of producing it; and although some of them have indeed been the antecedents, I can in few instances discover the manner in which they produce the disease, and, therefore, cannot certainly ascertain them to have been causes of it." The following he states to be the phenomena of the idiopathic form of intestinal tympanitis. The distension sometimes takes place suddenly, and seldom in the slow manner of ascites; occasionally, however, its advance is gradual, and is accompanied by the various manifestations of flatulence, frequently together with cholic pains, especially about the umbilicus, and upon the sides towards the back; but generally with the progress of the disease these pains become less considerable, and there is almost a constant desire to get rid of air, but it is effected with difficulty; and although with some relief to the sense of distension, such relief is commonly very transient. When this kind of tympanitis is coming on, some inequality of swelling and tension are perceptible in different parts of the belly; but the latter soon becomes equal over the whole, and exhibits the characteristic phenomena already mentioned. At this time, as well as during its progress, the bowels are constipated, and the fæces generally dry and hard. The urine at first is usually very little changed in quantity or quality, but after a time it is so in both

these respects; sometimes strangury and even ischuria come on. It has seldom advanced far before the appetite is much impaired and digestion ill performed; and the whole body (the abdominal distension continuing) becomes considerably emaciated. Together with these symptoms there is thirst, an uneasy sense of heat, and a considerable frequency of pulse, which continues throughout. When the distension is considerable, the respiration becomes difficult, and is attended with a frequent dry cough; the strength declines, and the febrile symptoms daily increasing, death at length ensues, sometimes probably in consequence of the intestines becoming gangrenous.

This form of disease is generally, but not rapidly, fatal. Errors in diet, the long-continued and exclusive use of crude vegetable aliment, the abuse of spirituous liquors, repelled eruptions, and the suppression of customary evacuations, have been considered chiefly conducive to its occurrence.

With regard to its pathology, Cullen, in common with other writers, and consistently with prevailing opinion, refers it to a loss of tone in the muscular fibres of the intestines. "Even in those cases of tympanitis," he observes, "which are attended at their beginning with flatulent disorders in the whole of the alimentary canal, as we know that a firm tone of the intestines both moderates the extrication of air, and contributes to its re-absorption or ready expulsion, so the flatulent symptoms which happen to appear at the coming on of a tympanitis, are in my opinion to be referred to the loss of tone in the muscular fibres of the intestines, rather than to any fault in the digestive fluids." It is probable, he adds, that the passage of air along the course of the intestines is in some places interrupted, in consequence of spasmodic constrictions in certain parts of them; but whether these arise as a consequence of the remote causes of the disease, or of some degree of previous atony, he acknowledges himself at a loss to determine.

Examinations of the bodies of those in whom tympanitis has been present immediately before death, have shewn the intestines to be very considerably larger in their caliber than natural, but most generally the cæcum and colon. De Haen* refers to the dissection of a male subject who died after three years' suffering from this affection: the colon, he states, was greatly dilated, so that in some places it was equal in size to the arm; in others to the thigh of a man; and all the smaller intestines, as also the stomach, were twice or thrice the natural size; so that from excessive distension the shape of the thorax was much altered, and both the lungs and heart were compressed. In some instances, after excessive distension, rupture of the stomach has been known to take place.†

The treatment of tympanitis intestinalis consists in procuring present relief by the removal of the distending volume of air, and in the

* Ration. Med. p. ii. cap. 5.

† Dict. des Sc. Méd. art. *Pneumatose*.

substitution of a healthy state for that condition of the alvine canal on which its regeneration and accumulation depend. It is obvious that whenever any morbid state to which this condition is secondary can be recognised, the treatment of the tympanites must be secondary to that of the original disease, whatever it may be; but under any circumstances the relief of distress arising from excessive distension should, if possible, be effected. Dr. Darwin has proposed for this purpose that a pipe (such, for instance, as is commonly used for the injection of enemata) should be introduced into the rectum, so as to take off the resistance which in some cases is offered by the contraction of the sphincter ani muscle. Trnka* proposed that the removal of the gas should be effected by an air-pump; and the practicability of this remedial measure has been most satisfactorily demonstrated by Dr. Osborne, in Sir Patrick Dun's Hospital in Ireland. The patient, a female, aged twenty-two, was admitted on the 23d of January, 1831, into Dr. Osborne's ward, on account of various hysterical symptoms, attended with obstinate constipation; these, although relieved, were followed by tympanitic distension, which produced the greatest distress, and for which the employment of leeches, carminatives, and various other remedies, proved wholly unavailing. It became an object of importance to examine the abdominal viscera, in consequence of some symptoms of doubtful import which at different times had occurred. Dr. Osborne having introduced a gum elastic tube of nearly three feet in length, with a button and hole at its extremity, and applied to it an air-tight stomach-pump, proceeded to pump out the gas, and was enabled to do so with but few interruptions, which were speedily overcome either by shifting the place of the tube in the intestine, or by injecting warm water to clear the holes from accidental stoppages. In about an hour the abdomen was reduced to nearly the natural size, with complete relief of the painful distension, and thus an opportunity was afforded of ascertaining that no visceral enlargement had taken place. In passing the tube through the rectum and sigmoid flexure, it was occasionally retarded by folds of the mucous membrane, but was soon freed by injecting warm water, and thus procuring distension at those parts. Very little inconvenience was experienced by the patient, although she felt the end of the tube in the left hypochondrium. The same process was repeated upon her more than once, and with the same effects. Dr. Osborne remarks that portions of the intestines distended by flatus beyond their power of contraction, resemble the bladder when reduced to a paralytic state in consequence of a retention of urine, and cannot contract effectually until a diminution of their contents is first obtained; hence it is probable that this method may not only prove a temporary relief, but may contribute to the permanent removal of many cases of torpidity of the

bowels.* In some instances it seems not improbable that relief may be obtained by similar means applied to the œsophageal extremity of the canal. The extreme distension which is occasionally caused in the stomachs of cattle in consequence of the sudden extrication of air from green succulent food which they have consumed too greedily, familiar to agriculturists by the term *hoven*, is commonly indeed relieved by the simple introduction of a flexible tube through the gullet into the stomach, which is allowed to remain for some length of time, and affords a convenient passage for the excessive quantity of air which is generated.

Temporary relief may further be attempted by the medicines commonly termed carminatives, the sensible qualities of which, and their sudden volatility, render them instantaneously stimulant to the fibrous structure of the alimentary canal, enabling it to overcome the distension, to dispel the distending gas, and perhaps partly to lead to its absorption. The aromatic vegetables containing much essential oil, such as juniper-berries, the seeds of anise, carraway, coriander, and cardamoms; cloves, also; the roots of ginger and zedoary, the volatile oils themselves, and preparations of these, will be adapted to the purpose. To these may be added stimulant and antispasmodic medicines, such as the carbonate and compound spirit of ammonia, ether and its preparations, camphor, assafoetida, and the other strongly odoriferous gums, combined or not, according to circumstances, with opium or some of its preparations.

The more general treatment by which the cure of tympanitis intestinalis is to be attempted is, by restoring to the alimentary canal its lost or diminished power; and this has appeared to us so generally consequent to disordered function of the liver when tympanites, either partial or complete, has been present, that although we do not profess to consider it in its secondary relations in this place, we cannot but observe that to secure the natural secretion from this organ, if it should have been defective, is an essential preliminary to the cure of the morbid condition we are more immediately considering. The accumulation of excrementitious matter, which must add to the difficulties already existing by exhausting the contractile power of the intestines, is to be prevented by warm aperients, which will be further conducive to the same end by promoting the due digestion of the food; for this purpose purgative doses of spirits of turpentine, either alone or combined with castor-oil, the compound decoction of aloes, combinations of the powder with compound tincture of rhubarb, the compound pill of aloes and myrrh, combinations of the compound extract of colocynth with hard soap, and the addition of a drop or two of the volatile oil of juniper or of carraways, or of cloves, will be suitable. Their operation may, if occa-

* Lond. Med. Gaz., v. vii. p. 825. Dr. Graves has noticed the efficacy of similar means in two cases. See Lect. in Lond. Med. and Surg. Journ. v. ii. p. 781.

* Historia Tympanitidis, 4to. Vindobonæ, 1788.

sion require, be assisted by gentle enemata, and by rubbing the abdomen with soap liniment, oil, soap lather, &c.

The wants of the constitution generally, and the presumed loss of tone in the muscular fibres of the intestines, alike suggest the use of tonics, and their efficacy being well established in the common forms of abdominal distension from flatus, they have been commonly resorted to in that extreme degree of it which constitutes tympanites. The preparations of steel have been found especially useful in disorder of this kind, as have also the aromatic bitters. The recorded experience of their use in tympanites, however, has been too scanty to enable us to draw conclusions in favour of particular preparations; and from its very rare occurrence the superiority of one above another remains to be determined. An instructive case of tympanites was published by Dr. Graves in the first volume of *Medical Facts*, p. 90, in which he attributed the cure, and apparently with good reason, to the internal use of eighteen grains of *prepared steel* (*ferri carbonas*) twice in the day; in three or four days the distension having considerably diminished, and two days afterwards entirely disappeared. The only sensible operation it produced was violent and frequent eructations of wind, and that immediately after the first dose had been swallowed. Three grains of calomel and a scruple of rhubarb had been given as a preparatory dose. Dr. Monro has also left a case on record, accompanied with irregular menstruation, in which recovery soon followed the exhibition of steel; simultaneously, however, with assafoetida and other anti-hysterical medicines, so that it is impossible to appreciate the precise advantage obtained by this medicine. A combination of four grains of carbonate of iron with two grains of rhubarb, two of powdered ginger, and two of extract of gentian, taken three times a day, (a suggestion obtained some years ago, we believe, from the *London Medico-Chirurgical Review*,) we have found particularly useful in cases of flatulent distension occurring in dyspepsia; and according to the present state of our knowledge it is on medicines adapted to corresponding forms of the last-mentioned disorder that our reliance is to be placed in the treatment of tympanites intestinalis. (See INDIGESTION.)

It is to be remembered, however, that the substantial forms of medicine will in most instances be preferable to their simple solutions, as the remedial action of the former will be continued to a greater distance in the tract of the alvine canal than could reasonably be anticipated from the latter. "But as no tonic remedy," says Cullen, "is more powerful than cold applied to the surface of the body, and cold drink taken into the stomach; so such a remedy has been thought of in this disease. Cold drink has been constantly prescribed, and cold bathing has been employed with advantage; and there have been several instances of the disease being suddenly and entirely cured by the repeated application of snow to the

lower belly."* The use of a thin flannel bandage or belt drawn with moderate firmness round the abdomen, in cases of distension from flatus, is often productive of much comfort, and reason points it out as an article of essential advantage in excessive states of it.

The diet should be selected from those articles which are not prone to fermentation, or otherwise to the extrication of large quantities of air; hence vegetable food in general, but especially pease, beans, turnips, greens, &c. as well as the various fermented liquors, sweet wines, pastry, and the like, should be avoided; and in furtherance of the same view, the bulk of a meal, even of animal food, should be small, and accompanied with the usual dietetic stimulants.

In obstinate and desperate cases the operation of paracentesis has been proposed; but for the mere evacuation of any present quantity of air in the intestines, the advantage it promises is infinitely inadequate to the hazard which must attend it. We know only of one instance in which it has been performed with success, and that entirely dependent on constipation, of which it is rather to be considered an example than of tympanites. The patient, a female, was seventy years of age, and after a diarrhoea of four months' duration, became constipated to such a degree that the strongest purgatives were exhibited without effect; the belly swelled and became painful. Evident symptoms of gangrene supervened, and death seeming inevitable, it was determined that the operation should be tried. Mr. Fine, an eminent surgeon in Geneva, cut into the most prominent part of the swelled abdomen, and retaining the intestine on the surface of the wound by means of a thread, which was passed through the mesentery, and fixed on the sides of the belly with sticking-plaster, he opened the intestines and gave passage to a large quantity of feces; the tympanites and symptoms of gangrene subsided, and, with the inconvenience only of an artificial anus, the patient was enabled to attend to her usual avocations for a whole year. She then became dropsical and died. On examination of the body, a tumour was found compressing the rectum at its origin, so as entirely to obliterate the passage.†

Tympanites abdominalis, independent of perforation of the alvine canal, is a morbid condition, of the occurrence of which during life considerable doubt has been entertained; and those who have admitted it acknowledge that it has been very rare. Cullen observes, "from several dissections it is unquestionable that such a disease has sometimes occurred;" "nor can we suppose," says Good, "such accurate pathologists as Heister,‡ Lieutaud,§ and Bell,|| who have respectively given examples of

* First Lines. See *Cambalasier*, *Pneumato-pathol.* p. 428 et seq.

† *Manuel de Méd. Pratique*, par Louis Odier. D. et P. M. Edin. Med. and Sur. Journal, vol. ii. p. 452.

‡ *Wahrnehmungen*, I. art. xv.

§ *Hist. Anat.* v. p. 432.

|| *On Ulcers and Tumours*, vol. ii.

it, to have been successively deceived upon the subject. Admitting it to be produced by secretion, its occasional causes are still very obscure. It has been said to follow upon jaundice and morbid affections of other abdominal viscera; upon debility produced by fever; upon hysteria, violent passions, or other emotions of the mind.*

The ordinary natural cure, continues the last-mentioned writer, seems to consist in an escape of air from the umbilicus, by an outlet produced by an abscess or ulceration of this protuberant organ, or a sudden and fortunate rupture of its integuments. Morgagni and several later writers* give us well-authenticated cases of an occurrence of the first of these, and Stoerck of both.† From the protruded state of the umbilicus, the lancet may conveniently be introduced at this point. The belly should at the time of the operation be well swathed with a broad girth, which may be tightened at option, and should be kept as tight as the patient can well bear it, as well for the purpose of general support as for that of expelling the air-within, and preventing its entrance from without.

Van Swieten dissuaded his pupils from this operation,‡ and Cambalusiér§ and a few others have since asserted that it does not answer. But in most of these cases, observes Good, the seat of the disease was mistaken, and the flatus was situated in the intestinal canal rather than in the sac of the peritoneum.

Antecedently, however, to the operation of paracentesis, it has been recommended to try the effect of electric shocks to the abdomen; of cold applications also, and of cold drinks. The latter plan is said to have answered occasionally.|| It is obvious, adds the writer to whom we are much indebted for our remarks on this part of the subject,¶ that a tonic regimen, with free exercise, particularly equitation, and, where it can be had recourse to, sea-bathing, should be entered on as soon as the tympany is dispersed.

(William Kerr.)

sidered as among the most important of that class of organs which have been styled vicarious or compensating—those which possess the power of temporarily fulfilling the office of some other organ. Thus, for example, if the cutaneous perspiration be suppressed, the aqueous matter is discharged by the kidney;* if an unusually large quantity of fluid be received into the stomach, and taken up by the absorbents, the kidney is the organ through which it finds a natural exit; and even with regard to various articles of food or medicine, although the intestinal canal affords them the most obvious means of being removed from the system, a portion of their elements is generally carried off by the kidney. It must be considered as in some degree owing to this circumstance, as well as to the specific office of the kidney, that the urine is the most compound of all the animal secretions, and, at the same time, the most variable in its contents. This latter property is further increased by the nature of the proximate principles which enter into its composition, many of which are readily decomposable, while they are likewise disposed to act on each other, and during their continuance in the bladder, are placed in a situation which is favourable to this action. These various circumstances would naturally lead us to conclude that the urine must differ considerably in different individuals, and that, in the same individual, under the various circumstances in which he is placed, both those of ordinary occurrence, and more especially in the morbid conditions of the body, these differences would exist, and would be indicative of the causes by which they are immediately produced. We accordingly find that observations on the pathology of the urine were among the first which were noticed by the ancients; that they have at all times occupied a considerable share of attention among the most intelligent medical practitioners;† and that, by the vulgar and the uneducated, they have even been considered as alone sufficient to ascertain the nature

TYPHUS. See FEVER.

URINE, MORBID STATES OF THE.—

The urine is the fluid which is secreted by the kidneys, and after being deposited for some time in the bladder, is discharged by the urethra. It is one of those secretions to which the term excrementitious has been applied, from its having been supposed to consist essentially of the substances which are separated from the mass of the circulating fluids, for the purpose of being discharged from the system as superfluous or useless, and if retained producing injurious effects.** The kidney has been con-

in Dict. de Méd. t. xxi. p. 64. Bostock's *Physiol.* v. ii. p. 371.

* We have an interesting series of observations by Lining, on the relation between the urine and the cutaneous perspiration in the different seasons; *Phil. Trans.* for 1743 and 1745. Observations of a similar kind have been made by other physiologists, but perhaps we have none that are equally numerous and correct.

† With respect to the ancients, it will be sufficient to refer to the second book of Hippocrates's treatise *De Prædict.*, and to Galen's *De Crisibus*. As we approach to our own times, we may select from the more celebrated of the moderns, Willis's *Exerc. de Urinis*, and Bellini's work, *De Urinis et Pulsibus*. Since the improvements of modern chemistry made us acquainted with the constitution of the urine and the nature of its constituents, the attention of many of our most eminent pathologists has been directed to this subject with much success. Among the first and most valuable of their productions is the essay of Cruickshank, "On the manner of distinguishing Diseases by the Urine," which contains, in a short compass, much accurate and original observation. *Rollo on Diabetes*, and *Til-loch's Phil. Mag.* vol. ii. p. 240 et seq.

* *Guisard*, *Pratique de Chirurgie*, tom. i. p. 134.

† *Ann. Med.* p. 190, 193, 194.

‡ *Ad sect.* 1251.

§ *Pneumato-pathol.* p. 503 — *Dusseau*, *Journ. de Méd.* 1779.

|| *Thebeu*, *N. Bemerkungen und Erfahrungen*, ii. p. 251.

¶ *Mason Good*, *M.D. Study of Medicine*, first edit. vol. iv. p. 432.

** *Blumenbach*, *Inst. Physiol.* sect. 34. *Adelon*,

of a disease, and as superseding all other pathognomonic symptoms.

On the present occasion we propose to commence by an account of the urine in its healthy state, and after attempting a classification of its morbid states, to offer some remarks on their immediate cause, and the relation which they bear to the derangements of the system. We do not think it necessary to enter upon the consideration of the medical treatment, because, on this subject, little would remain for us but to refer to the various articles which have appeared in the preceding volumes of this work, where the state of the urine has formed a characteristic symptom of disease, or an indication of the effect of remedies upon it.

I. *Of the healthy urine.*—It will be unnecessary to describe at length the appearance and external characters of the urine in its ordinary state. Its quantity varies much in different individuals, and in the same individual under different circumstances, and this without exceeding the limits of what may be strictly regarded as the state of perfect health. Physiologists have attempted to form an average estimate of the quantity voided during the diurnal period; but this investigation, simple as it may appear, is attended with considerable difficulty. Haller, after collecting a number of observations made by different individuals, fixed the quantity at forty-nine ounces.* The writer of this article, proceeding principally upon the observations of Rye, which appeared to him the most numerous and the most accurate on record, was induced to lower it to forty ounces;† while Dr. Prout, whose opinion on every point connected with this subject is of the highest authority, reduces it to thirty-two ounces.‡

The specific gravity of urine, as might be supposed, is at least as variable as its quantity. It has been found, in some cases, not very much to exceed that of water, being as low as 1005, while in others it rises as high as 1040 or even 1050.§ Both these extremes, however, especially the latter, are to be regarded as indicating a diseased state of the system, in which not only the relative proportion of the solid and the fluid part of the urine is affected, but where the nature of the solids themselves is changed. Dr. Henry is disposed to consider 1030 as a fair average of what may be regarded as healthy urine,|| while Dr. Prout makes it no more than 1025;¶ perhaps we shall not be able to fix upon a standard more likely to be generally applicable than 1020, which is not far from the mean between these numbers.**

With respect to the chemical constitution of

the urine, notwithstanding the elaborate examinations of it which have been made by chemists of the first eminence, there would appear to be still some degree of uncertainty. The analyses of Dr. Henry and of Berzelius, who have cultivated the department of animal chemistry with so much success, although essentially coinciding, differ in several minute points, both as to the substances which are actually present in the urine, and the mode of their combination. According to Dr. Henry there are twenty-one substances which “have been satisfactorily proved to exist in healthy urine;”* the list of these we subjoin, and compare it with that given us by Berzelius,† which, as will be seen, is somewhat different.

Henry.	Berzelius.
1. Water.	Water.
2. Free phosphoric acid.	
3. Phosphate of lime.	Phosphate of lime.
4. Phosphate of magnesia.	Phosphate of magnesia.
5. Fluoric acid.	
6. Uric acid.	Uric acid.
7. Benzoic acid.	
8. Lactic (impure acetic) acid.	Free lactic acid.
9. Urea.	Urea.
10. Gelatine.	
11. Albumen.	
12. Lactate (acetate) of ammonia.	Lactate of ammonia.
13. Sulphate of potash.	Sulphate of potash.
14. Sulphate of soda.	Sulphate of soda.
15. Fluete of lime.	
16. Muriate of soda.	Chloruret of soda.
17. Muriate of ammonia.	Chloruret of ammonia.
18. Phosphate of soda.	Phosphate of soda.
19. Phosphate of ammonia.	Biphosphate of ammonia.
20. Sulphur.	
21. Silica.	Silex.
	Extract of meat soluble in alcohol.
	Extractive matters soluble only in water.
	Mucus of the bladder.

* Elem. p. 490.

† *Traité*, p. 392, 3. Berzelius arranges the substances found in urine under the two heads of the ordinary constituent principles, and the accidental principles; but the latter are chiefly composed of the substances that are found in the urine in its various morbid states: p. 343 and 399. Mr. Brande reduces “the substances that are always found in urine” to twelve: water, carbonic acid, phosphoric acid, uric acid, phosphate of lime, phosphate of ammonia, phosphate of soda, phosphate of magnesia, common salt, sulphate of soda, albumen, and urea; *Manual*, v. iii. p. 191. Fourcroy extends the number to thirty, but the existence of some of these he considers as doubtful, at least in the natural and recent state of the urine: *System of Chem. Knowledge*, by Nicholson, v. x. p. 185.

* Elem. Phys. 26, 4, 6.

† Rogers on Epidemic Diseases, Appendix to. *Med. Chir. Tr.* vol. iii. p. 110.

‡ Inquiry into the Nature of Gravel, &c. p. 35.

§ *Cruikshank*, ubi supra. *Berzelius*, *Traité de Chimie*, par Esslinger, t. vii. p. 342.

|| Elements of Chemistry, vol. ii. p. 490.

¶ Inquiry, p. 5.

** Brande's *Manual*, vol. iii. p. 191. *Berzelius* adopts the estimate of Dr. Prout, ubi supra.

On comparing the two lists, we find that of the twenty-one ingredients enumerated by Dr. Henry, fourteen may be considered as recognized by Berzelius, while there are seven, viz. uncombined phosphoric acid, the fluoric and benzoic acids, the fluato of lime, albumen, gelatine, and sulphur, which are not included by him. On the other hand there are three substances, extractive matter soluble in alcohol, extractive matter soluble in water, and the mucus of the bladder, which are enumerated by Berzelius, but are not recognized by Dr. Henry. On these discrepancies we shall venture to remark that there appears to us to be scarcely sufficient evidence of the existence of uncombined phosphoric acid in healthy urine, and that the presence of benzoic acid, in human urine,* of the fluoric acid,† and of course of fluato of lime, may be regarded as somewhat problematical. The existence of sulphur in urine, although omitted by Berzelius, appears to be fully established by the experiments of Proust.‡ With respect to two of the additional substances introduced by Berzelius among the constituents of urine, we feel disposed to admit of their existence; the extractive matter soluble in alcohol we believe to be either identical with, or to be very similar to the uncoagulable matter of the serosity of the blood, and to be nearly related to the proximate principle which has been styled *osmazome*. The mucus of the bladder, if not an essential constituent of the urine, we believe to be very generally present in it; and although it is not admitted by Dr. Henry into his list, yet he remarks, in a subsequent paragraph, that it exists in healthy urine.§ As to the "extractive matters soluble only in water," we confess that we are altogether uncertain to what principle or substance Berzelius here refers, nor can we well conceive of any to which this description can be considered as appropriate.

Besides the substances mentioned above, there are others which have been supposed by some chemists to enter into the composition of healthy urine. This is the case with the

carbonic and the acetic acids, the former of which, if not essentially present, is at least frequently detected in urine that exhibits no other morbid character;* while the latter, which has been announced by Proust, Thenard, and others,† we may conceive to be the same substance with the lactic acid of Berzelius. To these we may add a certain principle or principles, which give the urine its peculiar colour and odour, neither of which would appear, from the experiments of Dr. Prout, to be necessarily connected with the urea.‡ We may further remark on the constitution of the urine, that we doubt whether albumen should be considered as forming one of its constituents while in the healthy state, and that we are not acquainted with any experiments which afford unequivocal evidence of the presence of gelatine.

The urine, in its natural and healthy state, always exhibits acid properties, as is shown by its effect on test-papers. We are disposed, however, to agree with Dr. Prout, that this excess of acid arises, not from any portion being in an uncombined state, but that certain of the alkaline and earthy bases are not neutralized, but are in the state of super-salts. This remark applies equally to the lithic and the phosphoric acids; the former of which we conceive exists in the form of super-lithate of ammonia, and the latter in the same state of combination with the alkalies, and probably also with the earths that are present in the urine. The same remark may apply to the lactic and the acetic acids; for in this case, as in the former, if we conceive them to be absolutely uncombined, they would precipitate the whole of the lithic acids.§

One of the most important circumstances connected with the chemical constitution of the urine is the state of solution in which the phosphate of lime is held, in consequence of the excess of acid, to which we have referred above. If this excess be neutralized by the addition of ammonia, the phosphate of lime is precipitated without decomposition, in the form of a white impalpable powder. The phosphate of magnesia is likewise precipitated without decomposition, but it unites with a portion of the ammonia, forming a triple salt, the ammoniaco-magnesian phosphate, as it has been usually termed. These two salts enter largely into the composition of certain urinary calculi, and it may be presumed that the deficiency of acid in the urine is, in this case, the immediate cause of their formation. Dr. Henry informs us that the average quantity of

* The principal authority for the existence of benzoic acid in human urine is Thenard; *Ann. Chim. t. lix. p. 270*. Dr. Prout, however, remarks "that it does not exist in healthy human urine;" *Inquiry, p. 19*. Berzelius informs us that the substance which had been supposed to be benzoic acid is a compound of this acid with urea, to which he gives the name of urobenzoic acid, *p. 363*: it may be presumed, however, that he does not conceive it to exist ready formed in the urine, as he does not place it in his list of its constituents. See also some experiments of Leibig, who detected a peculiar acid in the urine of the horse, but which appeared not to be the benzoic; *p. 365*. We may remark that Fourcroy and Vauquelin admit of its existence, but in an extremely minute quantity; *Ann. Chim. t. xxxi. p. 62, 3*.

† The fluoric acid seems to have been admitted on the authority of Berzelius; *Ann. Chim. t. lxi. p. 256*; also *Med. Chir. Tr. v. iii. p. 258*. He, however, as appears above, does not enumerate it among the constituents of urine in his last work.

‡ *Ann. Chim. t. xxxvi. p. 258-60*.

§ *Elem. v. ii. p. 493*.

* *Proust, Ann. Chim. t. xxxvi. p. 260, 1*; *Vogel, ibid. t. xciii. p. 71 et seq.*; *Marcet, in Calc. Dis., p. 168-70*; *Prout's Inq. p. 19*; *Henry, v. ii. p. 495*; *Brande, Manual, v. iii. p. 192*.

† *Thenard, Traité de Chimie, t. iii. p. 728*, and *Ann. Chim. t. lix. p. 275*; *Henry, v. ii. p. 493*; *Berzelius, t. vii. p. 361, 2*.

‡ *Med. Chir. Tr. v. viii. p. 529*, and *Inq. p. 8-10*; *Berzelius, Traité, t. vii. p. 371, 2*, and *Journ. Roy. Inst. v. i. p. 401*. See also Wohler's experiments on the mode of obtaining pure urea, in *Ann. Chim. t. xliii. p. 64 et seq.*

§ *Prout's Inq. p. 11-15*.

phosphate of lime in urine is about half a grain in each ounce of the fluid,* thus affording nearly twenty grains per day; a quantity amply sufficient to lay the foundation of a calculous concretion, were there not an appropriate solvent provided.

The presence of sulphates in the urine is clearly ascertained by the appropriate tests;† and as neither the sulphuric nor the phosphoric acids exist in the blood, it has been conjectured, with great plausibility, that one essential office of the kidney is to acidify the bases of these acids;‡ the ultimate object of which may probably be, to remove the excess of earthy matter which remains after the employment of that portion of it which is necessary for the formation and support of the bones.

A much more important office of the kidney, what may perhaps be distinguished as its appropriate function, is the removal from the system of the superabundant nitrogen.§ It appears to be essential to the existence and well-being of the animal fabric that an ample supply of this element should be always at hand, in order to contribute to the formation of the various solids and fluids into which it enters, as one of the most abundant constituents. The main source of this supply is introduced through the medium of the digestive organs; but as it is necessarily very variable, in consequence of the difference both in the quantity and in the quality of the ingesta, it follows that, on ordinary occasions, the supply is greater than the demand. The superfluous quantity is separated from the blood by the kidney under the form of the urea, the substance which may be regarded as the specific secretion of the organ, and as composing the essential ingredient in healthy urine.|| It will not be necessary, nor would it indeed be proper for us in this place, to enter upon a minute description of urea, or of its relation to the various chemical re-agents; it will be sufficient to observe that nitrogen enters more largely into its composition than into that of any other organic body, constituting very nearly one half of its weight.¶

* Elem. vol. ii. p. 491.

† *Berzelius*, in *Med. Chir. Tr.* vol. iii. p. 259-62.

‡ *Berzelius*, ubi supra; *Prout's Inq.* p. 30, 1.

§ *Bostock's Physiol.* vol. ii. p. 372.

|| We are indebted to Cruickshank for our knowledge of the urea as a distinct proximate principle: *Rollo on Diabetes*, and *Tilloch's Phil. Mag.* ubi supra; its properties were afterwards more fully ascertained by *Fourcroy* and *Vauquelin*; *Ann. Chim.* t. xxxi. p. 68-71. The only other specific secretion of the kidney is the lithic acid: for a full account of this substance and its chemical relations, we may refer our readers to the valuable inaugural dissertation of *Dr. Henry*, *De Acido Urico*, and to the abstract of it in the second volume of the *Manchester Memoirs*.

¶ The ultimate analysis of urea has been made by *Berard*, *Dumas*, and *Dr. Prout*; these two latter eminent chemists agree very nearly in their estimate, the former making the nitrogen 46·9 per cent., *Ann. Chim.* t. xlv. p. 273 et seq.; and the latter 46·66; *Med. Chir. Tr.* vol. viii. p. 535, and vol. ix. p. 483; *Henry's Elem.* vol. ii. p. 430; and *Berzelius*, *Traité*, t. vii. p. 378. According to the analyses of *Henry*, p. 496, and *Berzelius*, p. 392, 3, the urine, in its average state, contains 3 per

Another important circumstance to be attended to in the chemical constitution of the urine is its tendency to spontaneous decomposition, and to the reciprocal action of its various constituents upon each other. When the urine has been voided, and left at rest for some hours at the ordinary temperature of the atmosphere, it generally begins to deposit a portion of the salts which it previously held in solution. The immediate cause of this effect would appear to be the generation of a quantity of ammonia, arising from the partial decomposition of the urea; the ammonia thus produced is in part united to carbonic acid, which is also generated, while another portion of it saturates the excess of the acids in the super-salts, and in this way precipitates the lithic acid and the earthy phosphates. This process is considerably promoted by an increase of temperature; and it appears that it is carried on, to a certain extent at least, in the bladder, when the urine is by any cause detained for an unusual length of time in that cavity.*

At the same time that these changes are going on, or perhaps in a later stage of the process, a quantity of acetic acid is also generated, which unites with another portion of the ammonia; thus the acetate and the carbonate of ammonia, the neutral phosphate of lime, and the ammoniacal phosphate of magnesia constitute the immediate products of the spontaneous decomposition of the urine. If we admit the speculation of *Berzelius*, which appears to be supported by many powerful considerations, that the kidney is the general outlet by which the effete or decomposed materials of the system are removed from the body after they have discharged their respective functions,† we shall have an additional source of diversity in the composition of the urine, and also, in proportion to the heterogeneous nature of its constituents, we may expect that there will be an increased tendency in its component parts to react upon each other.‡

cent. of urea, which will be very nearly 1·5 per cent. of nitrogen. Taking the specific gravity of the urine at 1020, and assuming that two pounds and a half are voided in the diurnal period, we shall have not much less than one ounce weight of nitrogen removed from the system daily. A portion of nitrogen, although very inconsiderable compared to that in the urea, is likewise carried off from the system under the form of lithic acid, of which it composes between 30 and 40 per cent.; *Marcet*, p. 73, *Berzelius*, p. 350. The nitrogen discharged in this way will not exceed two-thirds of a grain daily.

* *Fourcroy* and *Vauquelin*, *Ann. Chim.* t. xxxi. p. 58, 60. *Berzelius*, t. vii. p. 342.

† *View of Animal Chemistry*, p. 16, 82; *Traité*, t. vii. p. 339.

‡ For a more minute account of the properties of the urine than would be consistent with the object of this article, as well as for an historical detail of the successive discoveries which have been made respecting it, the reader is referred to *Aikins' Dict.*, in loco; *Thomson's System*, vol. iv. p. 551 et seq.; *Henry's Elements*, vol. ii. p. 489 et seq.; *Brande's Manual*, vol. iii. p. 190 et seq.; *Turner's Elements*, p. 775 et seq.; *Thenard*, *Traité de Chimie*, t. iii. p. 723 et seq.; *Berzelius*, *Traité*, t. vii. p. 339 et seq.; and *Med. Chir. Tr.* vol. iii. p. 257 et seq.; *Montfalcon*, in *Dict. des Scien. Méd.*, article *Urine*; to which is appended a copious list of re-

II. *Morbid states of the urine.*—Before we attempt an arrangement or classification of the morbid states of the urine, it will be necessary to form a clear conception of the nature of those changes in the fluid which may be entitled to this appellation. It would probably be impossible to form a classification which should include every casual or temporary alteration in the properties of the urine, nor if it could be accomplished, would its value be in any degree commensurate with the difficulty of the execution. Our object must be to characterize those conditions of the urine which are well marked, which have a certain duration, where its constituents bear a new chemical relation to each other, and where this is connected with an altered state of one or more of the animal functions. Proceeding upon this basis, we shall endeavour to arrange all the morbid states of the urine under the seven following species, naming them from the circumstance from which they derive their most obvious properties: 1. the aqueous; 2. the sub-aqueous; 3. the lithic; 4. the phosphatic; 5. the purpuric; 6. the albuminous; 7. the saccharine. To these we must add, as a kind of appendage, an eighth section, in which we may include various miscellaneous or incidental circumstances connected with the constitution of the urine, which are not capable of being reduced to any assignable or recognized species.

1. *Aqueous urine.*—This may be characterized as a state of the secretion, where the proportion of the fluid to the solid contents is morbidly increased, and which is frequently, although not necessarily, attended by an increased quantity of the urine that is discharged. And here we must be careful not to confound those incidental or temporary changes in the state of the fluid, such as are produced by the application of cold to the surface of the body, or by certain mental emotions, with the watery urine, which proceeds from a permanent or constitutional cause. Among the causes of this description, perhaps the most frequent and the most efficient is that state of the system which has been denominated the nervous temperament, and more especially the peculiar modification of it which gives rise to the hysteric paroxysm. Here we have an unusually large quantity of urine discharged, and this often containing less than the ordinary proportion of solid matter, and as far as has been ascertained, without any other essential change in the nature or proportion of its constituents. The aqueous urine will be often found to exist in that state of the system, where, without any specific disease, the powers both of

the mind and the body begin to decline, and when the gradual decay of all the organs indicates the approach of old age.* Here the functions of the kidney are among the first to feel the effects of that decay, which gradually undermines every part of the system, and which terminates in its dissolution. We are not aware of any specific cause of this particular condition of the urine, independently of the general irritability and debility of the system; nor do we know that it leads to any specific indication either of prognosis or of treatment. We believe, however, that it is an actual and not a very unfrequent occurrence, and that it is one to which the attention of the practitioner may be advantageously directed, as it may assist him in forming an opinion respecting the general state of the vital energies of the system, and of the degree in which the organs of digestion and assimilation are capable of performing their functions.

2. *Sub-aqueous urine.*—This, in its specific character and its appellation, may be considered as directly the reverse of the former state, and yet, in its pathological cause, is somewhat closely connected with it. In certain cases of increased discharge of urine, it will be found, that besides an augmentation in the quantity of the secretion, it contains even more than the ordinary proportion of solid contents, and thus, both from its quantity and its quality, carries off from the system an unusually large proportion of the ingredients, which ought to be applied to its growth or support. The sub-aqueous urine is sometimes found to exist in the decline of life, and would appear to be one cause among others by which a premature state of decay is effected. But it more frequently occurs at an earlier period in constitutions that have been debilitated by various causes, and particularly by excesses of all kinds; by long-continued violent exercise, by stimulating diet, and especially by large potations of wine and fermented liquors, and perhaps, more than any other cause, by excessive sexual indulgence. This state of the urine is occasionally met with in persons whose constitutions have been injured by a residence in tropical climates.

The sub-aqueous urine is often found to be connected with the albuminous, or to alternate with it; and it would appear to be, to a certain extent, the result of the same causes acting upon a different constitution, and exhibiting themselves in a more chronic form, consequently with less of febrile action and without the specific derangement of any particular organ. To this species we are disposed to refer the variety of diabetes which has been termed *insipidus*, where we have an increased flow of urine, of high specific gravity, with the constitutional symptoms of the disease, both as to the state of the digestive organs and the skin,

ferences by Vaidy, which is very complete for the earlier writers, but less so for the more recent authors, and especially for the English; t. lvi. p. 332, 4; *Orfila*, in *Dict. de Méd.*, article *Urine*, in loco; *Andral*, *ibid*, article *Urine Semeiotique*, in loco; we have a series of valuable experiments on the urine, many of them of a statical nature, by Chossat, in *Magendie's Journ.* t. v. p. 65 et seq. Fourcroy's great work contains a most minute account of the urine at the period when it was written, but later discoveries and experiments have led to an alteration or modification of many of the statements; *System*, vol. x. p. 129 et seq.

* The late Dr. Heberden, in his invaluable volume, enumerates the frequent passing of urine among the symptoms of what he styles *Valetudo Conquassata*; *Comment.* chap. 94; in this state we believe the urine will be found to be much increased in quantity, and to be aqueous.

but where the urine does not contain any saccharine matter.* We believe it will be found upon examination that the sub-aqueous state of the urine is not unfrequently a precursor of its saccharine state, and that, in some cases, which may be correctly styled diabetes, the disease never proceeds beyond this stage, in consequence of some change being effected in the constitution, either by natural causes or by the operation of remedies.

3. *Lithic urine*.—This is characterised by the spontaneous deposition of lithic acid, constituting the principal part of what is generally termed the sand or gravel of urine. The immediate cause of this deposition is the presence either of some other acid in the urine, which may precipitate the lithic acid naturally contained in it, or merely an increased quantity of the lithic acid itself, or rather the super-lithate of ammonia, so as to be more than can be held in solution in the urine, especially when it is reduced in temperature, after being discharged from the bladder. It appears that this latter, which is the simplest form of the disease, is also the most frequent, and in fact that there are few individuals in whom it does not occasionally exist:† we find, indeed, that any cause which deranges the digestive process or interferes with its due action, may produce the deposit of lithic acid. Among the most frequent of these causes we may enumerate an excessive quantity of food taken into the stomach, food of an indigestible nature, exercise taken immediately after a full meal, the application of cold to the surface of the body or to the feet during digestion, and an undue quantity of liquid taken into the stomach.

In the most simple form of the disease there is a deposit from the urine, as it cools, of a brown sediment, which is either pulverulent, or consisting of a mixture of the powder with minute crystalline spiculæ. When this deposit, as is frequently the case, assumes a pink or purple colour, it depends upon a combination of the purpuric with the lithic state of the urine. In the less simple form of the disease there would appear to be an additional agent in the urine, besides the superabundant lithic acid, which produces the deposit in question. Dr. Prout supposes that the precipitation may be effected by various acids, but most generally by the phosphoric, and occasionally by the sulphuric, the nitric, or the carbonic, as well as by some other acids which are the peculiar product of the renal secretion.‡ In this case the lithic acid is precipitated in more or less of a crystalline state, and forms the greatest part of what has been termed urinary gravel. This

gravel, like the sand in the former variety, may be tinged of a pink or purple colour, depending, in like manner, upon the combination of the purpuric with the lithic urine.*

With respect to the pathology of the lithic urine, it may be generally considered as a symptom of an imperfect state of the digestive organs, either induced, in each individual case, by a specific cause acting upon the stomach and the chylopoietic viscera, or by a peculiar condition of the constitution, more especially by the gouty diathesis.† It is this state of the urine which lays the foundation for a large proportion of the calculi which are occasionally formed in the bladder, or other parts of the urinary organs. We find, by chemical analysis, that the most frequent species of these concretions consist essentially of lithic acid, and that in many others, where the bulk of the calculus is composed of the phosphates, the nucleus consists of lithic acid.‡ (See CALCULUS.)

4. *Phosphatic urine*.—This, when considered in its chemical relations, may be regarded as the opposite state to the lithic, consisting essentially in an excess of the phosphoric salts, and especially of the phosphates of lime and of magnesia, with a comparative deficiency of the lithic acid. Hence it is characterised by the deposition of the phosphates in the form of a sediment, which is generally white, and of an earthy or chalky appearance, although occasionally assuming the crystalline state. The chemical constitution of the phosphatic urine appears to differ considerably in different cases, all of which, however, agree in the characteristic circumstance of the excess of the phosphoric salts. Sometimes there is a deficiency of the urine in proportion to the saline ingredients, and at other times there is an absolute deficiency of both the urea

* For a very complete account of this variety of the urine, and of the state of the system which produces it, the reader is referred to the valuable treatise of Dr. Philip, first published separately in the year 1792, and afterwards, in an altered form, in the sixth volume of the Transactions of the College of Physicians, and to the third chapter of the second section of Dr. Prout's Inquiry. Both these writers refer to a work, published nearly half a century ago by Forbes, which appears to possess very considerable merit, when we consider the imperfect state of chemical science at that period.

† We are indebted to Wollaston for the discovery of the chemical nature of the gouty concretions, which had been previously termed chalk-stones, as consisting of the lithate of soda. Phil. Trans. for 1797, p. 389. These bodies had been previously examined by Berthollet; but it appears that this eminent chemist, who on most occasions is so remarkable for his accuracy, in this instance proceeded rather upon theory than actual experiment. He supposed that the urine of gouty patients was deficient in phosphoric acid, and that the acid was deposited in the joints in combination with lime. Journ. Phys. t. xxviii. p. 275. In connexion with the subject of gouty urine we may refer to the work of Sir C. Scudamore, who performed a series of experiments on this subject.

‡ *Fourcroy and Vauquelin*, Ann. Chim. t. xxxii. p. 217; *Philip*, Trans. Coll. Phys. v. vi. p. 176; *Pearson*, in Phil. Trans. for 1798, p. 38; *Marcet*, ch. v; *Prout's Inq.* p. 95 et seq.; *Henry*, Med. Chir. Trans. v. x. p. 132; *Smith*, Med. Chir. Trans. v. xi. p. 10; *Egan*, in Tilloch's Phil. Mag. v. xxiii. p. 199 et seq.

* The writer of this article presented a case of this description to the Medico-Chirurgical Society, where the urine contained no saccharine matter, but where its specific gravity was 1034, while the quantity discharged daily amounted to five quarts. By an analysis of the urine it appeared that the patient was discharging daily seven and a half ounces of urea, which may be considered as at least three times the natural quantity. Med. Chir. Tr. vol. iii. p. 107 and seq.

† Prout's Inquiry, p. 121.

‡ Inquiry, p. 128.

and the salts, reducing the urine to the aqueous state, but still maintaining the relative excess of the phosphates.

The pathological condition of the system which produces the phosphatic urine is less easily characterised than the lithic, as it would appear that a variety of circumstances, which have no very obvious connexion with each other, both of a constitutional and a local nature, agree in producing this morbid change in the state of the urine. The phosphatic urine is frequently observed in sickly and ill-fed children, in those that inherit a scrofulous constitution, or where we have reason to suspect the existence of diseased mesenteric glands. Again, in the decline of life we find that various circumstances, which contribute to break down the constitution, and affect the digestive and assimilative functions, diseases of the glandular system, and especially local injuries of the parts contiguous to the kidney, are among the frequent causes or concomitants of the phosphatic urine. It would appear also to be produced by mechanical irritation of the bladder; for it has been observed that a considerable number of the calculi, which are principally composed of the phosphates, possess a nucleus of lithic acid, or some substance which has been accidentally introduced into the bladder, and which appears, by its action upon that organ, to have contributed to the production of the excess of the phosphates, and their consequent deposition. As in the case of the lithic urine, so the phosphatic is sometimes connected with the purpuric state, thus affording deposits of various shades of colour.* We also find that the lithic and the phosphatic urine not unfrequently alternate with each other: it is this state of things which gives rise to one of the species of calculi which have been termed, from their mechanical formation, alternating.† Upon the whole, we must consider the phosphatic urine as indicating a greater derangement of the system, and one which is less under the influence of curative means, than the lithic.‡

5. *Purpuric urine.*—This is characterised by the colour of its deposit, which, in its ordinary state, has obtained the name of the lateritious sediment. It was recognized as the indication and concomitant of the febrile state of the constitution, among the earliest observations that were made on this fluid, and one which has always been regarded as among the most decisive pathognomonic symptoms of an increased action of the arterial system. The first attempt to ascertain the immediate cause of the change of the urine appears to have been

made by Proust,* but not with any great success, as he does not appear either to have ascertained the exact nature of the change, or the means by which it is effected. For the more correct information which we possess on the subject, we are indebted to Dr. Prout, who investigated it with his accustomed acuteness, and proved that a new substance, possessing the properties of an acid, is produced in the urine, which, from the colour of its combinations with the alkaline bases, he termed the purpuric acid.† He also rendered it probable that all the shades of colour which were observed in the urinary deposits, from reddish brown to pink and purple, may be referred to the mixture of the purpuric with the lithic acid, or with the phosphates of lime and magnesia.

With respect to the pathology of the purpuric urine, it may be simply characterized as the urine produced by that increased action of the arterial system which constitutes inflammatory fever; which, therefore, may occur either in its simple state, or in combination with the lithic or the phosphatic urine, when any circumstance induces febrile action while either of these states is present. It has been supposed that the purpuric urine is more immediately connected with the diseases of certain of the abdominal viscera, but we conceive there is reason to doubt whether this opinion be tenable, and we undoubtedly find that the purpuric urine exists, in the most marked form, where we have been unable to discover any traces of local inflammatory action. The existence of the purpuric urine in its various shades and combinations is almost as frequent an occurrence as the lithic, and is in many cases produced by very slight derangements of the system. But when, on the other hand, it exists in a high degree, and continues for a long time without interruption, it indicates a morbid derangement of the functions, which it is often difficult to remove, and which must be regarded as leading to an unfavourable prognosis.

6. *Albuminous urine* is distinguished by its exhibiting the presence of the proximate principle from which it derives its specific appellation, when the appropriate tests are applied to it. The albumen sometimes exists in so great a quantity as to render the fluid more or less opaque when it is discharged from the bladder; but it may be frequently detected in the fluid by exposing it to heat or to certain chemical re-agents, when it is not otherwise visible. It seems to have been first distinctly brought into view by Cruickshank, in the essay to which we have referred above:‡ it was afterwards very carefully described by Blackall, who considered it as a pathognomonic symptom of a peculiar species of dropsy, which, as he conceived, required a specific mode of treatment,§ and has more lately been made the

* The combination of the phosphatic and the purpuric deposits may in most cases be distinguished from that of the lithic and the purpuric, by the latter being tinged with the brown colour of the lithic acid, while the former, being a mixture of a white and a purple substance, are of a purer pink colour.

† Marcet, pp. 59, 96.

‡ Perhaps one of the most valuable parts of Dr. Prout's work is his chapter on what he styles "the phosphatic or alkaline diathesis;" although, were we inclined to be hypercritical, we might object to the term *alkaline* as applied to this state of the urine.

* Ann. Chim. t. xxxvi. p. 265-9.

† Phil. Trans. for 1818, p. 420 et seq., and Med. Chirurg. Trans. vol. ix. p. 481, 2.

‡ Rollo on Diabetes, and Tilloch's Phil. Mag. vol. ii. p. 248.

§ Observations on Dropsy. We have a judicious critique on this work in the Edin. Med. Journ. vol. ix. p. 334 et seq.

subject of consideration by Dr. Bright, in the series of his valuable pathological observations.* So ample an account of these observations, and of the discussions connected with them, has been given in the former parts of this work, and more especially in the article *Dropsy*, that it will be necessary for us to do little more in this place than to refer to them. We shall only remark that the albuminous urine is symptomatic of increased action of the arterial system, connected with visceral derangement; generally of the kidney, (when it is frequently attended by dropsy,) and occasionally of the liver, so as to constitute a very formidable disease. In other instances, however, it would appear to be produced simply by a morbid condition of the digestive organs, unconnected with any structural disease, and in this case to be of transient occurrence, and to be indicative of a slight derangement of the functions.

7. *Saccharine urine*, like the albuminous, derives its specific name from the presence of the proximate principle which is found to exist in it, and which constitutes the most remarkable pathognomonic symptom of the ordinary form of diabetes. This disease had been very correctly described by the ancients; but although they noticed the increased flow of urine, its peculiar condition, as containing a quantity of saccharine matter, was first pointed out by Willis. Of late years, since the chemical constitution of the animal fluids, both in their healthy and their morbid states, has been more attended to and better understood, the saccharine urine of diabetes has been the subject of very numerous experiments. The result appears to be that the urea is in a great measure deficient, while in its place the kidney secretes a substance which has every property of sugar, both as ascertained by the spontaneous changes which it undergoes, and by the action of chemical re-agents upon it.†

With respect to the pathology of the saccharine urine, we may make the same remark as in the last section, that it has been so fully and ably discussed in the former part of this work in the account of *DIABETES*, that nothing remains for us but to refer our readers to that article, where they will find detailed every circumstance of importance connected with the peculiar state of the urine, the symptoms and prognosis of the disease, and its treatment. The only point on which we feel it necessary to offer any remark respects the nosological question, whether it be proper to confine the term diabetes to that state where the urine contains sugar, and which has been styled the diabetes mellitus. We have already given it as our opinion that we believe a state of the

constitution exists which is intimately connected with the diabetes mellitus, and is indeed frequently the commencement or first stage of it, where we have every symptom of the disease, both general and local, except the saccharine state of the urine. As a question of technical nosology, it may be of little importance; but we are disposed to think that, if the practitioner were aware of the possibility of such an occurrence, he might perhaps, in some cases, be able to check the disease at the outset, and prevent it from acquiring the saccharine state, when it becomes so formidable in its symptoms, and so extremely difficult to remove.

8. In this section, devoted to the consideration of the various miscellaneous or incidental circumstances connected with the state of the urine, we shall merely enumerate some of the substances which are stated to have been occasionally observed in this fluid. Of these we may mention blood in its entire state, perhaps, in some instances, the red particles alone, without the other constituents, pus, mucus, bile, and various articles of food or medicine, or rather certain principles immediately derived from them. To these we may add certain substances which have not hitherto been noticed among the ordinary constituents of urine, which enter into the composition of some of the urinary calculi, all of which we may presume exist in the urine in some part of its course from the kidney to the urethra. These various occurrences are all of them more or less important, and deserve to be noticed by the pathologist and the practitioner, as indicating the existence of derangements, either constitutional or local, and as consequently directing us in our prognosis and guiding us in our treatment. The only general conclusion which we can form on the subject is, that the renal secretion is peculiarly liable to be affected by causes, both internal and external, of all descriptions; and that, although the observation of its changes has been frequently resorted to as the means of imposing on the credulity of the vulgar, there is perhaps no one circumstance connected with the animal economy, which is more worthy of the attention of the enlightened practitioner, and which is more likely to repay his researches by affording him an indication of the state of the functions, and of the effect of the curative means by which he endeavours to correct their various morbid states.

(J. Bostock.)

URINE, BLOODY; HEMATURIA, (from αἷμα, sanguis, and ὀρεῖα, mingo,) mictus cruentus; bloody urine; hemorrhage from the urinary organs. The name of hematuria has generally, since the time of Sauvages, been applied to this kind of hemorrhage, but with somewhat different latitude of meaning by different authors.* According to its etymological sense,

* In the nosological system of Vogel, *hematuria* denotes hemorrhage from the kidneys exclusively; that from the bladder being termed *cystirrhagia*. Sauvages includes under hematuria every discharge of blood from the urinary organs.

* In connexion with the account of the albuminous urine, which is contained in Dr. Bright's Medical Reports, the reader is referred to Dr. Christison's remarks in the Edin. Med. Journ. vol. xxx. p. 107 et seq. and to the observations of Dr. Gregory in vol. xxxix. p. 54 et seq.

† In the eighth volume of the Med. Chir. Trans. p. 537, Dr. Prout has given the analysis of the saccharine urine: see also Chevreul, Ann. Chim. t. xcv. p. 319, and Bostock's Physiol. vol. ii. p. 361.

it should be restricted to cases in which blood is effused by the vessels of the kidneys, ureters, or bladder, and discharged along with the urine; excluding from the definition *urethral* hemorrhage, in which the blood flows by drops or in a continuous stream from the orifice of the urethra, which is not a *mictus cruentus*. We shall, in the present article, treat of hematuria in this restricted acceptation, for which we have the authority of Frank; and, independently of correctness of nomenclature, it is more convenient to adopt this distinction, because urethral hemorrhage, both as regards its causes and its treatment, belongs entirely to the province of the surgeon, and its consideration does not therefore properly come within the plan of this work.

Hematuria, therefore, in the sense in which we are to employ the term, includes hemorrhage from the kidneys, ureters, or bladder. The most common cause of such hemorrhage is the irritation or mechanical lesion of the texture of these organs occasioned by calculous formations. Less frequently it is the consequence of other diseases of these organs, as of the malignant degeneration of the kidney termed fungus hæmatodes, and of various forms of disease or chronic irritation of the bladder. It is also met with as a symptom in some diseases affecting the general system, and particularly in adynamic fevers, confluent small-pox, purpura, and scorbutus. In other instances, its cause is less evident, and it can only be referred to local congestion, as in the case of hematuria supervening on suppression of habitual hemorrhoids in males, or the suppression or cessation of the menses in females. In some cases of this kind, and in others where the hemorrhage has appeared to belong to that class termed *constitutional*, (see HEMORRHAGE,) it has been observed to recur at regular periods, or at distant and uncertain intervals, without any detriment to the health of the individual. Such cases, however, are of rare occurrence.

The existence of idiopathic hematuria was doubted by Cullen; and the extensive clinical experience of Frank shows it to be at least extremely rare. Out of four thousand patients in the clinical wards of Pavia, only six cases of "spontaneous hematuria" were observed. In the clinical institution of Vienna, 1913 patients afforded only a solitary case; and in the general hospital of that city, one only, out of 13,647 deaths, was recorded to have ensued from this disease.* It should also be kept in mind, as Cullen justly observes, that from the frequent obscurity of the causes of hematuria, and especially of the symptoms denoting calculus or other diseases of the kidneys, it may often be supposed to be a primary affection, where in reality it depends on an undiscovered cause, and in particular on a calculus, or organic disease, the existence of which is only revealed by dissection. (See CALCULOUS DISEASES, and KIDNEYS, DISEASES OF.)

The diagnosis of hematuria consists, first, in ascertaining the presence of blood in the

urine; and, secondly, when this has been ascertained, in determining the organ from which the hemorrhage proceeds. But our inquiries are incomplete, until we further satisfy ourselves as to the cause, whether of a local or general nature, which gives rise to the hematuria; as on the knowledge of this, the rational indications of treatment will chiefly depend.

Blood is met with in the urine in large or small quantity, fluid or coagulated, more or less intimately mixed with the urine, and sometimes accompanied with pus, mucus, or calculous deposits, according to the circumstances in which the hemorrhage takes place, and the organ from which it proceeds. When the blood is in considerable quantity, and separates readily from the urine, there can never occur any difficulty in recognising its presence.

When the proportion of blood is scanty, and it is intimately blended with the urine, or when its fibrin and colouring matter are deposited in an altered condition, some attention and care will be requisite to discriminate between the appearances which it presents and those which arise from morbid changes in the constituents of the urine. When this fluid is of a deep or reddish colour, in consequence of the excess of its saline ingredients, and especially of lithic acid, it is transparent when expelled from the bladder, and becomes turbid on cooling. Blood, on the contrary, in however small quantity, renders the urine less transparent from the first; and the application of heat, instead of restoring its transparency, coagulates the albuminous portion of the blood. A reddish tinge, easily to be recognised, is imparted to a piece of linen immersed in the urine, if it contains even a small quantity of blood. These simple tests will, in general, prove with sufficient accuracy the presence of blood in the urine, and supersede the necessity of any more elaborate chemical investigation. When blood is poured out in small quantities by the kidney, it is sometimes coagulated in the ureter, and is found in the urine in the form of threads or tubes of fibrin, moulded to the shape of that canal, and which have not unfrequently been mistaken for worms. It has also occasionally happened that a bulky coagulum has been formed in the bladder, occasioning sensations of weight and uneasiness referable to that organ, and sometimes giving rise to retention of urine.

We now proceed to the next step in the diagnosis, the investigation of the symptoms which denote the hemorrhage to have proceeded from the kidney, ureter, or bladder respectively, and of the causes on which hemorrhage from each of these organs more particularly depends.

Hemorrhage from the kidney, it is probable, scarcely ever takes place except in consequence of calculus or organic disease. It has already been noticed that the symptoms of renal disease are frequently so obscure as not to lead the practitioner to a knowledge of its existence. But where there is reason to believe that calculus or any other disease of the kidney exists, and hematuria suddenly occurs after any violent exertion, or after exercise which particu-

* Frank, de Curandis Homin. Morbis, tom. i. pars ii. p. 250.

larly affects the muscles of the loins, as riding on horseback or in a carriage, it may be suspected to have its source in the kidney, especially if the flow of blood be copious, and if it be generally diffused through the urine, particularly if the bladder does not appear to labour under any disease.

Hemorrhage from the ureter probably never takes place except in consequence of the passage of a calculus, or its becoming impacted in some part of this canal, in which case it will be attended by the symptoms which denote the descent of a calculus, viz. nausea, vomiting, rigors, pain shooting down in the direction of the ureter towards the thigh, and retraction of the testicle.

Hemorrhage from the bladder is of more frequent occurrence, as this viscus is liable to be affected by more numerous causes of disease. When a calculus is lodged in the bladder, particularly if its surface is rough, and when it lies loose in the cavity, it is very liable, on any motion of the body, to produce abrasion of the vascular mucous membrane, and consequent hemorrhage. When it has remained in the bladder for some time, its irritation causes an abundant secretion of glairy mucus, which in some degree defends the membrane, and renders hematuria a less frequent accident. The calculus becoming fixed, either from its large size, or from the formation of a cyst, it is also less liable to excite hemorrhage. (See CALCULOUS DISEASES.)

The symptoms denoting the existence of a calculus in the bladder are too distinct to leave any doubt as to the nature and seat of hematuria proceeding from this cause. In other diseases of the bladder, such as the fungous excrescences described by Dr. Baillie, and in the different forms of chronic cystitis, or, as it has been usually termed, *catarrhus vesicæ*, the urine is not unfrequently tinged with blood; but no considerable hemorrhage occurs in these cases. (See CYSTITIS.) The hematuria which occurs in consequence of suppressed hemorrhoids, or from other constitutional causes, most probably takes place from the mucous membrane of the bladder, though in such cases there are no symptoms indicating an affection of this organ. In fevers, purpura, &c., the blood may be poured out by the vessels both of the bladder and of the kidneys, as it is the result of a general hemorrhagic tendency; but it probably proceeds chiefly from the extensive mucous surface of the bladder. The name of *hemorrhoides vesicæ* was given by the older writers to a form of hematuria occurring in hemorrhoidal subjects, attended with symptoms of painful congestion around the neck of the bladder, which are relieved by the occasional or periodical occurrence of hemorrhage. It was considered by Frank as a milder form of chronic cystitis.

From what has now been stated respecting the causes and symptoms of renal and vesical hematuria, it may be understood that, unless there exist evident symptoms of a morbid affection of the kidney or bladder respectively, it will often be difficult to determine from

which of these organs the hemorrhage proceeds. Affections of the kidney, even of the most serious kind, are often, as we have seen, unattended by evident symptoms. From the greater sensibility, as well as the more superficial situation of the bladder, its diseases are more easily recognised. We must, however, in all cases, keep in mind the sympathy which prevails between all the parts of the urinary system, and the readiness with which not only the sensations of pain, heat, weight, &c. which indicate disease, but also disease itself, is propagated from one part of this system of organs to another. Hence, even where the symptoms appear to indicate the bladder or the kidney respectively to be the seat of the hemorrhage, we cannot draw from them a certain conclusion. Provided, however, that the state of the constitution, and the cause of the hemorrhage, as far as this can be ascertained, be kept in view, this uncertainty will not be attended with any material difficulty or disadvantage with regard to the treatment.

The predisposing and exciting causes of hematuria are mostly referable to those of the local or constitutional diseases of which it is a symptom. General plethora, and the other common causes of hemorrhage; hereditary predisposition to calculous complaints, or to hemorrhoidal congestion; intemperance; hard riding; hot climates; excessive venereal indulgences; may be enumerated among the most usual predisposing causes of hematuria. The exciting cause, in calculous cases, is commonly over-exertion, or long-continued exercise affecting the loins or pelvis, especially riding on horseback, or the motion of a carriage over rough roads or pavements. The same causes, perhaps, sometimes excite hematuria, where no calculous complaint exists. Contusions or penetrating wounds, in which the urinary organs are implicated; the wounding of the bladder by a sound or other instrument rashly or unskilfully introduced; acrid substances received into the stomach, particularly those which have a specific action on the urinary organs, as cantharides and turpentine; all these act as occasional causes of hematuria. Both sexes are liable to hematuria; but males are more generally exposed to the action of the causes which produce it. It never occurs in young children, except in consequence of a calculus. It is chiefly an affection of middle life, though in its more chronic forms old men are subject to it, from their proneness to diseases of the bladder.

Prognosis.—Hematuria, when it arises from any slight occasional cause, or when it appears to be vicarious of a suppressed constitutional hemorrhoids, is not attended with danger. Instances are related of its having proved fatal from the profuseness of the hemorrhage; but such are exceedingly rare. Yet in old and enfeebled subjects, it must be considered an unfavourable occurrence. In febrile diseases, it has perhaps sometimes occurred as a salutary crisis; but much more frequently, especially in adynamic fevers and confluent smallpox, it denotes serious lesion of the vital

powers, and is a symptom of the most unfavourable character. In purpura, it seems to have in some instances proved salutary, or at least to have been followed by recovery; but where the prostration of strength is great, and much previous hemorrhage has occurred, it is a symptom of great danger. When hematuria arises from calculus, the prognosis will necessarily depend on the circumstances of the primary disease. When it is dependent on organic disease of the kidney or bladder, we need not add that the case is hopeless.

Treatment.—In most cases of hematuria, the treatment must be almost exclusively directed to the primary disorder. When it appears as a constitutional hemorrhage, it does not, unless it becomes excessive, require the interference of medicine. When it arises from suppressed hemorrhoids or interrupted menstruation, it will be best combated by having recourse to the most effectual and safe means of restoring these evacuations. When there is evidence of general plethora, or of an inflammatory diathesis, venesection, mild purgatives, and an antiphlogistic regimen will of course be advisable. Topical bloodletting, by cupping or leeches, will be proper where the symptoms of local congestion or irritation are considerable, though they do not amount to actual inflammation. In all cases of this kind, copious draughts of diluent liquids will be beneficial, but especially in calculous cases, and in those in which hematuria has been occasioned by the ingestion of acrid substances, such as cantharides. Rest, or the gentlest exercise on foot, are to be enjoined in all, but especially in calculous cases; and the greatest caution as to exercise, especially on horseback, should be recommended to patients who have suffered from calculous hematuria. When the discharge is profuse, has continued for some time, and has put on a passive character, astringents must be resorted to, as in other cases of passive hemorrhage. Of internal astringents, Dr. Elliotson gives a decided preference to oil of turpentine in moderate doses, as from twenty to thirty drops every four or six hours. He does not hesitate to employ this remedy, even in cases of hematuria connected with organic disease of the kidney; combining it with opiates to allay irritation and pain, and to procure rest.* In this, as in other forms of passive hemorrhage, it will be essential to employ proper means of supporting the strength of the patient. Where the profuseness of the hemorrhage requires more powerful means to arrest it, which is not often likely to be the case, the administration of enemata of cold water, and the application of cold water and vinegar to the loins and pubis, will be proper, if employed with due moderation and caution. When the blood has coagulated in the bladder, and forms an obstacle to the passage of the urine, it will be necessary to have recourse to surgical aid for its removal. This must be attempted in the first instance by the intro-

duction of a catheter of large size; and if this expedient is not successful, tepid water should be injected into the bladder, to break up and dissolve the coagulum.

(George Goldie.)

URTICARIA. An exanthematous eruption of the skin, so called from the resemblance which its patches or wheals bear to those produced by the contact of the common nettle, (*urtica dioica*.) This is now accepted generally as the classical appellation, but the disease is distinguished in authors by various titles. The Arabians first called it *essera*, or rather, according to Good, *eshera*, a word which has descended to recent times, and been employed for its designation by Heberden and Underwood. It is the *febris urtica* of Vogel, *purpura urticata* of Juncker, and the *scarlatina urticata* of Sauvages. The French commonly denominate it *fièvre ortiée* or *porcelaine*; and its German name, *nesselausschlag*, is synonymous with our vulgar English, nettle-rash.

Urticaria is an affection very distinct in its phenomena and history from other diseases of the skin, and especially from those called exanthematous. Its general characteristic is an assemblage of large patches somewhat elevated above the skin, and contrasting with the latter by a pale red colour. These elevated patches have in their centre a white speck, resembling a flat vesicle, and by running into each other form what are called wheals, the appearance of which is accompanied by an intense itching and tingling heat, entirely similar to that produced by the stinging of nettles. The disposition of the patches is irregular; at one time they affect a round form with well-defined edges; at another they run out into long streaks, and occasionally they form considerable knobby swellings which disfigure the face, and produce alarming symptoms by the tumefaction and pressure of the skin of the neck. The invasion of the eruption is for the most part sudden, and its duration indeterminate; the individual patches are generally fugitive, fading and reviving often in the course of a few hours. It is not communicable by contagion, and is for the most part secondary to irritation in the stomach and alimentary canal, although in some cases this cannot be established. The fever which most frequently accompanies it is of a remittent type, and is very varied in its acuteness.

The circumstance which is probably of the greatest importance in considering the nosological division of urticaria, is the being accompanied, or not, with fever. There are, however, many other phenomena comprehended in its history, which deserve to be prominently distinguished. The different writers of authority who have treated of this disease, have seized, some on one and some on another of these phenomena as the basis of their arrangement, but they are all referable to differences in the form and disposition and the duration of the eruption. J. P. Frank recognises fever as a discriminating condition worthy of attention; but considering the un-

* Medical Gazette, xii. 723.

certainly of its presence and the variety of its character, he gives it no place in his division, which he founds entirely upon the form of the exanthem. He comprises its description under three species, viz. *urticaria maculosa*, *vesicularis*, and *tuberosa*. Rayer, whose work appears to us to be founded chiefly on the labours of Willan and Bateman, generally modifies their subdivisions. He has accordingly given its history without observing any specific distinction, or only alluding to them *en passant*.

Mr. Plumbe, whose plan is so widely different from the artificial method, makes his also one general description. He testifies, however, to the utility of Willan's arrangement, and subjoins the consideration of urticaria according to his species. In the work of Cazenave and Schedel, derived mainly from Biett's lectures, the classification of Willan is preserved, with this difference, that the six species of the latter are compressed to three, viz. *urticaria febrilis*, *evanida*, and *tuberosa*,—a division which we may remark is founded on three distinct pathological conditions. In other articles on cutaneous disease, (see *LEPRA*, *LICHEN*, and *SCABIES*,) we have given reasons for adopting the specific divisions as well as the general arrangement of Willan. He resolved urticaria into six species, for which division, (admitting, as we have done, the advantage of his principle,) we find no necessity for substituting any other.

Urticaria febrilis.

- evanida.
- perstans.
- conferta.
- subcutanea.
- tuberosa.

They have all some distinctive marks which entitle them to a separate notice; and although, if we judge rigidly, it must be confessed that some of them stand on a weak support to constitute species, yet there is a great facility afforded to the description and to the study of the disease by this subdivision; and, moreover, it seems to us that by contracting it we deprive ourselves of the chief benefit of an artificial arrangement, some sort of which, however, by the practical admission of all accurate authors, is indispensable to the faithful delineation of the disease.

Urticaria febrilis: febrile nettlerash.—The eruption of this form generally consists of wheals arising in the midst of irregular patches of a red efflorescence. In other instances there appears only a rash of crimson papulæ, not unlike the form of those of lichen, but deeper in colour. It is for the most part defined by the elevation of the patch above the rest of the surface, and circumscribed by a border caused by the swelling of the skin within the inflamed area. The appearance of the rash is accompanied by great heat and itching, which incommodes the patient, especially during the night or on exposing the parts to cold air; for it seems to be a peculiarity of this eruption, as remarked by Vogel, that it comes out more in the cold, and is rather allayed by heat.

Before the rash makes its appearance, the

individual is affected for two days or more with head-ach and languor, together with pains in the limbs, slight shiverings, and sickness in the stomach. The anxiety and oppression is in some cases exceedingly great, and not uncommonly in severe cases syncope takes place. The feverish symptoms, particularly the pain and sickness of the stomach, are invariably mitigated by the coming out of the eruption; and throughout the course of the disease there generally exists an inverse proportion between the internal disorder and the cutaneous exanthem. During the day-time the fever as well as the eruption mostly subside, but on the return of the evening both reappear, and continue during the night, which is spent in restlessness and anxiety on account of the heat and itching. While the febrile action is present, the pulse is full and frequent, but seldom strong, and during the remission it sometimes sinks even below the healthy standard.

The extent of the eruption is indefinite; it appears and disappears on different parts of the body irregularly, one day affecting the extremities, and the next the face and neck, or the chest and belly; and indeed, while the fever lasts, it may be excited by friction or scratching on parts where it had not previously shewn itself. The ordinary duration of the disease is six or seven days, at the conclusion of which period the feverish symptoms have ceased to recur in the evening. It is no uncommon case for the malady to be abruptly terminated about this time by a copious sweat, and we have observed a slight discharge of blood by stool to have apparently the same critical effect. The final disappearance of the eruption is generally succeeded by a slight exfoliation of the cuticle.

Febrile nettlerash may occur at all ages. It most usually affects young persons, especially those of a fine and delicate skin, and those whose occupations are of a sedentary nature. In adults it often occurs amongst those who indulge in the gratifications of the table; and it is observed that moral affections, such as grief and anxiety, render those of a nervous temperament liable to it. Underwood* says that it frequently occurs in children under two years of age. They continue screaming for some time before the cause is discovered, when, upon examining the body and the lower limbs, they are found covered with large wheals: the fever, however, is much less in them than in adults, and the whole affection shorter in its duration. The disease has been occasionally observed to assume an intermittent form, and to be accompanied with severe symptoms. In cases detailed by Bricheteau,† the tertian type was so accurately presented, that it appeared doubtful whether the primitive disease was really urticaria, or whether the cutaneous eruption which appeared and departed with the intermittent paroxysm, was not to be considered as a mere epiphenomenon to the latter.

* Diseases of Children.

† Journal compl. des Sc. Méd. tome xxxvii. p. 266.

The question is not without pathological interest, but it does not add any difficulty to practice, as the treatment which is proper for the affection is precisely that which is most efficacious against ague.

This febrile species of nettlerash appears to have been regarded by authors as the type of the disease. It is it more particularly which Juncker, Sauvages, and Vogel, intended in their description under the names we have before mentioned. It corresponds with the *maculosa* of Frank, and is the same which Sydenham described under the title *febris erysipelatosæ*.

The remarkable form of urticaria which is produced by the use of certain articles of food, especially some kinds of fish, is usually described by authors under this species. It agrees with it, indeed, in the existence of fever, and the bare enumeration of symptoms is not much different. They possess, however, a much greater intensity of character than in the common febrile nettlerash, and the general features of the affection are so much modified by the exciting cause, that it demands a distinct notice. We shall, therefore, advert to it in connection with its source, when considering the causes of urticaria.

Urticaria evanida: evanescent nettlerash.—The regularity of an exanthem is entirely wanting in this species, and it is unaccompanied by fever. The eruption consists of rounded wheals, which sometimes extend in long streaks, resembling those produced by flagellation. These appear at irregular intervals, sometimes in one situation, sometimes in another; but probably the face and arms are most frequently affected with it. They disappear at the end of a few hours, but are easily reproduced by change of temperature, exercise, or other trivial causes. Their colour scarcely differs from that of the general skin, and they do not rest upon a red base like those of the febrile urticaria. A violent itching attends the eruption, which is most troublesome on undressing. A case is in our memory in which it used to come out in the head of a boy during the night for some time, and caused such excessive irritation by its tingling heat, that the bed-hour was dreaded by the young patient. He used to start out of sleep, violently scratching his head, and rolling his eyes wildly, he would exclaim that "his head was bursting," and that he should "go mad."

This species of nettlerash is usually a chronic affection, but the greatest diversity obtains with respect to its duration. It may be dispersed in two or three days, or last for months and even years. Heberden* relates that he has observed it continue with few intermissions for two, in some seven, and in others for ten years. While neither age nor sex is exempt from it, females and young men of a sanguine temperament and soft skin are more liable to it. In itself it can be said to produce no disturbance except what arises from the pruri-

tus, but those affected with it are likewise liable to suffer from headach, languor, and flying pains, which have no more connection with the urticaria than that they are generally all symptoms of a disordered state of the chylopoietic viscera.

Urticaria perstans: stationary nettlerash.—Except in the unimportant circumstance that the wheals of this species are permanent, while those of the *evanida* depart and return frequently during the course of the disease, there is little difference between them. It is to be remarked, however, that it is much more easily eradicated than the former species, and these characteristics we think sufficiently justify Willan in allotting it a separate position.

Urticaria conferta: confluent nettlerash.—The eruption belonging to this species is similar in form to that of the febrile nettlerash, but the wheals are surrounded by a more inflamed base. As its name implies, moreover, they coalesce in many situations, and form irregular figures. These marks, however, would have been by no means a sufficient reason for their separation, if this were not decidedly afforded by the absence of the exanthematic fever in the *conferta*, which is the peculiar character of the *febrilis*, and by its chronic duration. Bateman affirms that it "chiefly affects persons above forty years of age, who have a dry and swarthy skin, and seems to originate from violent exercise, or from indulgence in rich food and spirituous liquors."

Urticaria subcutanea: subcutaneous nettlerash.—This is a form of the affection which is accompanied by the tingling and stinging of the other species, but it differs from them in this remarkable particular, that no eruption of wheals appears. Although we have adopted Willan's appellation, it does not seem to be warranted, for there is no proof that any rash makes its appearance under the skin more than on its surface. *Urticaria latens* would have more correctly designated this species, if it were indeed necessary to distinguish it from the former on account of the non-appearance of the cutaneous rash. A similar deviation occurs not unfrequently in scarlatina, and probably in the other exanthemata; but in this it is a more striking circumstance, inasmuch as the heat and stinging is not less troublesome (sometimes resembling the pricks of needles) than in the cases which present the most vivid eruption to the eye.

Urticaria tuberosa: tumid nettlerash.—This is a rare form of the disease, but one which, from its severity and peculiar symptoms, was properly distinguished from the others by Frank. It is characterised by the eruption of red swollen patches, of the breadth of the hand, accompanied by a pruritus of such an intolerable severity as sometimes to cause fainting. They rapidly increase, and take the form of tuberosities of considerable size, which extend deeply, and are so tense and hard as to interfere with free motion, for they generally spread to a great extent over the whole surface, commencing often on the face, and affecting

* Commentarii, p. 132. ed. Frankf. ad Mæn. 1804.

more particularly the inferior extremities. The tuberosities come out in the evening, continue during the night, and disappear in the morning, leaving the patient weak and sore, "as if he had been bruised or much fatigued by exercise." They have the same property of being increased by exposure to cold air, and diminished by the heat of bed, as the wheals of the other forms of urticaria.

This species is accompanied with much general disorder. It occurs usually in those addicted to excesses at table, either in eating or drinking, and has been observed to succeed rapidly upon a debauch. During the coming out of the swellings a smart rigor and much anxiety is generally present. Cases are recorded in which the erethism of the skin proceeded to such a pitch as to threaten rapid suffocation by the tumefaction of the neck and chest, which at once caused compression of the trachea, constriction of the motions of the thorax, and disturbance of the action of the heart and larger vessels. Its duration is not to be defined: in some instances it may be got rid of by proper treatment, in the course of one or two days; but as it occurs commonly in constitutions impaired by excess, it is more frequently a tedious and obstinate affection.

Causes.—As a general fact, it may be stated that urticaria is always secondary to some internal irritation, of which, for the most part, the seat is the stomach and bowels. In children it is often connected with those disorders of the latter which are produced by dentition. The same principle is true with respect to its occurrence in adults, in whom also it can be usually traced to some cause producing temporary irritation in the stomach. We are inclined to doubt that it has ever been, properly speaking, idiopathic, although in some persons of very irritable skin, and in spring and summer, when its functions and sympathies are in increased activity, an amount of internal disorder almost imperceptible may be sufficient to give rise to it. It has been known to occur also as a symptom of cancer of the uterus, and other internal diseases. We should state, however, that Good considered that it sometimes did arise idiopathically, and that Heberden was inclined to believe that the skin itself is often the chief seat of the disorder, and that the stomach and the system only suffer secondarily.* It is never contagious.

It is well known that urticaria often originates from the taking into the stomach certain substances to which it has been unaccustomed, or which seem to operate upon some idiosyncrasy of the individual. To this must be referred the occurrence of it from the use of valerian and some other articles of the materia medica, and also after certain articles of aliment, as cucumbers, mushrooms, almonds, honey, &c. The connexion between such substances and the nettlerash is not at present ascertainable; it is worth remarking, however, with respect to the subject, that there are indi-

viduals of highly excitable temperaments, who are liable to sympathetic affections of a peculiar nature from certain impressions on their nervous system, and that the nettlerash is observed to occur amongst those. Dr. Autenrieth notices this subject, and illustrates it by some cases, and especially by a remarkable one, which has an immediate reference to the matter alluded to. He knew a woman who was possessed of such uncommon irritability that the application of a sinapism threw her into a violent fever with an eruption of bullæ over the whole body: the sting of a bee produced a terrible cutaneous swelling, with such an affection of the spirits that she wept the whole day; and finally, on eating crabs or other fish, or even potatoes, she was attacked with fever accompanied by general erysipelatous inflammation* and profound languor.

It arises, however, so frequently after some kinds of fish are partaken of, that they must decidedly be reckoned as exciting causes, independent of individual predisposition. A great variety might be mentioned as having been known to produce it, but that which by universal observation stands most in connexion with it is the mussel. After this may be enumerated lobsters, crabs, mackerel, salmon, some species of pike, tench, carp, and barbel. Many of the tropical fishes have this property also in a very intense degree, as the kingfish, the yellow-billed sprat, barracuda, porgee, the Otaheite eel, &c. The action of many of those on the economy is so injurious that the urticaria which follows is to be regarded as amongst the less severe symptoms; and with respect to the nature of the deleterious influence which the fish exerts, a little acquaintance with the history of its effects makes us accede to the universal opinion that it is a genuine poison. This, indeed, has been long known; the only question agitated for many years has been what constitutes the poisonous qualities of such fish. It was referred at one time to a diseased condition of the fish; at another a chemical explanation was proposed, namely, that it depended on the impregnation of the fish with copper. Some writers believed it a sufficient explanation to refer it to a putrefactive state of the fish, and others considered that the deleterious principle was contained in some of its secretions, or in some particular organ. The most recent investigator of the subject is Autenrieth, and although the composition and origin of fish-poison still remain a mystery, his researches are an approximation to the truth, and tend much to clear away error. We refer to his work for several interesting details, and must be content here to give the conclusion he

* Autenrieth. Ueber das Gift der Fische. Tübingen, 1833, p. 116. We give here the words of the author, but that he means *nettlerash* we have no doubt. In other places he uses ambiguous phrases where it is decidedly intended, and again we find that the word *rothlauf's entzündung* is often freely employed to signify any efflorescence of the skin with heat, itching, and fever. See Raimann's *Pathologie und Therapie*, v. i. p. 495.

* Study of Medicine, vol. iii. p. 36.

arrives at. Having traced its analogy with old cheese and rancid sausages in smell, taste, and effects, he concludes that the poisonous property of fish is contained in a bitter principle which is found in combination with a fatty matter in the fish, usually passed into a state of rancidity, and he compares the connexion between this bitter and the fatty matter to that which subsists between pyroligneous acid and its bitter principle (kreosote), or between prussic acid and the volatile oil of bitter almonds. This appears to exist in some fish before death, in others only when decomposition has already commenced. It is also established that most of the fish are only poisonous at particular seasons of the year, which is found in some to be the spawning time,—a fact which must have the same explanation as that in many fish only certain organs are poisonous, and those are invariably found to be the parts in which oily matter most richly abounds. We add that it seems probable that the deleterious influence of animal substances in general in a state of putrefaction may be owing to the development of this poisonous fatty principle, as their pathological effects are strikingly similar to that of fish poison. In considering the operation of fish poison Autenrieth divides it into three forms, which may be called the choleric, the eruptive or urticose form, and the paralytic or collapse form. The first two of these consist of those cases in which the impression of the poison is followed by a violent reaction of the general system, and they differ from each other in that the first exhibits its effects mainly in the internal organs, especially the stomach and bowels, while the second manifests itself upon the cutaneous periphery. The third form is named paralytic or collapse, because in it the poison acts with such intensity on the nervous system as to take away all power of reaction, so that the patient sinks under a gradual exhaustion of the vital powers. It is beside our purpose to proceed further, but as we did not describe the peculiar characters of urticaria arising from fish poison in the general history, we subjoin here a sketch of its symptoms as constituting the second or eruptive form of Autenrieth:—

“The phenomena commence usually a short time after the repast which causes them, and are ushered in by a sudden and vehement excitation of the vascular system, with a remarkable rushing of blood to the head. Whilst the carotids pulsate and the eyes grow red and turgid with fluid, the patient becomes affected with giddiness and the most violent and rending pain in the head. The eyes roll wildly in their orbits, and the eyelids are held spasmodically open. At the same time the face swells up, as do the buttocks and the limbs, and a scarlet redness or an urticose eruption overlays the whole body, accompanied with severe burning itching. In rare instances large vesicles or bullæ rise upon the skin. The patient perhaps plunges his hands into cold water to mitigate the heat, but each time he does so he experiences a peculiar stinging or prickling in them,

and also in the nose. With this eruption at one time is combined fever with hard frequent pulse, tightness of the chest, and general shivering; at another violent pains in the limbs or the back, or on the other hand, with loss of sensation, and even total immobility of the limbs. The inner surface of the body also takes a part in the morbid excitement, although in a much less degree in this the eruptive than in the choleric form of the affection. Pains in the stomach and bowels soon set in, which are followed by griping, purging, and vomiting. For the most part in the milder cases, when these evacuations take place, the erethism of the vessels gradually subsides, the cutaneous swelling sinks, the pulse loses its hardness and becomes smaller, and at length a favourable sweat comes, which puts an end to this short malady. It is frequently followed by exfoliation of the cuticle.”

In the cases, however, which occur after the partaking of the poisonous fish of the hot climates, the recovery is not so rapid, and the disease of a much deeper cast. “For besides that the fore-mentioned symptoms are far severer, the heat and itching being intolerable, and the eruption of an erythematous form, and the giddiness increased to a vertiginous reeling, still further phenomena appear. Dreadful cramps in the limbs and in the intestines rack the patient; a peculiar constriction with a prickling heat occurs in the pharynx, and a painful tenesmus, with strangury and retention of urine, supervene. To these in some instances is added an icteroid hue of the skin and urine, and even the sweat is known to stain the linen. But what is perhaps the most oppressive to the patient are the shooting pains in the swollen knee-joints, wrists, and the instep, and in the periosteum of the cylindrical bones. When he has, under these symptoms, for a long time vibrated between life and death, their violence at length diminishes, and when this occurs the skin peels off in several places, the hairs fall out, and even the nails drop. Occasionally abscesses form under the skin, which, although coming at the close of the disease, have not the same critical importance as those which are so favourable a termination to typhus; and they appear to be rather a purulent dissolution of the cellular tissue under the skin than a regular phlegmonous abscess.”* Even this laborious recovery, however, sometimes fails, and the patient sinks rapidly under the violence of the symptoms, or else, having made a rally through them, dies exhausted by the weakness succeeding them, which is in some cases aggravated by excessive suppuration of the skin. After death the stomach and pharynx have presented marks of a high state of inflammation.

Diagnosis.—It is not a difficult matter to discriminate between urticaria and other cutaneous eruptions; yet while this is the case, it is necessary to be well versed in the distinguishing marks on which its diagnosis rests, as instances occur in which it is important. Those are

* Autenrieth, op. cit. p. 131.

furnished by the characteristic form of wheals which the eruption assumes, by the peculiar stinging heat of its pruritus, and by its fugitive character.

There exists a possibility of confounding it with the other exanthematous diseases, rubeola, scarlatina, and erythema. This, we apprehend, however, could only occur through inattention; therefore it only requires to refer to the wide difference which the characteristics of the latter present in contrast with those we have just laid down as belonging to urticaria, at the same time intimating that error would be prejudicial both to the patient and the physician. Two forms of erythema, the *papulatum* and *nodosum*, have been noted as presenting some characters which might impose on the observer at the first glance. But besides the papular nature of the first, in contrast with the wheals, it is to be remembered that erythema is not fugitive or remittent in its progress, but continuous; and examination of the papulæ discloses the violet tint, which is never present in any variation of urticaria; although, as we have seen, the *febrilis* sometimes presents papulæ instead of wheals. The elevated nodosities of the erythema *nodosum* have nothing in common with any form except the urticaria *tuberosa*, in which also the skin is raised into tuberosities. The external character of these, however, is entirely different; the erythema presents scattered isolated swellings, while those of this form of nettlerash are aggregated, and rising in the midst of the swollen skin; but a reference to the severe symptoms which accompany the latter will furnish at once a decisive criterion.

A species of lichen, the *urticatus*, has also been contrasted with it for the sake of diagnosis. Its papulæ are round, small, and little elevated; they are also firmer under the finger, and their colour is deeper. Their chief distinction is, however, their persistent character, as it is this which renders it at all desirable to separate this affection from urticaria, with which in other respects, as its name implies, it has much affinity.

With respect to the diagnosis of that more severe variety of the disease which arises from fish poison, the circumstances under which it occurs, and the symptoms to which it gives rise, will sufficiently protect it from being confounded with any other disease. It is of much importance, however, that no obscurity should exist with regard to it, for it happens that the only affections which resemble it are the effects of the mineral poisons, arsenic or copper, or else the disease of which symptoms are not very dissimilar to the latter—cholera. The possibility of confounding it with the former was indeed proved by a legal case, in which a woman was suspected of having administered poison to her husband, who died suddenly after eating mussels.*

Prognosis and treatment.—In its ordinary forms urticaria is not attended with danger; but instances occur in which it becomes a very severe affection, and may take a dan-

gerous turn. We are not acquainted with the constitutional conditions which give it an unfavourable impress, but that such idiosyncrasy exists is proved beyond doubt by many observations. It obtains even in that produced by the poisonous fish, as out of a large party who have partaken of the latter, the majority sometimes escape altogether, whilst amongst those in whom it occurs some are severely, others but slightly affected. It seems to be under such circumstances that some chronic nettlerashes are exceedingly intractable, but it is of more practical interest to know that interference by a perverse treatment may render cases so which in themselves had nothing to prevent a favourable course and speedy termination.

The febrile urticaria has a period, as before stated, of about seven days; and it seldom is in the power of medicine to disperse it before that time; and, indeed, it will be the more prudent aim of the physician rather to moderate its symptoms than to attempt by the exhibition of strong measures of any kind to cut it short. His interference in many cases need be very little, and he has occasionally to exercise both judgment and delicacy in withholding it. The remitting nature of the fever, and the itching, is a cause of anxiety and disappointment to the patient, which is best obviated by warning him of its character. In cases where a suspicion is entertained that the stomach retains any offensive matter, it will be proper to commence the treatment by the exhibition of an emetic of ipecacuanha, after which the patient should be placed in bed, where he ought to remain, even during the remission, until the affection subsides. His bowels should be kept moderately free by the use of gentle laxative medicine, but strong cathartics are uncalled for and improper. We have known the use of one, which moved the bowels three times, produce such a weakening effect, that delirium took place after each evacuation. Small and repeated doses of the acid infusion of roses with sulphate of magnesia, will be found to suit well as an aperient. In lax habits this end may probably be as conveniently answered by a draught composed of equal parts (ten to fifteen grains) of magnesia and rhubarb in an ounce of cinnamon water, with the addition of twenty drops of aromatic spirit of ammonia. In some cases it will be preferable to use enemata with castor-oil. Some authors recommend warm bathing; we apprehend that while the fever lasts its use might be better dispensed with; but at its subsidence warm bathing has an excellent effect in restoring the vigour of the skin, and renovating the general health of the patient. The cinchona or sulphate of quina with sulphuric acid in small doses should be administered also at this period as a tonic. In the cases, however, which assume a genuine intermittent type, this remedy must be administered from the time that this can be verified.

No endeavour should be made to repel the eruption in any of the *acute* forms of nettlerash, by the application of cold, nor should

* Bateman's Synopsis, p. 132, (note.)

the practitioner countenance its use in any way, even for the temporary allaying of the heat and itching. Frank notices* cases that have been recorded, in which fatal metastasis to the brain was the consequence of urticaria repelled by cold. An instance was also known to Dr. Macintosh,† in which the application of Goulard-water for the same object was instantly followed by fainting, and the patient narrowly escaped with life through a dangerous fever. The employment of tepid baths for the mitigation of excessive pruritus is recommended by several, and if cautiously used they are unobjectionable, and much more effective than cold.

In children no other treatment is necessary than attention to the state of the teeth and bowels. The employment of common absorbent medicines and alteratives will be found quite sufficient to combat it. Amongst these the pulvis contrayervæ compositus is extolled by Underwood. We have found no powder have so uniformly a favourable action with children, as one composed of from two to five grains of hydrargyrum cum cretâ, with an equal proportion of rhubarb, and a quarter of a grain of ipecacuan.

In the chronic forms of nettle-rash the treatment is often a matter of much greater difficulty, as these affections depend frequently upon internal causes, which it is not easy to appreciate. They are sometimes connected with the habitual use of some disagreeing article of diet, and Willan found that the only way of at once detecting their cause and eradicating them was to direct the persons so affected to omit, first one, and then another article of their food and drink. The offending substance was different in different persons: "in some it was malt liquor; in others spirit, or spirit and water; in some white wine; in others vinegar; in some fruit; in others sugar; in some fish; in others unprepared vegetables." He acknowledges, however, that "in some cases a total alteration of diet did not produce the least alleviation of the complaint."‡ In such cases, instead of having recourse at once to mineral acids or other tonics, as Bateman advises, it will be more prudent to investigate strictly the condition of the internal organs, as it is probable that it depends on some latent irritation of the gastro-intestinal canal or the liver, of a more permanent description than mere disturbance of the digestive function. If on examination such a suspicion be at all warranted, the application of six leeches to the epigastrium once or twice may do more towards its removal than any other means, and when the local abstractions of blood have somewhat reduced the internal congestion, bitter, alkaline, or acid tonics may be advantageously employed, as in the case of gastritic dyspepsia. With respect to bathing, although in the chronic urticaria danger is not to be apprehended from it as in the acute, much benefit is seldom found to accrue from it; the good effects of the

vapour-bath entitle it, however, to trial. In these forms also, lotions of cold water with spirit and vinegar, or of water with small quantities of camphorated spirit, are sometimes found grateful applications for allaying the pruritus.

In the severe form produced by fish poison, the urticaria, although intense, with respect to the treatment must be considered as a secondary matter. The first object to be attempted is the freeing of the stomach and bowels of the exciting cause. In doing this the West Indian physicians prefer the sulphate of zinc to any other emetic, as it operates more rapidly and depresses the strength less than any other; on which account the tartar emetic is never employed by them. For the same reason the most gentle means are to be used for promoting evacuations from the bowels; castor-oil and repeated laxative injections are to be preferred to saline purgatives. The further treatment is to be founded upon the decision which the physician comes to upon the important question, whether the stage in which the patient is brought under his notice be that of sinking of the vital powers by the direct agency of the poison, or, on the other hand, the stage of reaction. It is obvious that in the first case the practice must consist in the exhibition of stimulants to support and revive the powers of life, and that in the latter, the indication is to reduce the erethism of the vascular and nervous systems. The most approved stimulant is madeira wine; carbonate of ammonia is also to be used, and capsicum is much extolled by Dr. Clarke, a physician of Dominica. With respect to the stage of reaction, it is to be kept in mind, that however high the erethism may mount, it is not to be combated by the powerful antiphlogistics which a free inflammation of the same degree would demand. Venesection should not be resorted to except in the case of young plethoric individuals; leeches may be sparingly applied to the organ which appears most oppressed, but we must be contented to rest for the fulfilment of this indication on the exhibition of acid diluents, such as lemon-juice or lime-juice, vinegar, &c. together with keeping the patient in cool air. A more ample development of this subject belongs, however, to the head of Toxicology rather than to urticaria.

(J. Houghton.)

UTERUS AND ITS APPENDAGES
PATHOLOGY OF THE.—The sexual system of the human female consists of the uterus, and of its internal and external appendages. Before the age of maturity, the uterine organs are small, exert but little influence on the constitution of the female, and are not liable to many diseases. From the age of fourteen or fifteen, when menstruation is usually established, until the middle period of life, the functions of the uterus are subject to serious derangements; and at a more advanced period of life, its structures are often destroyed by diseases of a malignant nature. In extreme old age, the uterine system, without any or-

* Op. cit. lib. iii. p. 112.

† Practice of Physic, vol. i. p. 155.

‡ Bateman's Synopsis, p. 136. Edit. 1829.

ganic disease, undergoes a great diminution of volume, and not unfrequently the canals of the Fallopian tubes and upper part of the cervix uteri become impervious.

Various irregularities in the formation of the human uterus have been described in the works of different authors under the terms bilocular, bicorned, bifid or double uterus, in all of which, without a single exception, the uterine appendages have been simple, or have consisted of one ovary and one Fallopian tube annexed to each cornu of the uterus, and not of two ovaria and two Fallopian tubes, as the term double uterus would seem to imply. In the examination of a great number of children at the *Maternité* of Paris, the division of the uterus, as in some of the lower orders of mammalia, was often met with. Professor Chaussier has described the case of a woman who was delivered in the *Maternité* of her tenth child, in whom it was found after death that the right side of the uterus only existed, with one ovary and one Fallopian tube.* Littré, in dissecting the body of a little girl, found the vagina divided by a fleshy perpendicular septum, as in most of the ruminant animals. The vagina is sometimes divided by a thin perpendicular membranous partition. Vallisnieri relates the history of a woman who was poisoned with cantharides, in whom two uteri were found to exist, one of which opened into the vagina, the other into the rectum.†

M. Cassan has referred to numerous other examples of similar malformations of the uterine organs, and to those more particularly the histories of which are contained in the *Memoirs* of the Royal Academy of Sciences.‡ In the Museum of the Royal College of Surgeons in London, there is a specimen of bifid unimpregnated uterus, and another was preserved in the collection of Mr. Brookes, in which the fundus, cervix, and os uteri were all divided by a thick septum. Similar cases have been recorded by different writers. Messrs. Lauth and Cruveilhier have reduced all the malformations of the uterus to the four following varieties: 1. where the uterus and vagina are separated into two cavities by a septum running in the direction of the mesial line, while the external configuration presents nothing unusual; 2. where the fundus and body of the uterus are divided into two cornua, the cervix, os uteri, and vagina remaining in the normal state; 3. where the uterus is bifid, as above, while the cervix and vagina are divided by a septum; 4. where the vagina forms a single canal with a double os uteri. These deviations from the natural formation of the uterus do not prevent impregnation. Morand, Bartholin, Purcell, Ollivier, and many other writers have recorded cases of double uterus in which conception had taken place, and the fetus had been retained till the full period. “Num mulieres,” inquires Riolan,

“quæ superfœtare solent aut plures fœtus quam duos generant, uterum bipartitum habent?”* M. Cassan has also recently speculated upon this subject, but there are certain facts which prove that the doctrine of superfœtation, if well founded, cannot be explained on the supposition that the uterus is double or bifid. The author has related a case of impregnated double uterus, in which an organized deciduous membrane, in the form of a shut sac, lined the unimpregnated cornu, and rendered superfœtation and menstruation impossible.† The uterus has been found wanting in some women; others have had the orifice closed by a membrane or a dense fleshy substance, or the os uteri has opened into the rectum. The vagina is also sometimes malformed. Its orifice has been impervious from unusual strength of the hymen, or a considerable portion of the canal has been closed, within the os externum, by a thick fleshy substance. Cases have been recorded in which the whole vagina has been filled up with a dense solid mass. An extreme narrowness and shortness of the canal has also been repeatedly observed, and in some it has been altogether wanting. In the neck of the bladder, urethra, and parts situated around the orifice of the vagina, many varieties of malformation have occurred.

We ascertain the presence of disease in the uterine system chiefly by the uneasy sensations of the patient, by the disordered functions of the organs, and by the changes in their situation, form, and sensibility. The mammae, stomach, brain, and nervous system are all sympathetically affected in many of the diseases of the uterus, and in most of the organic affections of the organ and its appendages there is severe burning or lancinating pain experienced in the hypogastrium, or dull gnawing pain in the sacrum, loins, pubis, and upper part of the thighs. There are often sickness and vomiting, loaded tongue, impaired appetite, and other signs of gastric derangement. There are frequently also dull pain, sense of giddiness, confusion of head, and many irregular nervous affections. The mammae sometimes become enlarged and painful, as in the early months of pregnancy. The functions of the uterus, more particularly of menstruation and conception, are interrupted or disturbed. There is frequently an altered secretion of the lining membrane of the uterus and vagina, and instead of the mucus which lubricates the passages, serum, pus, or blood are poured out in greater or smaller quantity from the parts. When a female after the middle period of life suffers from an habitual discharge of a serous, sanguineous, or purulent nature from the vagina, with pain in the back and irritation within the pelvis, an internal examination should be made to determine the condition of the uterus. If our object is to ascertain the condition of the lower portion of the uterus, the patient should remain in the erect position with the back resting against the

* Bulletin de la Faculté de Médecine. Paris, 1817.

† Esperienze ed Osservazione Spettanti all Istoria Naturale, etc. l. iv.

‡ Recherches sur les Cas d'Uterus Double et de Superfœtation, par M. L. Cassan. Paris, 1828.

* Schola Anatomica, Parisiis, MCVIII. p. 317.

† Med. and Chir. Trans. vol. xviii. p. 475.

wall while the fore-finger is carried through the vagina to the os uteri. When the finger reaches the uterus, pressure should be made with the left hand over the hypogastrium, that the sensibility, form, and weight of the organ may be accurately ascertained. It is necessary for the practitioner to recollect that there is great variety in the form of the os uteri in different women, without disease. In some individuals its length is remarkable, and in many women who have had children, in whom labour has been natural, there are irregularities or fissures from laceration, where there is no organic disease. In some women, observes M. Dugès, after repeated labours, the lips of the os uteri do not project, the orifice occupying directly the upper part of the vagina like a funnel. This we have repeatedly found to be the state of the os uteri in aged females, whether they have had children or not. Sometimes the orifice is so large as to admit the point of the finger prolonged backward and to the left by an oblique fissure with round edges. Not only should the smoothness, hardness, and regularity of the lips of the os uteri be examined, but the degree of dilatation of the orifice should be ascertained, if any exists, and whether it is giving passage to a tumour of any description. The size and weight of the uterus should also be determined, and whether the fluid covering the finger be mucous, serous, sanguineous, or purulent. The condition of the vagina should likewise be accurately explored, for there are few diseases of the uterus of a cancerous or malignant nature, in which some change is not perceptible in the coats of the vagina. It is by an examination per vaginam that we become acquainted not only with the alteration of structure in the os and cervix uteri, but with the numerous displacements to which the organ is liable.

The speculum uteri has been much employed on the continent in the exploration of the diseases of the uterus, and in some cases of inflammation and superficial ulceration of its orifice important information may be obtained by its use. In many more, however, and particularly in tumours and cancerous affections of the uterus, we are fully persuaded that little information can be obtained from the employment of it; its introduction is painful, and where the vagina is diseased it has produced most injurious effects. In a case of malignant ulceration of the os uteri and upper part of the vagina which came under our observation, the introduction of the speculum produced hemorrhage, which proved fatal in the course of twenty-four hours.

We now propose to give a short account of some of the more important diseases.

I. Of the Fallopian tubes.

II. Of the uterus.

III. Of the vagina and organs situated around its orifice.

The structure, functions, and diseases of the ovaria have already been fully described in a preceding part of this work.—See OVARIA, DISEASES OF THE.

I. DISEASES OF THE FALLOPIAN TUBES.

The Fallopian tubes are two slender tortuous canals, about four or five inches in length, which extend between the ovaria and the superior angles of the uterus. They consist, like the uterus, of a peritoneal, muscular, and mucous membrane, and they perform the office of conveying the spermatic fluid from the uterus to the ovaria, and, after impregnation, of carrying back the germ or ovulum to the cavity of the uterus. They are liable to attacks of acute and chronic inflammation, both in the unimpregnated and puerperal states. Their fimbriated extremities are frequently, in consequence of acute or chronic inflammation, firmly united to the ovaria, posterior part of the uterus, omentum, and other contiguous parts. The structure of the fimbriae is often completely destroyed, and the tubes terminate in a cul-de-sac. The canals of the tubes are also sometimes obstructed, and sterility is the result. The obstruction may be partial or complete. One of the most frequent morbid appearances which the writer has observed in the bodies of young subjects after death, is adhesion of the Fallopian tubes to the ovaria by short, firm, adventitious membranes, or by long, slender, transparent filaments. After parturition, when inflammation attacks the peritoneum, the Fallopian tubes in most cases become red, vascular, and partially or completely imbedded in pus or lymph. Their ovarian extremities not unfrequently become softened, of a deep red colour, and deposits of pus in a diffused or circumscribed form take place within their cavities or in their sub-peritoneal tissues. Their lining membrane also becomes inflamed, and the canals throughout their whole extent filled with pus. A case of abscess of the Fallopian tube communicating with the rectum has been observed by M. Andral. The woman, after suffering from constipation, had vomiting, pains in the right side of the abdomen, then in the left, and in the right thigh; a tumour gradually formed in the left flank, with fever, emaciation, and purulent diarrhœa. On opening the body, the effects of inflammation of the bowels were observed; the left Fallopian tube, considerably dilated, opened into the rectum by an opening which would admit a writing quill. A purulent fluid, or a thick viscid matter, like cream, is frequently found in their cavities, where there has been no previous inflammation of their coats. The cavities of the tubes are also found in some cases distended with serofulous matter, and the same deposition is occasionally observed within the cavity of the uterus. The coats of the tubes are frequently much thickened, and of a red or dark colour, when affected with scrofula. All these affections produce barrenness, but there are no symptoms by which we can positively determine their existence during life. In the article OVARIA, the author has expressed his belief that in many cases of painful menstruation there exists a state of great congestion or inflammation of these organs, and there can be little doubt that the

Fallopian tubes often participate in the same disease. In such cases, and in others, where there is reason to suspect the existence of inflammation of the uterine appendages, leeches, warm fomentations and poultices to the sides of the hypogastrium, and other antiphlogistic means should be had recourse to.

Accumulation of fluid sometimes takes place within the cavities of the Fallopian tubes. Dr. Hooper has termed this affection hygroma, and he observes that the Fallopian tubes are not unfrequently found distended by a serous fluid; "I have never seen," he says, "more than seven fluid ounces in one tube; from one to two ounces is the most usual quantity. When a hygomatous tumour is formed in these tubes, the fimbriæ are generally destroyed, and the abdominal openings obliterated. The sides of the tubes are distended into complete bags, which have a long tortuous or pyriform shape, being always much the largest at the loose extremity. The tube of both sides is mostly in the same state of disease, and there are generally traces of pre-existing inflammation, as thickened portions, here and there, and many adventitious membranes and adhesions to neighbouring parts."*

Sometimes the Fallopian tube is suddenly enlarged by fluid at the ovarian extremity, when it resembles a horn, or has a pyriform or spherical shape, and it may there acquire enormous dimensions. De Haen relates a case in which the Fallopian tube weighed seven pounds, and the cavity contained twenty-three pounds of fluid. In other cases the quantity has been still greater.

It is difficult or impossible during life to distinguish dropsy of the Fallopian tube from cysts formed in the ovaria, and it would not be of much practical importance if the diagnosis could be drawn. All internal remedies are equally unavailing in both diseases. De Haen states that death has followed the operation of drawing off the fluid from the Fallopian tube by a trocar, and that the viscid state of the fluid, rendering its escape impossible through the opening, makes the operation unsuccessful. Monro states that hydatids may produce the same effect. Boivin and Dugès relate a remarkable case from Frank, in which a pint of fluid escaped daily by the uterus and vagina till the patient died of consumption. On examining the body, thirty-one pounds of a watery and gelatinous fluid were found in the left Fallopian tube. The disease was referred to a violent blow received upon the hypogastrium. Similar cases have been recorded in which the fluid accumulated in the Fallopian tubes has escaped by the uterus and vagina.

When the catamenia are retained from imperforation of the hymen, vagina, or os uteri, the cavity of the uterus not only becomes much distended, but also the cavities of the Fallopian tubes, which may become ruptured by ulceration.†

* Morbid Anatomy of the Human Uterus.

† *Traité Pratique des Maladies de l'Uterus*, t. ii. p. 587.

The same authors believe that some cases of leucorrhœa may depend on a chronic catarrh of the lining membrane of the Fallopian tubes. Our repeated examinations of the uterus after death have rendered it certain that in many instances of leucorrhœa, the fluid secreted by the lining membrane of the uterus, and not by that of the Fallopian tubes, or vagina.

Small pedunculated cysts are very often found suspended from the fimbriated extremities of the Fallopian tubes, even in women under the age of twenty.

Rupture of the Fallopian tube in the unimpregnated state is a rare occurrence. Boivin and Dugès have cited a case of this description, in which the accident arose from a violent effort, and death soon followed from effusion of blood into the abdomen. This hemorrhage, they observe, must have been excited by a violent fit of rage into which the woman had been thrown. The tube is sometimes, they add, the seat and the source of a sanguineous exhalation without any apparent rupture of the coats, and this happens most frequently in puerperal women or in those who have miscarried, and in conjunction with metroperitonitis. Dugès relates the following as an example of this rare occurrence. A woman, who had recently miscarried in the early months, was seized with inflammation of the uterus and peritoneum, of which she died; the ovarian extremity of the left Fallopian tube was as large as a hen's egg, and adhering to the ovarium, which it in great part enveloped; it was red, very vascular, and contained a bloody fluid; the walls of the sac were half a line in thickness. The right Fallopian tube was obliterated at the loose extremity, as large as the finger, destitute of fimbriæ, and adhering to the ovaria by some cellular filaments.*

Rupture of the Fallopian tube most frequently takes place in the third or fourth month of pregnancy, and the ovum sometimes escapes entirely into the cavity of the abdomen; at other times it continues within the tube. It is probably in consequence of some imperfect action of the tube that the ovum is not transmitted along its canal to the uterus, as in ordinary cases. The Fallopian tubes having a structure similar to the uterus, admit of the development of the ovum within their cavity for a certain period, generally to the third or fourth month; after this, the ovum still continuing to enlarge, they become ruptured in consequence of their incapability of undergoing further distension. A violent pain is then suddenly experienced by the woman in the region of the uterus; this is followed by faintness, coldness of the extremities, and other symptoms of internal hemorrhage, and death usually takes place in a few hours. On opening the body, a quantity of blood is found in the sac of the peritoneum, and the tube which contained the ovum is found lacerated or laid open by inflammation and slough-

* Op. cit. tom. ii. p. 585.

ing. When ruptured, it does not possess a power like the uterus to close the exposed vessels after the separation of the placenta, and the blood is poured out from the laceration until the woman perishes. In cases of Fallopian tube conception, an organised deciduous membrane is often found lining the inner surface of the uterus, the volume of which is much increased. In other cases, one of which came under our own observation, the cavity of the uterus is lined with a soft flocculent albuminous matter, which is not organized. In two cases about the end of the fourth month, which we have recently examined, no deciduous membrane lined the cavity of the uterus; the fundus and body were both considerably enlarged, and their inner surface coated with a layer of soft albumen. In Saxtorph's case of Fallopian tube conception, though the patient went to the end of the ninth month, the uterus was not enlarged, but its cavity was lined with a white tenacious mucus, which closely adhered to the lining membrane.* Mr. Langstaff examined a case in which there was no deciduous membrane, and Dr. Blundell has seen two in which the decidua was likewise wanting.

The Fallopian tubes are sometimes affected with cancerous or malignant disease. This may commence in the tubes themselves, or it may extend to them from the ovaria or other parts of the uterine system.

Considering the similarity of structure which exists between the uterus and Fallopian tubes, it appears singular that fibrous tumours should be so seldom met with in these organs. In no case have we met with a fibrous tumour in the walls of the Fallopian tubes. "I have seen a hard round tumour," observes Dr. Baillie, "growing from the outer surface of one of the Fallopian tubes. This, when cut into, exhibited precisely the same appearance of structure as the tubercle which grows from the surface of the uterus, consisting of a hard white substance intersected by strong membranous septa. This, however, I believe to be a very rare appearance of disease."†

"A more uncommon situation for this tumour," says Dr. Hooper, "is the cavity of the Fallopian tube. It is occasionally seen, very small, deposited in the cellular tissue under the peritoneum of the tubes; and I once found it in the cavity or canal itself, about the size of an olive; the fimbriæ were destroyed, and the tube terminated in a cul-de-sac."‡

II. DISEASES OF THE UTERUS.

The most important diseases of the human uterus, accompanied with sensible alteration of structure, may be divided into three classes:—

1. Those which are produced by inflammation of one or more of the textures which enter into the composition of the uterus.

2. Those which arise from the formation of tumours in the parietes of the organ, or from enlargement of the glands situated in its orifice, and have no tendency to degenerate into a malignant form, and do not contaminate the surrounding structures.

3. Those diseases which result from a specific or malignant action of the uterus, by which its different textures and the adjacent viscera become disorganized.

1.—Of inflammation of the unimpregnated uterus.

In the article PUERPERAL FEVER a full account has been given of the symptoms and treatment of uterine inflammation in puerperal women. In the unimpregnated state the uterus is also liable to attacks of congestion and of acute and chronic inflammation, which, though less dangerous than after parturition, are nevertheless productive of great distress, and are often but little under the controul of medicine.

Inflammation of the lining membrane of the uterus.—The lining membrane of the uterus in the healthy state is smooth, and moistened with a tenacious mucous fluid of a yellowish white colour. Not unfrequently it is of a deep red colour and ecchymosed, and a little blood escapes from it on pressure. These appearances we have often observed in women who have died suddenly from affections of the brain and other organs, and in whom there had been no symptom of uterine inflammation except an increased discharge of mucus from the vagina.

Inflammation of the lining membrane of the uterus sometimes produces merely an increase of the natural secretion of the part; in other cases pus is secreted, as in inflammation of the mucous membranes of other organs.

In some women who menstruate with pain, there is a membrane somewhat like the decidua, though essentially different in structure, discharged from the cavity of the uterus at each monthly period. It is sometimes of a triangular shape, the inner surface being smooth and filled with fluid, while the exterior, which had been adherent to the uterus, has a rough flocculent appearance. In other cases this membrane is passed in flakes like coagulable lymph, and does not present any appearance resembling the decidua. Women who are afflicted with this peculiar disease of the uterus suffer more or less from uneasiness in the region of the organ in the intervals of menstruation, and they seldom become pregnant. According to Dr. Denman, the disease does not depend upon any peculiarity of constitution or disposition to any other complaint. The false membrane is probably formed between the monthly periods, by a peculiar and specific inflammation of the mucous coat of the uterus. The symptoms would lead to the inference that the substance of the uterus is also affected.

Morgagni was the first writer who described this disease, and he was aware how little it is under the controul of remedies. Denman has recommended for its treatment mercury

* Acta Societ. Reg. Med. Havniæ. tom. v.

† Morbid Anatomy, p. 360.

‡ Morbid Anatomy of the Human Uterus, &c. p. 15.

to salivation, the ammoniated tincture of cinchona, infusion of burnt sponge with bark, myrrh, and the different preparations of iron, the Tonbridge or Spa waters, the liquor potassæ, and all the remedies usually termed tonics. In one case injections of the aqua zinci vitriolata cum camphorâ had a good effect. Denman admits that none of these remedies have been attended invariably with success. Dr. Burns says time in general removes the disease better than medicine, which is only to be advised for the relief of pain, weakness, or any other symptom which may attend or succeed to this state.

Dr. Dewees states that he has seen a portion of membrane discharged from the uterus not much larger than the nail, after severe suffering; at other times he has witnessed as much as would fill a small tumbler. The period employed for the extrusion of the substances is various; sometimes requiring but a few hours, at other times several days. The degree of suffering is not always in proportion to the quantity of substance expelled; indeed, the pain would rather appear to be less when much is discharged. Dewees thinks there are two varieties of the disease; one where the mammæ sympathise with the uterus, and become tumid and extremely painful, the other where there is no such affection induced. In this affection, he says there is almost always a permanent pain in the back, hips, and loins, which indicates the presence of a highly congested if not an inflamed state of the lining membrane, and probably also of the middle coat, of the uterus. For the relief of pain in this affection, which is the first object of treatment, he states that he has found the following combination of remedies more useful than any other.

R Gum. camphor. ℥i.
Spirit. vin. rectific. q.s. fiat pulvis: add
Pulv. G. Arab. ℥i.
Sacchar. alb. q.s.
Aque cinnam. simpl. ℥i. M.

One half of this draught is to be given the instant pain is experienced; and if not relieved in an hour or two, the other is to be given. This quantity, however, is not always sufficient to subdue pain; in this case let the mixture be repeated, or the same quantity of camphor may be finely powdered and given in ten-grain doses every hour, entangled in a little syrup of any kind, until relief is procured. The ergot, as might have been expected, has failed to afford relief. Warm baths, pediluvium, and bleeding have also been prescribed, but he declares that nothing has succeeded so well as camphor. The injection of tepid narcotic fluids into the vagina would probably be attended with advantage, and the application of leeches to the os uteri in the intervals of the monthly periods, when the membrane is forming within the cavity of the uterus.

As a means of affording permanent relief in this painful disease, Dewees has recommended the use of volatile tincture of guaiacum, in doses of a drachm three times a day. In

some cases it has been useful, in others altogether useless. He supposes the inflammation to be rheumatic, but of this there is no satisfactory evidence.

The pathology and treatment of this affection of the uterus, it must be admitted, are but imperfectly understood. The occasional local abstraction of blood from the region of the pelvis, by cupping or leeching in the intervals of menstruation, when there are symptoms of congestion of the uterus present, the exhibition of calomel, Dover's powder, and camphor, with rest in the horizontal position, and the frequent injection of tepid narcotic fluids into the vagina, are the remedies which have afforded the greatest relief in the cases which have come under our care.

When the lower portion of the uterus is chiefly affected with inflammation, there is an uneasy sensation or pain experienced in the back, hypogastrium, and loins, aggravated by pressure and bodily exertion, and chiefly by riding and walking. In this disease there is usually an increased secretion of mucus from the vagina, or there is a discharge of white opaque mucus, "like a mixture of starch and water made without heat, or thin cream; it is easily washed from the finger after an examination, and it is capable of being diffused through water, rendering it turbid." "A morbid state of the glands of the cervix of the uterus," continues Sir C. Clarke, "probably gives rise to this discharge; at least the cases in which it comes away are those in which the symptoms are referred to this part; and when pressure is made upon it the woman complains of considerable pain."*

When an internal examination is made, the uterus is often found hanging unusually low in the vagina; the os uteri is neither hard nor irregular, but it is swollen and puffy, and is painful on pressure. There is more or less irritation in the bladder and rectum, and the symptoms are usually aggravated before and subsequent to menstruation.

When the substance of the fundus and body of the uterus are inflamed, the pain, which is constant, occurs also in paroxysms, and is aggravated by the erect posture, and by pressure over the hypogastrium. The milky discharge from the vagina, which is often present when there is no inflammation of the uterus, and which Dr. Clarke considers as a pathognomonic symptom of inflammation of the os uteri, is wanting, according to his observation, when the substance of the unimpregnated uterus is inflamed. It is sometimes observed in young females soon after marriage, and is most frequently referable to violence, or to the application of cold during menstruation.

There is often little effect produced upon the constitution in this disease. In other cases constitutional disturbance, more or less marked, accompanies chronic inflammation of

* Observations on the Diseases of Females which are attended by Discharges, part ii. p. 5.

the uterus. The pulse is soft, but easily accelerated, particularly in the evening. The digestive organs are deranged, the appetite becomes impaired, and the bowels are confined. The urine is discharged with pain and difficulty. The anus is sometimes retracted. Menstruation is frequently disturbed, and if the disease continues long, and the powers of the system are much impaired, it is entirely interrupted. In many cases it is impossible during life to distinguish this affection from incipient malignant disease, and other organic diseases of the uterus, of a totally different nature. Dr. Gooch and M. Genès maintain that all the symptoms of chronic inflammation of the uterus may be present without inflammation, or without any sensible derangement of the uterus. This view does not, however, rest on accurate and extensive pathological research; and the heat, swelling, and exquisite sensibility of the neck and body of the uterus prove that in the disease or group of diseases described by the former of these writers under the name of irritable uterus, a state of the organ exists closely allied to inflammation or congestion. In more than one case, which had been considered and treated as simple irritability of the uterus without inflammation, organic disease of a malignant nature was subsequently developed. The presence of fibrous tumours in the walls of the uterus has likewise in some individuals given rise to that peculiar series of symptoms which has been described as characteristic of irritability of the uterus, without inflammation or disposition to a morbid alteration of structure.

"What is the nature of the irritable uterus?" inquires Dr. Gooch. "It is not acute inflammation, for that would run a far shorter course, and end in certain known consequences. It is not chronic inflammation, for that is a disorganising process, and slowly but surely alters the structure of the organ in which it goes on. Both in chronic inflammation, and in the disease which I am describing, there is a morbid state of the nerves, indicated by pain, and sometimes at least a morbid state of the blood-vessels, indicated by their fulness; but the substances effused by chronic inflammation shew that in this there is something additional in the actions and consequently in the state of the vessels. The disease which I am describing resembles a state which other organs are subject to, and which in them is denominated irritation. Thus surgeons describe what they call an irritable tumour of the breast. It is exquisitely tender; an ungentle examination of the part leaves pain for hours; it is always in pain, but this is greatly increased every month immediately before the menstrual period. Although apprehensions are entertained of cancer, it never terminates in disease of structure. It is represented as a very common disease. Mr. Brodie describes a similar state in the joints. It occurs chiefly amongst hysterical females; it is attended by pain, at first without any tumefaction, but the pain increases and is attended with a puffy, diffused, but trifling swelling; the part is exceedingly tender; this

assemblage of symptoms lasting a long time, and being often little relieved by remedies, occasions great anxiety, but there never arise any ultimate bad consequences. 'The disease,' says Mr. Brodie, 'appears to depend on a morbid condition of the nerves, and may be regarded as a local hysteric affection.' These painful states of the breast and of the joints appear to be similar to that which I have been describing in the uterus; similar in kinds of constitutions which they attack; similar in pain, in exquisite tenderness, in resemblance to the commencement of organic disease, and in proving ultimately to be only diseases of function.*

Dr. Dewees, whose attention has been particularly directed to the pathology of this affection, does not consider this view of the subject to be correct, and it is certainly very difficult to discover any analogy between a tumour of the female breast or joints and an affection of the uterus depending solely upon a morbid state of its nerves.

Chronic congestion and inflammation of the uterus appear to arise most frequently from exposure to cold and fatigue during menstruation, and subsequent to abortion or parturition. It is an obstinate disease, and often resists the effects of all remedies for many months or even years. The patient should remain in the horizontal position if the pain is constant and severe. Blood must be drawn from the arm or from the uterine region by leeches, or by cupping-glasses. When the circulation is undisturbed, as is most frequently the case, local is to be preferred to general bloodletting. Some think that cupping affords decidedly more relief than leeches, and that the glasses should be applied over the sacrum, or to the part to which the pain is referred. Dr. Dewees applies them to the inside of the thighs. The bowels should be regulated by castor-oil, infusion and electuary of senna, super-tartrate of potash, and Epsom salts. To subdue the pain the tepid hip-bath, warm fomentations, and narcotics must be had recourse to, and camphor combined with extract of hyoscyamus, henbane, or poppy, should be administered twice or thrice a-day. A belladonna plaster should be applied over the sacrum. Warm decoction of poppy, or lukewarm linseed tea, or eight or ten grains of opium dissolved in a pint of hot water, or solution of starch, may be thrown up the vagina, and an ounce of warm milk with a drachm of laudanum may be injected into the rectum, after the bowels have been evacuated. An alterative course of mercury has afforded decided relief in some cases. Like all the other chronic phlegmasiæ, when the disease has lasted long, relief sometimes follows a different plan of treatment, viz. the employment of exercise, bitters, tonics, sulphurous and chalybeate waters. Where the stomach has suffered much, the phosphate of iron may be given with advantage.

* An Account of some of the most important Diseases of Women, by Robert Gooch, M.D. Lond. 1831, p. 306.

Chronic inflammation of the uterus does not degenerate into cancer, as many suppose, and it rarely terminates in suppuration of the muscular tissue of the uterus. Cases of abscess of the walls of the unimpregnated uterus have been described by writers, but they are very seldom met with. Mr. Howship has a uterus in his possession, in the muscular coat of which, or in the cellular membrane between its layers, was an abscess which contained about an ounce of pus. The symptoms were not ascertained before death. This is the only example of abscess of the walls of the uterus from simple inflammation that we have seen; those abscesses in the uterus described by Dr. Hooper were connected with malignant disease of the organ. Where a collection of pus has taken place within the cavity of the uterus, there has also in most cases been present a malignant organic affection of the os and cervix uteri. The following case, related by Dr. John Clarke, illustrates this fact. "On the 12th of January, 1812, I visited Mrs. A. B. about sixty-five years of age, who had ceased to menstruate many years. A few weeks before I saw her, she had informed Mr. Brande, who attended her, of her having a small sanguineous discharge from the pudenda. The discharge was not attended by any pain. After this she had a discharge like fluor albus, and small, but which afterwards became of a brownish colour, offensive to the smell, and greater in quantity. A very short time before I saw her, she had experienced a more considerable sanguineous discharge, but without any pain. I found, on examination per vaginam, the os uteri very rigid and much harder than usual. The cervix was of the usual length, but harder to the touch. From the upper part of the cervix a tumour bulged out in all directions, so as to occupy nearly the whole space from the os pubis to the os sacrum. On the 31st January she was suddenly seized with violent pain in the lower part of the abdomen, and a sensation as if something had suddenly given way there, and she was still in great pain. She could not pass her urine; she was now in a state of extreme weakness and faintness, like a person nearly expiring, having a small thread-like pulse, great paleness of the surface of the body, and coldness of the extremities. She died soon after this. On opening the abdomen, seven ounces of a most offensive purulent fluid were found in its cavity. The small intestines were inflamed. On raising the intestines to expose the contents of the pelvis, a tumour appeared in a gangrenous state, with an opening in the upper part of it, through which, on the slightest pressure, a quantity of offensive pus oozed, similar to that which was found in the cavity of the abdomen. The bag containing it appeared to be in contact with the quantity which still remained in it, probably about five ounces. This matter being removed, the bag was discovered to be the uterus in a distended state. Both its external and internal surface were of a dark colour, exhibiting nearly the appearance of a mortified part. On the internal surface there was an appearance like half

coagulated lymph, but there was no trace of any cyst, so that the fluid was contained in the cavity of the uterus itself. The internal surface of the uterus had a honeycomb-like appearance. The orifice between the cavity and the cervix was closely contracted, so as not to have allowed the contents of the uterus to be discharged through it."*

Inflammation of the follicles of the os uteri.—Granular inflammation of the os uteri is the term employed by Madame Boivin to designate this disease, which she states to be little understood, and only to be detected by using the speculum. The os uteri is swollen, red, ecchymosed, morbidly sensible when touched, and disposed to bleed. There is often present a leucorrhœal discharge from the vagina, and a state of excitement bordering upon nymphomania. In some cases the affection has been misunderstood, from the absence of local symptoms, or because it has been accompanied with more severe lesions. The granulations, when hard, are usually very small, like grains of sand or the seeds of the poppy; if they are larger, their softness prevents them from being discovered, except by a very experienced practitioner.

These granulations are found in a subacute or chronic state. In the former they are seen on the lips of the os uteri, sometimes in small number like peas, firm and white; more frequently in great numbers, like grains of millet-seed, also white and soft, and vesicular, without roots. It is from their interstices that the blood flows which escapes into the vagina when they are touched, or when the bowels are evacuated.

In the chronic state the enlarged follicles or granulations are hard, small, and white, and rest on soft, red, miliary elevations, in one case like varicose veins. The causes of this affection are not the same in all cases; they are often obscure, like the causes of all uterine diseases. In some cases, the affection seems to have been produced by syphilis or some cutaneous disease, or by the presence of a fibrous tumour in the uterus. In the examination of dead bodies we have repeatedly seen the appearances described by Boivin, and we agree with her in thinking that they depend on an enlargement of the mucous follicles of the os uteri. We have seen numbers of these bodies much enlarged, both in the vagina and os uteri, when individuals had died from chronic disease unconnected with any morbid state of the uterus.

Emollients and local bloodletting are the remedies recommended by Boivin in the subacute stage of the disease. The treatment must be stimulating in the chronic stage, and afterwards, in the greater number of cases, derivatives must be had recourse to. The greatest advantages have resulted from their use in many cases. Where the disease is syphilitic, mercury must be employed.

Whether *physometra* and *tympanites* are

* Trans. of a Society for the Improvement of Med. and Chir. Knowledge, vol. iii. p. 560.

always the result of inflammation of the uterus is not at present ascertained; but as they may sometimes arise from that cause, we may here notice them. The existence of tympanites and dropsy of the unimpregnated uterus might be called in question, if cases of the disease had not been recorded by some authors of undoubted veracity. As no example of either of these affections has come under our own observation, we shall give a short account of their history and treatment as we find them recorded in the works of different writers. Mr. J. Hunter endeavoured, without success, to elucidate this subject. "I have been informed," he says, (at p. 206 of his work on the Animal Economy,) "of persons who have had air in the uterus or vagina without having been sensible of it but by its escaping from them without their being able to prevent it, and who, from this circumstance, have been kept in constant alarm lest it should make a noise in its passage, having no power to retard it, as when it is contained in the rectum. This fact being so extraordinary made me somewhat incredulous, but rendered me more inquisitive, in the hope of being able to ascertain and account for it: and those of whom I have been led to inquire have always made the natural distinction between air passing from the vagina and by the anus: that from the anus they can feel and retain, but that in the vagina they cannot; nor are they aware of it till it passes. A woman whom I attended with the late Sir J. Pringle informed us of this fact, but mentioned it only as a disagreeable thing. I was anxious to determine if there was any communication between the vagina and rectum, and was allowed to examine, but discovered nothing uncommon in the structure of these parts. She died soon after; and being permitted to open the body, I found no disease either in the uterus or vagina. Since that time I have had opportunities of inquiring of a number of women, and by three or four have been informed of the same fact with all the circumstances above mentioned: how far they are to be relied upon I will not pretend to determine."

Denman never saw a case in which wind was collected in the cavity of the uterus in such a manner as to resemble pregnancy, and to produce its usual symptoms; but many cases occurred to him of temporary explosions of wind from the uterus. "When no injury has been done to the parts in former labours, I presume," he says, "that the complaint happens to women with feeble constitutions, and some particular debility of the uterus."* Dr. Hooper once saw a case of flatulent tumour of the uterus in the living subject, but never post mortem. "Air is formed in this organ," observes Dr. Gooch, "but instead of being retained, so as to distend the uterus, it is expelled with a noise many times a day. It has been doubted whether it really came from the uterus; but in one of my pa-

tients there was a circumstance conclusive on this point: she was subject to this infirmity only when not pregnant; but she was a healthy and breeding woman, and the instant she became pregnant, her troublesome malady ceased. She continued entirely free from it during the whole of her pregnancy; but a few weeks after her delivery it returned." In all these cases there is no positive proof that the air was not accumulated in the vagina only.

In by far the greater number of cases the disease has arisen from the decomposition of bodies contained within the cavity of the uterus, and not from any disease of the uterus itself. After the extraction of a dead fœtus from the uterus, an offensive gaseous fluid sometimes escapes from its cavity. M. Leduc had scarcely extracted the body of a putrid fœtus with the crotchet when there escaped with impetuosity from the uterus a gas having a sulphureous smell, which burnt with a violet-coloured flame.* But it is more particularly after delivery, when some portion of the placenta or of the fetal membranes has remained within the uterus, and the orifice is closed by a coagulum of blood, that a true uterine tympanites takes place. The uterus then admits of distension by the gaseous fluid, and it may acquire a volume equal to that which it had before delivery. Two cases of this description occurred to M. Deneux, the histories of which have been related by M. Chomel. A woman, whose lochia had been suppressed on the fourth day after delivery, became comatose on the fifth, with turgescence of the face and extreme difficulty of respiration. M. Deneux found the abdomen tense and resonant when struck, as in intestinal tympanites. By an examination per vaginam he discovered that a fibrinous coagulum occupied the orifice of the uterus. Scarcely was this clot displaced, when an offensive gaseous fluid escaped with an explosion from the vagina. The abdomen immediately diminished in volume. It completely subsided when, by a new effort, the clot had been drawn out, and with it another discharge of gas and a quantity of very fetid blood. In twenty-four hours the patient became conscious, and in a few days she was convalescent. In the second case a portion of the membranes closed the uterine orifice, and the uterus presented the same volume which it usually presents towards the fourth month. The extraction of the foreign body was followed by the expulsion of a large quantity of fetid gas.

M. Chomel states that cases have occurred in which the fœtus has been expelled from the uterus twenty-four hours after the death of its mother, by the extrication of gas. In some cases, without the concurrence of any of these causes now mentioned, there takes place gradually within the uterus an accumulation of gas, which augments the volume gradually, like the product of conception. Delamotte relates a case where pregnancy was suspected; but when the woman had reached the end of the ninth

* Introduction to the Practice of Midwifery, vol. i. p. 111. London, 1788.

* Dictionnaire de Médecine, t. xvii. p. 198.

month, all the symptoms disappeared after the escape of a gaseous fluid from the vagina. An analogous case has been cited by Boivin and Duges from the Transactions of the Medico-Chirurgical Society of Bologna. A woman, forty years of age, believed herself pregnant; the menses were suppressed, the belly enlarged, and the uterus at the fifth month was on a level with the umbilicus. On stooping down, air escaped in great quantity from the vagina, and the swelling of the abdomen immediately disappeared. The distention of the uterus by air gives rise, according to Chomel, to peculiar phenomena; the patient feels more or less uneasiness in the hypogastrium; the pains extend into the loins, the groins, and thighs. A tumour is felt in the hypogastrium, reaching to the navel. This tumour is elastic, and sonorous on percussion: by passing the finger into the vagina it can readily be ascertained, while the other is over the hypogastrium, that the tumour is formed by the uterus. Some authors affirm that this tumour can be felt to be light. Sometimes the catamenia continue to flow. When the distention of the uterus is considerable, the neighbouring parts suffer from the pressure, and their functions are deranged; the alvine evacuations become scanty, and are passed with difficulty; there are frequent calls to void the urine; the respiration is confined. The escape of air by the vulva affords relief: a copious discharge removes the disease. The treatment recommended by M. Chomel consists in removing the mechanical obstacle, if any exists, by the finger introduced into the os uteri, by hip-baths, injections, and the abstraction of blood. Boivin and Duges recommend cleanliness, baths, lotions, injections of warm water or weak solution of chloruret of lime.

Dropsy of the uterus.—Accumulation of a serous fluid within the cavity of the uterus has only been found where the os uteri has been closed by adhesions from preceding inflammation, which is a very rare occurrence, or has been obstructed by malignant disease or some morbid growth. Dr. A. T. Thomson has related a case in which the cavity of the unimpregnated uterus contained eight quarts of a fluid of a dark brown colour. The woman appeared as large as if six months gone with child. An indistinct fluctuation was perceptible in the tumour, and the least pressure on it excited pain. She died from dry gangrene of the left lower extremity. The internal surface of the uterus was found, on dissection, to be neither more irregular nor more spongy than in its natural state; but none of the orifices could be found, for even the os uteri was interiorly as completely obliterated as if it had never existed; and although its situation could be traced in the vagina, yet even there it was very faintly marked.* In cases of this description the only remedy admissible is to open the os uteri with a bougie or trochar.

Hydrometra gravidarum, or dropsy of the amnion, forms one of the most distressing

complications of the gravid state, and has not unfrequently given rise to dangerous errors in practice. In the works of the earlier writers on the diseases of pregnancy, and particularly in those of Mauriceau and Lamotte, we find cases recorded of dropsy of the uterus. Similar cases are to be met with in the writings of Baudelocque and Gardien; and these authors are the first who seem to have been acquainted with the fact that the fluid in this affection is contained within the cavity of the amnion. It was not, however, until the publication of M. Mercier's essay on this subject in 1809, that any attempt was made to determine the true pathology of the disease by an accurate examination of the contents of the gravid uterus.* His paper contains the histories of three cases of acute dropsy of the amnion; and from the appearances observed in the fetal membranes, he has deduced the general inference that the inordinate secretion invariably depends on inflammation of the amnion. We have examined the fetal membranes in eight examples of this affection, without discovering any appearance of inflammation of the amnion. In a recent case which came under our observation there was an accumulation of fluid in the ventricles of the brain of the child, and it lived only a few hours. When unconnected with a dropsical diathesis in the mother, we are disposed to regard it merely as one of the numerous diseases of the fœtus in utero, which arise independently of any disease of the uterus or any obvious constitutional disorder in the parents, and with the causes of which we are wholly unacquainted.

The diagnosis of hydrometra gravidarum is most difficult in the simple form of the disease, when the effusion has taken place to a great extent, and when complicated with ascites. In both these cases fluctuation, more or less distinct, can be perceived on percussion of the abdomen; but we can obtain from this sign no positive information to enable us to determine whether the fluid be contained in the cavity of the peritoneum or amnion, or in both these membranes. In the simple form of dropsy of the amnion, where the quantity of fluid is not excessively great, the fluctuation is obscure, deep-seated, or wholly imperceptible. The presence or absence of fluctuation is, therefore, no certain test of the existence of the disease; and the only mode of arriving at a correct diagnosis, both in its simple and complicated forms, is by instituting an examination per vaginam. By this proceeding we shall not only be able to ascertain the changes in the uterus consequent on impregnation, but the accumulation of a preternatural quantity of fluid in the membranes of the ovum. This latter circumstance is known by the enlargement of the body of the uterus, by the state of its cervix, which is almost entirely obliterated, by the ballottement of the fœtus, and by

* *Observatio de acuto amniosis hydrope, aut amniosis inflammatione, quæ evasit, etc.* Journal Général de Médecine, t. xliii. and xlv.

* Med. Chir. Transact. vol. xiii. p. 175.

the sense of fluctuation in the vagina on percussion of the abdomen.

In ascites complicated with pregnancy, Scarpa has observed that the symptoms are entirely different from those of hydrops amniosis. The regular form of the fundus and body of the pregnant uterus, he states, is not evident to the touch in these cases, from the enormous distention and prominence of the hypochondrium, arising from the great quantity of fluid interposed between the fundus and posterior part of the uterus and abdominal viscera. The urine is scanty and lateritious, and the thirst is constant. The abdomen upon percussion presents a fluctuation obscure in the hypogastric region and in the flanks, but sufficiently sensible and distinct in the hypochondria, and strong and vibratory in the left hypochondrium between the edge of the rectus muscle and the margin of the false ribs. These symptoms, with the previous history of the patient, may afford us in doubtful cases some assistance in the diagnosis; but our principal dependence, as we have before said, must be placed on the information acquired by a careful examination of the state of the cervix and body of the uterus. Having arrived at a correct diagnosis, the treatment of dropsy of the amnion becomes simple. Our only aim is to relieve the urgency of the symptoms occasioned by the over-distention of the abdominal cavity; and the only feasible mode of giving this relief is by puncturing the membranes and evacuating the superabundant liquor amnii. The artificial rupture of the membranes, if the operation be carefully performed, is not more dangerous than the spontaneous rupture; and if the ease and safety of the mother can be insured, we ought not to be induced to delay its performance by apprehension for the life of the child, since, from its diseased state in the greater number of instances, it will be still-born.

The only difficulty that can arise respecting the treatment is in cases of dropsy of the amnion complicated with ascites. Even here we would recommend the evacuation of the liquor amnii as the best remedial measure that can be had recourse to, since it relieves the leading symptoms produced by the pressure of the excess of fluid in the peritoneum and amnion on the neighbouring organs, which are, in fact, the only symptoms we have to counteract, and is followed by the expulsion of the contents of the uterus. After delivery, the effusion into the peritoneal cavity, if it depend on utero-gestation, will spontaneously disappear; if it be the effect of hepatic or other visceral disease, it may be treated by appropriate remedies.

Scarpa recommends paracentesis abdominis in this disease. He not only dreads no evil consequence from this dangerous operation in pregnancy, but supposes the gravid uterus itself may be safely punctured, and supports this opinion by cases related in the writings of Camper, Bonn, Langius, and Reiscard. We cannot, however, under any circumstances, be justified in performing either

of these operations, which the experience of others has proved to be so hazardous, if, by the simple means now recommended, relief can be obtained.

From what we have observed in several recent cases of dropsy of the amnion, we are disposed to believe that the administration of diuretics and other remedies has a considerable influence in controlling the disease. In a lady who had suffered repeatedly from dropsy of the amnion, the further effusion of fluid seemed to be prevented by the use of mild cathartics, of squill and supertartrate of potash, and by surrounding the abdomen with a soft flannel roller. When there has been unusual sensibility of the stomach, the repeated application of leeches has not only relieved the pain, but apparently diminished the secretion of liquor amnii.

2.—*Of tumours and enlargements of the glands situated in its orifice, which are not of a malignant nature.*

In a paper on fibro-calcareous tumours and polypi of the uterus, which will appear in the second part of the eighteenth volume of the Medico-Chirurgical Transactions, we have described four varieties of uterine tumours, none of which are malignant or cancerous in their nature. First, the fibrous; secondly, the follicular, or glandular: thirdly, the cystic, or vesicular; and, fourthly, the mucous tumour of the uterus.

The fibrous tumour is usually of a globular form, and varies greatly in size. It has generally a cartilaginous and fibrous structure, and the fibres are often disposed in a concentric or converging manner. This tumour has sometimes a granular appearance, or seems to consist of a congeries of smaller tumours, of different densities, each having a thin capsule of cellular membrane. When large, the tumour is often unequal, lobulated, or divided by deep fissures, and arteries and veins of considerable magnitude can be traced into its substance. Cavities containing a bloody or dark-coloured gelatinous fluid are sometimes formed in the central parts of the tumour, by a process of softening which its substance undergoes. In other cases the tumour does not manifest a disposition to become softer as it enlarges, but its density gradually increases until the whole mass has become cartilaginous, without arteries or veins containing red blood; or calcareous depositions are gradually formed in the substance of the tumour, until it is partially or completely converted into a concretion of phosphate or carbonate of lime. This is generally of a light yellow colour or nearly white, soft and porous, like pumice-stone; but instances have occurred where it has become so hard as to admit of being polished like marble or ivory. These deposits usually first take place in the most dense points of the tumour. In a few rare cases, they have been formed on the surface of the tumour, and have inclosed it like the shell of an egg. Gardien states that the smallest tumours most frequently undergo this transformation. Andral, on the authority of Brugnattelli, states that carbonate and phos-

plate of lime, with an animal or gelatinous matter, enter into the composition of these bodies. Dr. Turner, professor of chemistry in the London University, had the kindness to analyse, at our request, two years ago, a small concretion, which was passed during life from the uterus of a female above sixty years of age. This was found to consist entirely of carbonate of lime and animal matter. Dr. Bostock has more recently analysed several specimens of uterine concretions, and he has found them principally to consist of phosphate and carbonate of lime with animal matter.*

In several cases of fibro-calcareous tumour of the uterus which have come under our observation, and of which we have related the histories in the paper referred to, little uneasiness was experienced during life; but in another case there was also malignant ulceration of the uterus, and portions of the calcareous tumour were discharged from the vagina long before the disease proved fatal. Many months previous to her death this patient had attacks of hemorrhage and excruciating pains in the uterus before the concretions were passed. There were also sallowness of the complexion, and great irritability of stomach, as in cases of malignant disease.

A somewhat similar case of malignant ulceration of the uterus with calcareous tumour has been recorded by M. Louis, in the second volume of the *Memoirs of the Royal Academy of Surgery*. A lady long felt a sense of weight in the uterus, and for three years had suffered acute pain with constant leucorrhœa. Six weeks before death, which happened on the 27th of May, 1744, a foreign body which presented in the vagina was removed with a pair of forceps. This concretion, which was shewn to M. Levret, was large and had the form of a hen's egg. Its consistence was like plaister. On the following day a small body of the same character was removed. The patient had borne several children before she began to experience these pains. During the last months of her life the contents of the bladder and rectum passed through the vagina. On dissection, a gangrenous ulcer was found at the orifice of the uterus, and had destroyed the septum between the rectum and vagina. The fundus uteri was healthy.

"The symptoms and the accidents," observes M. Louis, "which these concretions of the uterus produce do not affect this organ exclusively. Their situation with respect to the bladder may greatly derange its functions. The following observation will shew that difficulty in passing the urine and even retention of urine may be occasioned by the presence of a concretion in the uterus. A woman, seventy-two years of age, died at Lille in 1688. She had been afflicted for fifteen or sixteen years with difficulty in voiding the urine, insupportable pains in the region of the loins, os pubis, and perineum. The cause of the symptoms was referred to the kidneys or bladder,

but accidentally the uterus was examined, and it appeared to be scirrhus. A large hard stone filled its whole cavity, which was considerably dilated by this foreign body. The outer layer of this stone was of a friable matter, which was easily detached. The interior was more solid but very porous, for this stone was very large compared with its weight, which was only four ounces; it would have weighed a pound if the matter had been more condensed and the volume equal."

M. Louis relates the case of another woman, sixty two years of age, who died of a disease of the chest in the *Salpêtrière*, on the 16th April, 1744. On opening the body the uterus was found as large as a hen's egg, and low down in the vagina. Its orifice was not dilated, and its cavity was completely filled with a white hard substance which weighed ten drachms and a half, and a month after only six. This woman for some years before death had suffered from a disagreeable sense of weight in the region of the uterus, with pains in the loins and thighs. She had also suffered severely from pruritus pudendi and upper part of the thighs.*

Schenkius has collected together from the works of Hippocrates, Vallesius, Salius, and Marcellus Donatus, the histories of some extraordinary cases of stones discharged from the uterus during life, and discovered in the organ after death. Some of these histories are probably authentic, and if so, they prove that the disease now under consideration has existed from the earliest ages.†

Hippocrates relates the history of a woman of Larissa who, when young, suffered pain during intercourse, and never became pregnant. When sixty years of age, she was attacked with pain like labour, after eating a quantity of onions. "The pain became so intense," he adds, "that she fainted, and during this state of deliquium, another woman, perceiving a rough body protruding from the vagina, removed it with her hand. The patient ever afterwards enjoyed good health."‡

Salius relates the case of a nun sixty years of age, who suffered violent pains in the uterus for several months. The pains, which were alleviated by no remedies, ceased after the escape of a concretion the size of a duck's egg. The patient afterwards died from the exhaustion produced by the putrid suppuration of the uterus.§

Marcellus Donatus states that Hippolita Gaeta died after having long suffered from uterine pains and fever; and that a stone of an incredible size, having the consistence of gypsum, and floating in a quantity of black fluid, was found in the uterus on dissection. "Cujus rei (he observes) nos multos habemus testes."||

About the year 1070, in a village of the

* *Mémoires de l'Académie de la Chirurgie*, t. ii.

† *De aliis Uteri Affectibus*, lib. iv. p. 717.

‡ *Lib. v. de Morb. Popular. sect. vii.*

§ *Salius ad C. 113, Pract. Altom.*

|| *Hist. Mirab. lib. iv. c. 30.*

* *Med. Chirurg. Transact. vol. xviii. part ii. p. 313.*

Soissonnois, according to the chronicle of Antonin as quoted by Louis, a pregnant woman, who had been three weeks in labour, was delivered of three stones. One was of the size of a goose's egg, the other was as large as a hen's egg, and the third was like a nut. The child immediately followed, and the woman was freed from her pains.

Ambrose Paré states that persons who have stones in the uterus experience violent pains in it, and that they have bearing-down efforts similar to those of labour.

Michel Morus cites the case of a woman upwards of forty years of age, who died of a pleurisy, and had suffered for a long time severe pains of the hypogastrium, for which all remedies had failed to procure relief. On examination a hardness was felt in the uterus. There escaped from the vagina an acrid discharge, like the washings of putrid flesh. Thirty-two stones were found in the uterus, the smallest of which was of the size of an almond. Different folds of the uterus retained them, and some of them were in the Fallopian tubes. He believed these concretions to be of the same nature as bezoars; and he affirms that he saved the lives of several patients by their use. From his statement, that the stones were in the Fallopian tubes, and that they were retained by different folds of the uterus, we are disposed to think that they were uterine phlebolites which he saw, and not fibro-calcareous concretions of the uterus.

With the origin of calcareous tumours of the uterus pathologists do not appear to have become acquainted till a comparatively recent period. Walter has given engravings of these bodies in his *Annotationes Academicæ* published in 1786, and he states that calculi are sometimes present with polypi of the uterus and vagina. It does not appear, however, that he discovered the intimate relation which exists between them, and from a recent examination of some of the preparations in the Hunterian Museum at Glasgow, we are disposed to believe that Dr. William Hunter was the first who was acquainted with the different situations which fibrous tumours occupy in the uterus, and with the various changes which they undergo in the progress of their development.

From an examination of a single specimen of the disease, Dr. Baillie was led to suspect, in 1787, that calcareous concretions of the uterus commence as fibrous tumours. "In the cavity of the uterus," he observes, "a bony mass is sometimes found. When this is the case, I suspect that the hard fleshy tubercle within the cavity of the uterus, such as I have already described, has been converted into bone. This at least had taken place in the only instance which I have known of this disease, for a great part of the tubercle still remained unchanged, and I think it very probable that such a change most frequently happens where these bony tumours are found."*

Dr. Baillie refers to the works of Lieutaud

for proof of the fact that stones have been found in the cavity of the uterus. "These are described by authors," he adds, "as varying in their appearance, some being of a dark, others of a light colour. They are silent about their nature, and I can say nothing of it from my own knowledge, as it has never occurred to me to see an instance of this disease. Such concretions are probably formed from matter thrown out by the small arteries which open on the internal surface of the uterus, and are in some degree analogous to the concretions formed in some glands of the body.*"

Bayle, Bichat, Roux, Breschet, Andral, and many other pathologists have long been fully aware of the fact, that fibrous tumours occasionally become calcareous, or, as they have improperly been termed, bony. Whether all the concretions reported to have been found in the cavity of the uterus are formed by deposits in fibrous tumours, and whether the substance of the uterus itself is ever converted into bone, as reported by Verdier, we are not at present in possession of facts which enable us satisfactorily to determine.

When calcareous concretions of the uterus are discovered to exist by an examination per vaginam, and where they are loose, they may be removed artificially with a pair of forceps, or with the fingers. Incisions into the os uteri, as in the case related by M. Louis, do not offer much prospect of relieving the patient. When attacks of inflammation of the uterus are produced by these concretions, the symptoms should be relieved by leeching and other appropriate remedies, and irritation diminished by anodynes.

M. Bayle has described the fibrous tumours of the uterus as fleshy and of a red colour at their commencement, then as becoming cartilaginous, and in the last stage osseous. This may be the fact with a few rare examples of the disease, but we are satisfied it is not uniformly so, and that the greater number of these tumours never exhibit a muscular or fleshy appearance at any period of their existence, but have a fibrous structure equally distinct when not larger than a pea, and when exceeding in magnitude the head of the human adult.

Sometimes we find only one tumour present in the walls of the uterus; at other times several are met with of different sizes, and not unfrequently they are combined with cysts and tumours of the ovaria. They have no disposition to ulcerate, nor to degenerate into a malignant form, though they are not unfrequently observed in individuals who have cancerous affections of the uterus, mammæ, liver, and other organs. They have seldom if ever been observed before the age of puberty, and Bayle affirms that they are most frequently met with in the bodies of those women in whom the physical signs of virginity are present, and that in twenty out of one hundred women taken indiscriminately after the middle period of life, the fibrous tumour, more or less developed, is

* *Morbid Anatomy*, t. ii. p. 331.

* *Morbid Anatomy*, p. 362.

found on dissection imbedded in the walls of the uterus.

Fibrous tumours are developed either in the cellular membrane under the peritoneal coat of the uterus, or they are formed between the layers of its muscular or middle coat, or immediately below its internal or mucous membrane. When under the peritoneum, they often hang by a very slender neck, and the peritoneum covering them is highly vascular, when no bloodvessel can be perceived in their substance. When situated under the peritoneum, while their volume is small, they produce no change in the form of the uterus, and they give rise to no irritation, hemorrhage, or derangement either in the uterine functions or general health, and their existence even can only be guessed at during life. But when they attain a large size, and come to occupy a great part of the abdominal cavity, they produce all the injurious consequences of enlarged ovaria, from which indeed during life they are distinguished with the greatest difficulty, and death ultimately takes place from interrupted circulation and long-continued pressure on the bladder and other contiguous viscera. When situated under the peritoneum of the uterus, fibrous tumours do not prevent impregnation, because they do not interrupt the communication between the vagina and ovaria; but when adherent to the posterior part of the body or neck of the uterus, they sometimes produce fatal consequences both to the mother and child by impeding the progress of the latter through the pelvis, or by giving rise to hemorrhage and inflammation after delivery.*

"When fibrous tumours are formed between the strata of muscular fibres of the uterus, we have also observed that they attain a large size; the fundus, body, and orifice of the uterus usually become hypertrophied as during pregnancy, and greatly altered in shape. If situated midway between the peritoneal and mucous membranes, they press equally in all directions as they slowly enlarge, and separate the muscular fibres, and cause the uterus to project both on the external and internal surfaces. When a thin stratum of muscular fibres is interposed between the tumour and peritoneum, the projection is observed only on the corresponding peritoneal surface on the uterus, and the cavity of the organ remains unchanged."†

Tumours situated in the muscular structure cannot be recognized until they have attained a large size. The disorders they produce, M. Gardien states, are least after the critical age. Women who have fibrous tumours imbedded in the proper tissue of the uterus are frequently barren, or if they become pregnant, abortion takes place in the early months, in consequence of the uterus being incapable of undergoing the requisite development. Where the ovum is not prematurely expelled, death may take place from uterine hemorrhage soon after delivery. M. Chaussier saw a woman die from flooding soon after giving birth to a full-grown

child. There was a fibrous tumour of great size in the posterior walls of the uterus. This body was not situated, however, so as to present an obstacle to the passage of the child through the pelvis, but soon after delivery it was perceived that the uterus had not the power of contraction. Profuse hemorrhage took place from that part of the uterus in which the tumour was lodged, the flow of blood could not be arrested, and the patient died.

On the 12th of February, 1828, a woman, aged forty-two years, residing in Cumberland Street, Middlesex Hospital, was delivered by embryotomy of a still-born hydrocephalic child. The liquor amnii amounted to sixteen pints. Profuse uterine hemorrhage followed the extraction of the placenta, and on the third day after delivery death took place from inflammation of the peritoneal and muscular coats of the uterus. We examined the body, and found a hard fibro-cartilaginous tumour in the muscular coat, where the placenta had adhered to the uterus. We have recorded a similar case which occurred to Dr. Chowne. Another case of the same description has been given by Dr. Outrepoint.

Dr. Marshall Hall relates the case of a woman who died after parturition from inflammation and suppuration of fibrous tumours of the uterus.* There are no symptoms by which we can positively determine during life the presence of fibrous tumours in this situation; they may, however, be suspected to exist in those individuals who, being advanced beyond the middle period of life, suffer habitually from leucorrhœal discharge, who menstruate profusely, and have attacks of menorrhagia, with irritation in the region of the uterus and adjacent organs. After unusual exertion chronic inflammation of the uterus is not unfrequently produced by them; and from what we have observed in some cases, we have been led to believe that what is termed irritable uterus, which is supposed to arise from a nervous affection of the uterus without any change of structure, is in some women referrible to the presence of fibrous tumours in the walls of the organ.

But the fibrous tumour is sometimes developed immediately beneath the lining membrane of the uterus, or with a layer of muscular tissue interposed. It is in this manner that the greater number of uterine polypi originate. As the tumour or polypus enlarges, the cavity of the uterus becomes distended as by the ovum during gestation, and its walls are excited to contract and expel the tumour, which pushes before it through the orifice of the uterus that portion of the lining membrane of the uterus by which it is covered, in a manner somewhat analogous to what takes place in hernia when the peritoneum is pressed forward by the intestine or omentum through the inguinal or crural canals. By the constant and powerful action of the uterus, the tumour is gradually forced into the vagina, where it undergoes various important changes of structure,

* Med. Chir. Transact. vol. xviii. part ii. p. 387.

† Ibid.

* Principles of Diagnosis, Lond. 1834, p. 307.

both in its covering membrane, peduncle, and deep-seated parts. Its mucous membrane is sometimes pale, and presents little sensible change of structure, but more frequently it becomes highly vascular, hypertrophied, softened, and inflamed, or it ulcerates and sloughs, and gives rise to a sanguineous, purulent, and fetid discharge from the vagina, and to all the other symptoms of malignant disease of the uterus. In some cases the diagnosis between a large fibrous tumour in this state filling the vagina, and a malignant fungous disease of the os uteri, is extremely difficult.

Dupuytren believes that fibrous tumours in the vagina sometimes become cancerous; but this fact has not been satisfactorily established.

We have observed in the same volume of the Medical and Chirurgical Transactions, that if the tumour be covered only by the lining membrane of the uterus, little difficulty is experienced in expelling it from the cavity, and the pedicle is slender, consisting only of thickened lining membrane, a little cellular substance, and some small bloodvessels; but when the tumour is covered also with a layer of muscular tissue of the uterus, the root is thicker, often as large as the wrist in circumference, and consists not only of lining membrane and bloodvessels, but chiefly of muscular coat. A longer continuance of uterine action is here required to force the tumour into the vagina, and not unfrequently the patient expires from the loss of blood before the tumour has descended sufficiently low to admit of the application of a ligature around its root. We are disposed to believe, from preparations in our possession, that it is not on the primitive state of the tumour or polypus, as Herbiniaux and Dupuytren have supposed, that the consistence and form of the peduncle depend, but on the quantity of muscular fibres carried before the tumour, and that in most cases where the peduncle is thick and short, it will be found to be composed not only of mucous membrane and bloodvessels, but of hypertrophied muscular structure of the uterus. This account of the formation of uterine polypi, which is confirmed by the observations of Dr. Sims, Cruveilhier, and Boivin, will satisfactorily explain why it is unnecessary, as many have supposed, to pass the ligature for the removal of polypi close to the uterus; and it also explains a circumstance pointed out by Clement and Puzos, that the root of the polypus which remains never grows again after the general mass of the tumour has been removed.

The fibrous tumour is developed under the lining membrane of the fundus, body, cervix, or os uteri, and the symptoms are modified according as it is situated in one or other of these situations. Inversion of the unimpregnated uterus is sometimes produced when a large fibrous tumour is formed in the walls of the fundus uteri, near the inner surface. Dr. William Hunter and Dr. Denman have both related cases of this description, which terminated fatally in consequence of the ligature having included a portion of the inverted uterus.

It occasionally happens, when the fibrous tumour is large, and is formed under the lining membrane of the cervix uteri, that it is suddenly expelled from the vagina, and produces appearances which strikingly resemble those observed in cases of chronic inversion of the uterus. The fibrous tumour and inverted uterus being both covered by the same mucous membrane, and being liable to the same changes of structure from pressure, interrupted circulation, and inflammation, without an accurate acquaintance with the previous history of the case, and the progress of the symptoms, the diseases might readily be confounded together. Levret, Herbiniaux, and other writers, infer that most of the cases which have been reported of amputated uterus, have been cases of large polypi or fibrous tumours, which had escaped from the vagina. Two cases have come under our observation in which large fibrous tumours of the cervix uteri, having passed through the ostium vaginæ, gave rise to appearances which could not be distinguished from inversion of the uterus during life. A case has been recorded by Klingberg of a large fibrous tumour of the cervix uteri being treated as a case of prolapsus. A great wax pessary had been passed into the vagina to give it support.*

Dr. Merriman relates the history of a pregnant woman in whom a fibrous tumour of considerable size was connected with the os uteri. A ligature was applied around the peduncle, and in a few days the tumour fell off. The general health of the patient improved after the operation; she went to the full time, but the child was still-born.

Dr. Gooch relates a case which occurred in the practice of Mr. Borrett of Yarmouth, in 1799, which terminated fatally soon after delivery. At the commencement of labour a tumour was discovered in the vagina. After the rupture of the membranes, as the child did not advance, it was delivered by turning, and was born alive. The placenta was spontaneously expelled, but some hours after a soft round tumour was found pressing on the os externum. Violent expulsive pains continued for many hours after delivery. A large fleshy tumour, which presented the appearance of an inverted uterus, had been forced out of the vagina. She continued to suffer during the whole of this day, and died in the evening. The body was examined the following day. The uterus was contracted, but its mouth was dragged down as low as the external orifice by a tumour, which grew from it by a broad base. It was attached to the posterior part of the mouth of the womb, and some way up the neck was of a livid colour, and weighed three pounds fifteen ounces. The patient had borne her last child before easily and naturally, but some time before her present pregnancy she looked as large as if seven months with child.†

M. Deneux gives the history of a case of fibrous tumour of the uterus expelled into the

* Acta Reg. Societ. Hav. vol. p. 31.

† Dr. Merriman's Synopsis, &c. Lond. 1820, p. 225.

vagina, after an abortion at the fourth month, and mistaken for after-pains. The lady, aged thirty, after her second child observed the abdomen larger than natural; menstruation became irregular, and she had occasional attacks of menorrhagia. She again became pregnant, and miscarried at the fourth month. The after-birth was expelled with difficulty. The uterus remained larger than usual. Fever followed, with pain of abdomen. After some days a soft fleshy body was perceived at the vulva, and this was supposed to be the placenta. The febrile symptoms continued. It was found impossible to remove this body, and it was discovered to be a fibro-cartilaginous tumour. It was removed by a ligature applied round its neck, but the patient died. On examining the tumour, which was of the size of the fist, its form was found to be irregular, and it was composed of two distinct parts: 1st, an exterior covering, in a putrid gangrenous state; 2ndly, a central portion, white, fibrous, lamellar, presenting an appearance of little cells, hard and resisting when cut with the knife. Uterine and abdominal inflammation followed. The tumour had sprung from the inner part of the anterior wall of the uterus. The ligature had been applied to the proper tissue of the uterus. A smooth cavity was found in the anterior wall of the uterus, which was lined with a fine membrane, a portion of which was enclosed in the ligature. The uterus was healthy in other respects.

M. Deneux cites cases from Delius, Ruleau, Lamotte, Frank, and Arnaud, in which bodies putrified within the uterus, and he points out the importance of exploring the vagina and uterus, to determine whether this is so when the lochia are offensive.*

Though it has been demonstrated that the greater number of uterine polypi are merely fibrous tumours which have been developed under the lining membrane of the uterus, and a layer of its muscular fibres, we are not entitled to infer, as some writers have done, that these are the only tumours which pass from the cavity of the uterus into the vagina, and which are not of a malignant nature. We have pointed out other three varieties of tumours of the uterus, to which the term polypus has been applied: first, a tumour with a broad base, and generally of a flattened form, originating in a morbid growth of the lining membrane of the organ, and resembling nasal polypi; secondly, a tumour formed under the mucous coat of the uterus, which is composed of a congeries of small cysts or vesicles filled with a clear or yellow-coloured ropy fluid; thirdly, a tumour of the os and cervix uteri arising from a morbid enlargement of the mucous follicles and glands of the part.†

History of fibrous tumours and polypi of the uterus.

Before the middle of the eighteenth century, few facts of any importance had been ascertained respecting the origin and structure of

polypus of the uterus. The older writers included under the term polypus all the different tumours of the uterus which have now been described, the greater number of the organic affections of the os and cervix uteri of a malignant nature, and also fleshy moles or ova in a morbid state. The confusion and obscurity in which the pathology of uterine polypi has so long remained, may be attributed in a great measure to the circumstance that few opportunities have been enjoyed of investigating their structure before it has been destroyed by inflammation and sloughing produced by artificial or natural means.

In 1696 Saviard examined the body of a woman who died of uterine hemorrhage in the Hôtel Dieu. He found a fleshy mass as large as the heart of an ox adhering to the fundus uteri and filling its cavity. This tumour, which had a slender neck or root, was covered with a membrane which appeared to be an expansion of the internal membrane of the uterus. Four branches of arteries and veins were distributed to the tumour. The arteries were small, but the veins were as large as the crural veins; and when the tumour was laid open, a considerable cavity was formed in its centre, extending from the apex to the base. The lower end of the tumour had a contused and gangrenous appearance, and Saviard believed that the hemorrhage which had destroyed the woman proceeded from the veins.*

A woman died at Orleans in the year 1746, who had a tumour hanging from the vagina, which was supposed to be cancerous. M. Levret examined this tumour after death, and found it similar in structure to the tumour described by Saviard. It contained arteries and veins, and was covered on the outer surface by an expansion of the membrane which lines the inner surface of the uterus. A great number of varicose veins were observed on its surface. On laying open the tumour, no other cavities were perceived in it except those of some bloodvessels, the largest of which did not exceed the fourth of a line in diameter. In colour and consistence the tumour resembled boiled cow's udder.

M. Levret divides all polypi peculiar to females into those which arise from the uterus, and those which grow from the walls of the vagina. He subdivides uterine polypi into three species, according as they are attached to the fundus, the cervix, or the margin of the os uteri. He considered hemorrhage an invariable symptom, after the tumour had passed the orifice of the uterus. M. Levret observed that nature had the power in some cases to rid herself of the disease by detaching and expelling the tumour, and he attributed this result to the orifice of the uterus binding and strangling it, like a ligature applied around its neck. When polypi are attached to the os uteri, it sometimes happens, he observes, that the body of the polypus, which is in the vagina, is not every where isolated and surrounded by

* *Répertoire Général d'Anatomie, &c.* tom. vii. 1829.

† *Médec. Chir. Trans.* vol. xviii. part ii.

* *Levret, Observ. sur les Polypes Uterines.* Paris, 1749. 8vo. p. 31.

the os uteri. The finger cannot be carried completely round the tumour, and the point where the resistance is met with is situated a little higher than the remaining portion of the circumference of the orifice of the uterus. He was aware that prolapsus and inversion of the uterus were liable to be confounded with polypus, and suspected that in several of the cases in which the uterus was said to have been amputated, a large polypous tumour had only been removed. The diagnosis and the treatment of uterine polypi were both much improved by Levret, but he did not contribute any fact to elucidate their anatomical structure which had not previously been pointed out by Saviard.

The treatise of Herbiniaux contains a much more complete account of the symptoms, diagnosis, and treatment of polypus of the uterus, than is to be found in Levret's work, and the distinction is accurately drawn by him between the malignant excrescences of the os uteri, and those tumours which have no tendency to become cancerous. He has also described, with greater minuteness, the varieties of form which uterine polypi assume. He says they are not all of a pyriform shape; some are round, others flat, smooth, rugous or in bumps, and the same variety is seen in their roots, some being long and slender, some thick and short. The difficulty of distinguishing polypus uteri from inversion and prolapsus of the organ, and certain organic affections to which it is liable, is illustrated in a striking manner by Herbiniaux's cases, and he has pointed out the importance of the maxim of Levret, "*de ne jamais traiter les femmes ni les filles affligées d'hémorrhagies habituelles sans les faire visiter, surtout si ces hémorrhagies sont accompagnées d'écoulemens putrides ou sereux, n'importe de quelle couleur.*"*

Walter had a very imperfect acquaintance with the structure and origin of uterine polypi. They are produced, he says, by an irritation in the orifices of the vessels which are distributed to some point of the surface of a mucous membrane. "Polypus uteri tunc semper nascitur, si in extremitatibus vasculorum membranæ internæ uteri, per aliquod ibi habitans irritamentum, succus quidam luxurians secernitur coagulabilis, qui in dies singulos magis tenax evadit, et spissus tandemque in veram telam cellulosa commutatur. Hac progenita nunc tela cellulosa, quam firmissime vascula illa conjungens cum illis arctissime cohæret. Vasa membranæ internæ uteri eodem modo elongantur quo vasa pleuræ et peritonei, quæ interdum ita prolongantur, ut cum vasis exhalantibus pulmonum et viscerum abdominalium sese conjungunt. Tali modo uteri polypi vasa accipiunt nutritiva, quorum ope die in diem magis magisque ad crescunt, ita ut talis cellulosa qualis fungus appareat, et progrediem nonnunquam adipiscetur magnitudinem."†

Dr. Baillie was the first pathologist who had a precise knowledge of the fact that fibrous

tumours of the uterus have no relation to cancerous tumours. Dr. Baillie was also the first who discovered that the most common kind of polypus is hard, and consists of a substance divided by thick membranous septa, like the fleshy tubercle of the uterus. "When cut into," he says, "it shews precisely the same structure as the tubercle of the uterus just described, so that a person looking on a section of the one and the other out of the body could not distinguish between them. This sort of polypus varies very much in its size, some not being larger than a walnut, and others being larger than a child's head. It adheres by a narrow portion or neck, which varies a great deal in its size and in its proportion to the body of the polypus. The largest polypus I ever saw was suspended by a neck hardly thicker than the thumb; and I have seen a polypus less than the fist adhering by a neck fully as thick as the wrist.

"The place of adhesion also differs considerably. It is most commonly at the fundus uteri, but it may take place in any other part; and I have seen a small polypus adhering just on the inner lip of the os uteri. When a polypus is of any considerable size, there is generally one only; but I have occasionally seen on the inside of the uterus two or three small polypi, and in some instances several polypi have been known to grow from the uterus in succession.

"Another sort of polypus forms in the uterus, which consists of an irregular bloody substance with a number of tattered processes hanging from it. This, when cut into, exhibits two different appearances of structure; the one appearance is that of a spongy mass, consisting of laminæ with small interstitial cavities between them; the other is that of a very loose texture, consisting of large irregular cavities."*

In 1802 M. Bayle published a memoir on fibrous bodies of the uterus, in which he pointed out their structure, situation, and symptoms more accurately than had previously been done, and clearly distinguished them from scirrhous tumours of the uterus. He was perfectly acquainted with the fact that the fibrous polypus and fibrous tumour of the uterus are the same disease.† Bichat and Roux published, in 1809, an essay on the organization of uterine polypi, and their surgical treatment. "Until the present time, they observe, all practitioners have confounded under a common denomination many affections essentially distinct. The word polypus has served to designate the various excrescences of the pituitary membrane and the pediculated tumours which are developed in the interior of the womb and of the vagina. Further, all have not distinguished among these latter the true polypi from the fungosities of the mucous membrane. Though Levret has crowned himself with

* Morbid Anatomy, vol. ii. 1828. p. 327.

† Journal de Médecine, t. v. p. 62, and Dict. des Sc. Méd., art. Corps fibreux de la Matrice, t. vii. p. 59.

* Traité, &c. Bruxelles, 1782, tom. ii. p. 6.

† Annotationes Academ. Berolin. 1786. p. 6.

lasting glory in devising means for the application of ligatures around polypi, yet he has left every thing to desire as to the results of his observations from the examination of dead bodies, and of the anatomical details which he might have collected from women who had perished by the disease. Those who followed him are to be reproached with like indifference in not availing themselves of opportunities which they must have enjoyed to interrogate nature, and supply the deficiencies of our information respecting the pathology of polypus of the uterus." Bichat and Roux compare the structure of fibrous tumours of the uterus to intervertebral cartilage in old men, and to prove the fibrous structure of polypi they adduce the fact that they frequently become cartilaginous. "Whatever," they observe, "be the external disposition which these tumours present, of which we now treat, they have all a similar organization. We cannot, however, irrevocably pronounce that there cannot be formed in the walls of the uterus, tumours, or rather diseased productions, differing from those of which we here speak. Perhaps further observations may make these known to us, but at least at the present time, the great number of specimens procured from dead bodies enable authors to establish a perfect identity in the nature of all uterine polypi."*

"A polypus does not appear to be regularly organized like a natural part of the body: it most probably arises in this way: a blood-vessel is ruptured, the blood from it coagulates, and into this various vessels shoot, and there, as living matter, it may grow by powers of its own." This is understood to have been the opinion entertained by Dr. J. Clarke respecting the origin of uterine polypi.† Sir C. Clarke defines a polypus of the uterus to be "an insensible tumour attached to the internal part of the viscus by a small neck, forming a disease of a very important character."‡ Its insensibility, he says, distinguishes it from inverted uterus, and the regularity of its surface from cauliflower excrescence of the os uteri. On the structure of uterine polypi he has offered no remark. Dr. Cusack distinguishes uterine polypi into soft and hard. In a case of soft polypus, Dr. Cusack states that it was exquisitely sensible to the touch, a circumstance which, he says, had previously been pointed out by Dr. Johnson in the Dublin Hospital Reports, who shews the fallacy of founding a diagnosis between polypus and inversion of the uterus upon the tenderness of the uterus in the case of inversion.

"The most frequent kind of polypus is of a firm semicartilaginous structure," according to Dr. Burns, "and is covered with a production of the inner membrane of the womb, and indeed it seems to proceed chiefly from a

morbid change of that membrane and usually subsequent enlargement of the diseased portion; for the substance of the uterus is not necessarily affected. The enlargement is generally greatest at the furthest extremity of the tumour, and least near the womb; so that there is a sort of pedicle formed, which sometimes contains pretty large bloodvessels, and the tumour is pyriform. But if the membrane of the uterus be affected to a considerable extent, and especially if the substance of the uterus be diseased, then the base or the attachment of the polypus is broad. The vessels are considerable, especially the veins, which sometimes burst; in every instance I believe, if the patient live long, the tumour is disposed to ulcerate."

Dr. Gooch defines "a polypus of the uterus, when discovered, to be a tumour in the vagina attached to some part of the uterus. It is round, smooth, firm, and insensible." "The internal structure of polypus in most cases exactly resembles the internal structure of the large white tubercle of the uterus commonly called the fleshy tubercle." "They are the same disease, differing only in the seat and mode of their attachment, and consequently in the symptoms which they produce." "On cutting into them we see a hard white substance, intersected by numerous partitions. This, however, is not always its structure; it is sometimes of a much softer and looser consistence, and sometimes has considerable cavities."

Dr. Craigie thinks there is nothing satisfactory known respecting the nature and mode of development of uterine polypus. "It appears," he says, "to consist in a deposition of matter entirely new, either in the mucous chorion or submucous filamentous tissue. The tumour is almost invariably covered by a thin pellicle similar to mucous membrane, but much more vascular. It appears on the whole to be much of the nature of vascular sarcoma occurring in other textures. It is generally vascular, often traversed by varicose veins, is liable to frequent hemorrhage, and occasionally degenerates into destructive ulceration. It ought not, however, to be confounded with cancer."

Dr. Hooper observes that "uterine polypi are organized fleshy fungous substances found attached to the surface of the cavity of the uterus, or that of its cervix, or the surface of the vagina." "Some of them," he says, "are a subcartilaginous, hard, elastic substance, of a dirty brownish colour, which presents, when cut through, an appearance that approaches very much to that of the subcartilaginous or fibrous tumour. In this, which often acquires a great size, there are several small irregular cavities filled with a serous fluid. There is another polypus which, when cut, presents a smooth compact surface, and a more obviously gristly structure. It also has cavities, but not the chords which the former has. Other polypi Dr. Hooper describes as having a different structure, being soft, spongy, very little elastic, the cut surface smooth and vascular, and its colour fleshy." Dr. Hooper likewise includes, under the term polypus, hematoid and brain-like tumours of the uterus.

* Œuvres Chirurg. de T. I. Desault, t. iii. p. 370. 8vo. Paris 1809.

† London Practice of Midwifery, p. 42, 5th ed. 1823.

‡ Observ. on the Diseases of Females, 1821, p. 243.

Dr. Davis states that "polypi are adventitious structures, which have been known from time immemorial. Without regard to any precise definition of polypi, modern writers have distributed tumours of this class into several principal varieties, founded for the most part upon these more obvious physical and structural properties, as soft, hard, vascular, fibrous, fleshy," &c. Dr. Davis refers all uterine polypi to the four following varieties:—soft, fibrous, muco-lymphatic or celluloso-fibrous, and spongy-granular.*

"When the polypi of the uterus," observes M. Dupuytren, "are divided immediately after their excision, they present a dead white appearance; they resemble exceedingly interstitial substance, being eminently fibrous, but they also contain another tissue—I mean cellular membrane, generally, however, more dense than elsewhere; sometimes these two are in about equal proportions, but occasionally one preponderates over the other, and it is on this preponderance that the subsequent changes depend. If the fibrous element abounds, the polypus does not degenerate; or if at length it does so, it passes into an ossified state. If, again, the cellular tissue abounds most, the polypus degenerates into carcinoma."†

Treatment of fibrous and other tumours of the uterus which are not malignant in their nature.—When formed under the peritoneum and between the muscular fibres of the uterus, fibrous tumours are but little under the influence either of external or internal remedies. Iodine and mercury have little effect either in arresting their growth or promoting their absorption. The increased determination of blood which often takes place to the uterus when these bodies are formed in its walls, should be relieved by local bloodletting, anodynes, and rest in the recumbent position; and when profuse hemorrhage occurs, it should be controlled by rest in the recumbent position, cold applications to the hypogastrium, the tampon, and the superacetate of lead. The uneasy sensations from pressure on the bloodvessels and nerves of the lower extremities may sometimes be slightly relieved by certain changes of posture; and if the tumour be moveable and occupies the hollow of the sacrum, and compresses the bladder and rectum, it may be removed from this situation by pressing it above the brim of the pelvis. In most cases fibrous tumours cannot be removed by art while they remain within the cavity of the uterus. When the hemorrhage endangers life, some authors recommend us to dilate the os uteri artificially, and to remove the tumour. Lisfranc has recorded a case in which incisions were made through the os uteri and the tumour removed.

When fibrous tumours are formed under the lining membrane of the uterus, and have passed through its orifice into the vagina, constituting polypi, they may be removed by a ligature,

or their root may be divided with a knife, or they may be twisted off. Since the invention of the double canula by Levret, various instruments have been employed for passing ligatures around the stems of uterine polypi. For polypi of ordinary dimensions the instrument of Goerz, improved by Niessen and Dr. Gooch, is the best that can be employed. When the tumour is of large dimensions, a curved rod or tube is preferable. When the two silver canulæ are made use of, a strong ligature must be introduced through both tubes, so that its two ends may hang out of their lower apertures, while the middle portion forms a noose between the two upper apertures. Thus armed, the canula must be passed over the globular part of the tumour, the fore-finger of the left hand having previously been introduced as a guide to the instrument. One of the tubes is then to be kept fixed, while the other tube is to be carried slowly round the circumference of the root of the tumour until it reaches the opposite side of the tube, which has been kept in the same place. The ligature must be tightened until the neck of the tumour is completely cut across. When the tumour becomes putrid, and many days elapse before its root is divided by the ligature, the tumour should be drawn down, and the peduncle should be divided with the knife or scissors. The greatest attention should be paid to cleanliness, and the offensive discharge should be washed away by injection of tepid water and solutions of the chlorurets. This operation is not without danger. In a case which occurred in St. George's Hospital under the care of Mr. Babington, the patient died of uterine phlebitis. M. Blandin saw a case terminate fatally from the same disease. Cases have repeatedly terminated unfavourably from ulceration being excited in that part of the uterus to which the tumour had adhered. Dupuytren states that he has met with eight or ten cases where patients were destroyed after the application of a ligature around the root of a polypus of the uterus, and where the symptoms were those produced by the absorption of pus into the system. M. Dupuytren has removed two hundred uterine polypi by excision in the course of the last twenty years. In this large number hemorrhage has only taken place twice, and in both these instances it was permanently arrested by plugging. In eight cases M. Velpeau has never met with hemorrhage. Many other distinguished continental surgeons prefer the excision of uterine polypi to their removal by the ligature, and our experience inclines us to prefer the former method. Where the root of the tumour is largely supplied with bloodvessels, as in a recent case which came under our observation, to obviate the danger of hemorrhage after its division, a ligature should previously be firmly applied around it, at a short distance from the uterus. Dubois affirms that even this does not secure the patient from hemorrhage. Dupuytren seizes the tumour with the forceps of Museux, and draws it down till the os uteri can be seen at the entrance of the vagina; a pair of curved scissors is then conducted along the finger to the root of the

* Principles and Practice of Obstetrical Medicine, p. 599. Lond. 1834.

† *Leçons Orales*, reported in the *Lond. Med. Gazette*, p. 190.

tumour and it is divided. It is only in cases where the neck of the polypus is slender and of soft consistence that it can be safely twisted off.

3. *Of the malignant or cancerous diseases of the uterus.*

Scirrhus, carcinoma, hematoma, cephaloma, fungus hematomas, cauliflower excrescences of the os uteri, excrescences vivaces, corroding or phagedenic ulcer of the os and cervix uteri, are some of the terms which have been employed by different authors to designate the varieties of malignant or cancerous disease of the uterus. That there is no essential difference between these affections is proved by the fact, that the morbid alterations of structure by which they are characterised are sometimes found blended together in the same uterus, and they have all this common tendency, that they invariably proceed after a longer or shorter period to destroy the different textures of the uterus and the adjacent viscera.

When the os uteri is affected with that form of malignant disease termed carcinoma, it generally becomes thick, hard, irregular, and the lips are everted and painful on pressure. One or both lips of the os uteri become projecting, or they are changed into hard irregular knobs or tumours, which frequently bleed when touched. In the greater number of cases of malignant disease, the os and cervix uteri are the parts first affected, but the opinion is incorrect that the cervix uteri is invariably the part first attacked, and that the disease commences in the glands of the part. In some cases the lining membrane of the fundus or body of the uterus is extensively disorganized by malignant disease before any change has taken place in the lower portion of the uterus. The cavity of the uterus may be distended with a large, hard, carcinomatous tumour adhering to the fundus, or with a soft fungous mass growing from the lining membrane of the body of the uterus, while the os and cervix have undergone no sensible alteration of structure. The preparations in our collection illustrate these facts in a striking manner, and they demonstrate also that it is not in the glandular structure of the os and cervix uteri that carcinoma generally commences. Dr. Montgomery observes that "the disease, instead of first shewing itself in the cervix or os uteri, very frequently commences in some of the appendages of the uterus, involving the surrounding tissues, or in the upper part of the organ, and thence spreading downwards, manifests itself last in the cervix."^{*} Breschet and Ferrus have likewise stated that they have observed cases of extensive malignant disease of the uterus in which the os and cervix were the last to become disorganised. It also follows from these facts that we cannot, in all cases of cancer of the uterus, detect the disease by an examination per vaginam, nor does it admit of relief by excision of the os and cervix uteri.

In carcinoma of the uterus, ulceration of the os and cervix takes place as the disease advances, and all the textures of the part are completely destroyed. The fundus and body

of the uterus, which are often much enlarged, also lose the natural appearance, become hard like cartilage, and intersected by a dull white or pale yellow-coloured fibrous or cellular tissue. In other cases, when cut, the uterus resembles a slice of raw or boiled pork; this has been called the lardaceous degeneration of the organ; when it presents, as it sometimes does when cut, the appearance of firm jelly, it forms the *matière colloïde* of the French pathologists. In other cases, as the softening and ulceration proceed, the appearance termed hematoma, fungus hematomas, or encephaloid cancer, is observed to take place. The diseased mass has a soft consistence, like brain, a spongy texture, a lobulated irregular form, and bloody appearance. When cut into, it resembles coagulated blood with an admixture of albumen, and a soft pulpy substance, which adheres to the knife. Some parts are vascular and fibrous, but the lighter-coloured parts are more firm and fleshy.^{*}

In other specimens of malignant disease of the uterus, brain-like masses, as large as an orange, are formed around it, and in these a substance like milk or cream is occasionally found. In various parts of the diseased mass, or around it, portions of a dark-brown or black colour, constituting melanosis, are occasionally observed.

As the disease proceeds to a fatal termination, irregular-shaped fungous growths of harder or softer consistence, and sometimes as large as a moderate-sized apple, and which bleed profusely when touched, spring from the ulcerated surface and fill up the vagina. Occasionally these malignant fungous growths seem to be produced before ulceration has taken place; and as they increase, they sometimes fall off by sloughing or ulceration, and are speedily reproduced, or leave a deep excavated ulcer, with hard irregular edges. Copious fetid discharges of thin serum, pus, and blood take place from the vagina. The fetor is so great in some individuals that we recognize the existence of malignant disease of the uterus before examining per vaginam.

There is a variety of malignant disease of the uterus which some have considered as essentially different from the preceding, but which is a mere modification of the varieties already described. It has been called the phagedenic or corroding ulcer of the os uteri. Sometimes the ulcer, which is of a deep violet colour, is quite superficial, without much thickening, induration, or enlargement of the part. The ulcer begins like any other malignant ulcer on the surface of the body, and it gradually proceeds until the greater portion of the cervix has been destroyed, or removed by ulcerative absorption, and openings are formed into the bladder and rectum. The portion of uterus which remains after death is sometimes not much altered in appearance: more frequently, however, it becomes softened in texture, and assumes a yellow or reddish-brown colour. Soft fungous excrescences of a cauliflower shape also sometimes grow from the ulcer, and undergo

^{*} Dublin Hospital Reports, vol. v. p. 457.

^{*} Hooper's Morbid Anatomy of the Uterus. .

changes similar to those observed in other varieties of malignant disease of the uterus. It is now, we believe, admitted by all pathologists that the cauliflower excrescence of the os uteri, as it was termed by Dr. J. Clarke, and the *excrescences vivaces* of Levret and Herbiniaux, are merely varieties of malignant disease of the uterus, and have nothing in their structure resembling the vascular structure of the placenta, as many have supposed.

But frequently the ravages of these destructive diseases are not confined to the mucous and muscular coats of the uterus; the peritoneal coat is affected, and great changes are produced in all the contiguous viscera. When the cancerous ulceration reaches the peritoneum, inflammation of this membrane is excited, and the patient perishes from an attack of acute peritonitis. This is one of the most common terminations of the disease, and the appearances observed after death do not differ from those observed in cases of fatal puerperal peritonitis. Death sometimes also takes place by perforation of the peritoneal coat of the uterus, as in cancer of the stomach and other hollow viscera. A case occurred several years ago to Mr. Jones of Carlisle Street, in which the peritoneum of the fundus uteri had been perforated by gangrene. Destructive peritonitis was the consequence. In a case which we saw with Mr. Prout, the cancerous ulceration of the peritoneum of the fundus uteri had been closed by a portion of ileum becoming united to it by lymph. The malignant affection did not then cease to extend, but it perforated the ileum, and for many months before death the fæces did not pass along the colon, but into the vagina through the opening in the ileum.

The uterus, when affected with malignant disease, frequently becomes fixed to the surrounding parts in the pelvis, and hangs low down, near the outlet. The vagina most frequently becomes early involved in the disease; its coats become indurated and contracted, and affected with malignant ulceration. When the finger is introduced, it passes into a hard contracted ring in the vagina, beyond which there is often a great ulcerated excavation, communicating with the cavities of the bladder and rectum. From the thickening and induration of the coats of the rectum, constipation is often experienced to a distressing degree. Important changes are likewise produced in the coats of the bladder, which are often perforated, and the urine passing by the opening, the urethra becomes impervious. The cancerous thickening of the coats of the bladder closes the openings of the ureters, and complete suppression of urine sometimes takes place. The ureters frequently become distended to a great degree, so as to resemble a piece of intestine, and the structure of the kidney is greatly changed. In one case which we examined after death, there was a large soft fungous tumour in the posterior part of the bladder, the disease having extended from the neck of the uterus to the bladder. Around this fungous growth the mucous membrane of the bladder was raised into white, hard, irregular knobs. The iliac and lumbar

glands become hard, or of a cheesy consistence; or large and soft, like brain or lard. The surrounding bloodvessels and nerves are involved in the cancerous disease, and not unfrequently the iliac and femoral veins become inflamed, and all the phenomena of puerperal crural phlebitis or phlegmasia dolens are produced.

Malignant diseases of the uterus seldom commence till after the middle period of life, but there are exceptions to this observation; and Breschet and Ferrus relate a case of cancer uteri which proved fatal at the age of twenty-two. The author saw a woman twenty-eight years of age, who had the os and cervix uteri destroyed by malignant ulceration, and an opening established between the bladder and vagina. He saw a case of fatal carcinomatous ulceration of the os and cervix uteri in a woman aged twenty-four, who was under the care of Mr. Stodart of Golden-square. Though most frequently observed about the period when menstruation ceases, cancerous disease of the uterus may occur at the most advanced old age as well as in early life: we have observed it in one individual above eighty. "It is stated to be nearly as frequent as cancer of the mammae, and to be about one half less frequent from thirty to forty, and from fifty to sixty, than from forty to fifty. It appears to occur with nearly equal frequency in chaste women, and in those of an opposite character; in those who have had children, and in those who have never been pregnant."*

The duration of malignant affections of the uterus varies in different cases; their progress is accelerated by violence. Some women die from a superficial ulceration of the os uteri, while others survive for a considerable time the destruction of the greater part of the organ. The disease may run its course in a few months, or the sufferings of the patient may be protracted for several years. They have in some cases made great progress before they have been suspected to exist. "In women who live temperately," observes Dr. C. Clarke, "the disease may continue for a long time without producing many symptoms, if any judgment can be formed from the cases of patients who apply for medical aid on account of symptoms under which they have not long laboured. On examination there is often found in such women a considerable alteration in the structure of the parts, which most probably could not have happened in a short time. The examinations made from time to time of patients labouring under this disease who will consent to follow a proper regimen, frequently prove the very trifling change which will take place in the complaint even in the course of many years."†

In women who still menstruate, cancer uteri is usually announced by some irregularity of the menstrual discharge. The secretion becomes more copious, returns at shorter intervals, and continues longer than usual. In those

* Dict. des Sciences Méd. tom. iii. p. 387.

† On the Diseases of Females, vol. i. p. 212.

who have ceased to menstruate, there is sometimes a profuse discharge of blood from the vagina, or there is an oozing of blood from the uterus, which continues for several days and then ceases, but reappears at longer or shorter intervals, and in so regular a manner as to lead the patient to believe that it is a recurrence of menstruation. At other times the discharge of blood takes place at irregular intervals, after any unusual mental or bodily exertion. In most cases, from the very commencement of the attack, there is pain more or less acute, sometimes of a burning or lancinating kind, experienced in the uterus, back, inside of the thighs and groins, with serous, mucous, puriform, or sanguineous discharge from the vagina. One of the first symptoms of the disease is pain experienced during intercourse, followed by a slight sanious discharge. As the disease advances, the sense of burning or lancinating pain in the uterus increases, great irritation is experienced in the rectum and bladder and external parts, the mammæ not unfrequently become hard and painful, and there is constant nausea or vomiting.

Sooner or later the symptoms appear, to which the term cancerous cachexia has been applied, and of which Bayle and Cayol have given the following description: "The colour is pale and yellow; emaciation makes rapid progress; certain bluish patches are observed in the face; the flesh is soft, the tone and energy of all the organs are diminished, and the principal functions are seriously disturbed. Constipation or excessive diarrhœa takes place, with febrile attacks. The pains of the sacrum, loins, and haunches become excruciating, so that the patient cannot stand up without fainting. Some perish at this period from hemorrhage or peritonitis, others of fever or convulsions. If life is not cut short by some of these accidents, a general puffiness or true œdema of the inferior extremities takes place. The discharge becomes putrid, and coagula of blood, with a fetid putrilage, flow from the parts. The urine and feces pass out from the vagina, mixed with the ichorous suppuration of the ulcer, which extends its ravages to the bladder and rectum and all the surrounding parts. In this deplorable state gangrenous eschars take place on the sacrum and genitals, which accelerate the fate of the patient. Aphthæ at last occur in the mouth."^{*}

This is not, however, the invariable course of the disease; for cases have repeatedly come under our observation, where, with little local or general disturbance, there has existed extensive malignant disease of the uterus. A fatal case of true carcinomatous ulceration of the os and cervix uteri, with great induration, recently came under the notice of the writer, in which there was copious fetid, puriform, and bloody discharge from the vagina; yet the patient made no complaint of uneasiness in the region of the uterus, and continued to take

food to a short period before death. Dr. Montgomery has also related cases where the sufferings of the patient were inconsiderable, even after the disease had made great progress in disorganizing the uterus. In most cases there is a peculiar lurid or sallow hue of the face, observed very early in the disease, but in others there is little or no perceptible change in the countenance; and death takes place before there is any considerable degree of emaciation.

There are various diseases which are distinguished with difficulty from cancer uteri. Fibrous tumours which have passed through the os uteri, when their surface ulcerates and sloughs, give rise to the same fetid, purulent, and bloody discharges from the vagina which are observed in malignant disease of the uterus. It is only by a careful examination of the tumour and os uteri that the diagnosis can be accurately drawn. Fetid leucorrhœa, the unnatural lengthening of the neck of the os uteri in some women, its subsequent swelling, and chronic inflammation of the os uteri, may all be mistaken for malignant disease of the uterus; and it is only by a careful examination per vaginam, by time, and watching the effects of remedies, as Bayle and Cayol have observed, that we can arrive at the knowledge of the true nature of the complaint. Scrofulous and venereal ulcerations of the os uteri are also distinguished with difficulty from the cancerous.

Causes.—It is often an hereditary disease. It is not produced by inflammation, but inflammation is often excited in its progress, and when produced, hastens the fatal termination of the affection. Mechanical injury has been enumerated among the causes of malignant disease of the uterus; but we have never met with a case where it could be distinctly referred to violence of any kind.

Treatment of malignant diseases of the uterus.—There are no means by which we can prevent or remove these diseases. They do not depend upon common inflammation, but on a specific action of the parts which proceeds invariably, sooner or later, to the destruction of the patient. Considerable relief to the sufferings of the patient may be procured against those attacks of plethora and inflammation which occur in the progress of carcinomatous degeneration of the uterus; and perhaps the progress of the disease may be sometimes rendered more slow by certain modes of treatment. To remove plethora, leeches should be applied to the vulva or anus, or blood in sufficient quantity should be drawn from the loins or sacrum by cupping-glasses. If there should be acute pain with inflammatory symptoms about the pelvis, venesection should be performed. Great relief for a time followed a profuse hemorrhage from the uterus in a case of malignant fungus of the orifice, produced by an unsuccessful attempt to enclose the growth in a ligature. Spontaneous hemorrhages, though they tend to weaken the patient, often procure temporary relief; and it is better to allow the blood to flow till a decided effect is produced upon the pulse. The application of leeches to the os uteri by a speculum has also, according to some writers,

* Article *Cancer Uteri*, Dict. des Sciences Médicales.

been had recourse to with decided benefit. To alleviate the agonizing sufferings of those afflicted with these diseases, narcotics must be employed, and the most important of these are opium, conium, belladonna, &c. which should be administered in doses proportioned to the severity of the sufferings of the patient. One of the best modes of employing the opium is in the form of suppository, or starch and laudanum glyster, or laudanum in warm milk. The doses of the opium must be gradually increased. Frictions and embrocations should also be employed, and a belladonna plaster laid over the sacrum. In some cases morphia procures rest when all other remedies fail. But there are cases in which every narcotic fails to procure relief for the sufferings of the unhappy patient. When hemorrhage occurs, we must suspend the use of opiates, and have recourse to mucilaginous and astringent remedies. To allay the irritability of the stomach, hydrocyanic acid has been recommended. An injection of the chloride of soda is often of great use in relieving the fœtor of the discharge. The tepid hip-bath and warm injections of decoction of poppy should also be employed.

No permanent benefit can be expected to result from the application of a ligature around the root of a malignant fungus of the os uteri.

From what has been stated in the course of these observations, it must appear unnecessary to pass a sentence of condemnation upon the practice of removing the uterus, either wholly or partially, when affected with malignant disease. The operation appears to us equally cruel and unscientific.

III. DISEASES OF THE VAGINA AND VULVA.

Vagina.—The mucous membrane of the vagina is liable to attacks of common and specific inflammation. When inflamed it is red, swollen, and painful; and the patient experiences uneasiness in the part when the urine is voided and when she moves. When the inflammation is severe pus is secreted from the affected membrane, or abscesses are formed in the walls of the vagina. In other cases its structure is rapidly destroyed by gangrene, sloughing, or ulceration; and fistulous communications are formed between it and the bladder and rectum. In several cases which have come under our observation, where there had been a white discharge like pus from the vagina during life, we found on dissection a thin, pale, false membrane coating the lips of the os uteri and a considerable portion of the upper part of the vagina. The mucous membrane under this layer of lymph was red, rough, and granular, and clusters of enlarged mucous follicles were perceptible.

The application of cold, mechanical violence, and specific poisons appear to be the most common causes of inflammation of the vagina. Where the affection is of a mild form, it admits of relief from the occasional employment of the tepid hip-bath, fomentation, or emollient and anodyne injections, mild cathartics, and low diet. After the acute symptoms have been removed, a solution of nitrate of silver, or some astringent substance, thrown up the vagina,

often produces beneficial effects. If the inflammation be intense, warm cataplasms to the external parts and local and general blood-letting may be required in addition to the remedies now specified. When suppuration takes place in the parietes of the vagina, or in the surrounding cellular membrane, the matter should be early evacuated. If a contraction of the canal of the vagina, preventing sexual intercourse, follows sloughing and ulceration, it can generally be overcome by the use of metallic bougies. The dilatation should, however, in this as in cases of natural contraction of the part, be very gradually performed, lest fatal peritoneal inflammation should be excited.

The vagina is also sometimes closed by the presence of an impervious hymen, or from a membrane stretching across the vagina at a greater or less distance from its orifice. No inconvenience results from imperforate vagina before the age of puberty, when the menstrual fluid, being unable to escape, accumulates, and distends not only the cavity of the vagina, but in some cases the uterus and Fallopian tubes. This distention produces pain in the loins and region of the uterus, difficulty in evacuating the bladder and rectum, and other signs of mechanical irritation of the parts within the pelvis: no discharge is observed at the expected time. The symptoms are aggravated at each monthly period; and if the disease is not recognized, and the membrane divided, the abdomen becomes swollen, and violent contractions of the uterus, like those experienced in labour, are set up. In some cases the symptoms have been referred to pregnancy or chlorosis; and if an examination is not permitted, it will be difficult to discover the actual condition of the patient. When the nature of the disease is ascertained, the inconvenience is removed by making a crucial incision through the hymen.

Scrofulous, syphilitic, and cancerous ulcerations are met with in the mucous membrane and follicles of the vagina. In several individuals who have been cut off by tubercular phthisis, we have found numerous scrofulous ulcers in the vagina. In one case the purulent discharge had not proceeded from the surface of the vagina, as was suspected before death, but from the lining membrane of the uterus, which was red, greatly thickened, and much softer than natural. Dr. Carswell has given a representation of scrofulous ulcers of the vagina; and he has informed us that it is not a disease of frequent occurrence. Dr. Hooper observes that "this assumes the character of scrofula in other parts. The sides of the ulcerations are tumid: solid puriform depositions are found about them between the membranes in the cellular structure; and there are perhaps fistulous communications with the urinary bladder, rectum, or psoas muscle."* The different excrescences of the vagina which appear near its orifice are supposed by M. Murat to be of a syphilitic origin, whilst he

* Morbid Anatomy of the Human Uterus.

considers those to be of a cancerous nature which spring from the walls of its cavity. He admits this diagnosis to be extremely difficult, and in many cases impossible.

In the mucous membrane of the vagina there are orifices leading to simple or compound lacunæ and glands, which differ in size. In the natural state they are small, but they become enlarged by disease. These lacunæ and glandular bodies are more numerous at the orifice and at the inferior part of the vagina than in the remainder of its surface. The milky discharge in many cases of leucorrhœa proceeds from these mucous follicles when affected with inflammation of a chronic character. It has also been demonstrated that many tumours of the vagina, and probably the greater number of polypi, originate in a morbid enlargement of its mucous follicles. Portal states that the vagina is sometimes very narrow, and even obliterated; and then not only intercourse cannot take place, but sometimes the flow of the menses is prevented. This may either be the effect of acute inflammation, or of such an increase of the volume of the glands of the vagina that they may fill the cavity, as has been observed in some venereal and cancerous affections. Portal likewise observes that the canal of the vagina may be narrowed, or even obstructed, by hydatids.

We saw a case, with Mr. Lawrence, about a year ago, where there was a tumour at the orifice of the vagina like a prolapsus vesicæ, and which had been treated as such by the introduction of a large pessary. A viscid dark-coloured gelatinous fluid escaped from the opening which we made into the most prominent part of the tumour with a lancet: the fluid never collected again, and the patient recovered in a short period. Mr. Lawrence pointed out to us the following description of an analogous case which occurred to Mr. Hunter:—"From an obliteration of the ducts of Cowper's glands, I have seen a very large tumour formed at the entrance of the vagina. I once saw one very large, which had been mistaken for a rupture: both in this and the former case an opening should be made as nearly as possible to the former opening of the duct; this should be either a crucial incision or a round opening made with caustic, which may serve in future for an artificial duct."*

The following interesting case of this disease has been related by M. Pelletan. "Une femme âgée de vingt-quatre ans, se présente, en 1807, à l'Hôtel Dieu, pour y être traitée d'une tumeur qui l'incommodait par sa saillie dans le vagin et dans le rectum, l'obligeait à marcher les cuisses écartées, et la gênait dans des travaux habituels. La tumeur occupait la partie gauche et postérieure du vagin, et était couverte par sa membrane muqueuse: elle était ronde, et de la grosseur d'un œuf de poule. La toux semblait augmenter son volume, et la poussait vers l'orifice du vagin, où elle se présentait également quand la malade

restait long-temps debout: alors on la repoussait aisément à l'intérieur, on la sentait aussi avec le doigt introduit dans le rectum. Cette tumeur était sans douleur; elle gênait la sortie de l'urine et des matières stercorales. Plusieurs personnes pensaient que cette tumeur était une hernie; elles s'en laissaient imposer par la mollesse de son tissu et la facilité avec laquelle on la repoussait, sans, cependant, la faire disparaître. M. Pelletan en jugea autrement: il parvint à parcourir toute sa circonférence, et à l'amener à l'entrée du vagin, en portant deux doigts derrière elle: il fut convaincu par là qu'elle n'avait aucune continuité avec les parties circonvoisines. Il reconnut sa mollesse pour une fluctuation: et sa mobilité lui persuada que le fluide était renfermé dans un kyste recouvert du vagin, et entouré d'un tissu cellulaire assez lâche. Une incision de deux pouces de longueur, faite aux parois de cette tumeur, donna issue à un demi-verre d'une matière puriforme, blanche-verdatre, et la tumeur fut évacuée. L'écoulement fut assez abondant pendant quelques jours. Le pansement ne consista que dans des injections désétersives dirigées dans le vagin. La malade fut parfaitement guérie vingt-six jours après l'opération."*

Sir A. Cooper has described a similar case, in which the tumour originated in a morbid enlargement of a mucous follicle just before the meatus urinarius. Mr. Hemming states that he examined the bodies of two women, in whom he found tumours projecting into the vagina. In one there were two of these follicular tumours; in the other there was a single one as large as an egg. On a minute examination of their internal structure, it was evident that they consisted of obstructed lacunæ, which had thereby become dilated into a cyst and distended with a gelatinous fluid. Mr. Hemming infers that the greater number of tumours which obstruct parturition are of this description.† We have previously shewn that fibrous tumours of the uterus and ovarian cysts and tumours often impede the progress of the fetal head through the pelvis. Fibrous tumours, according to certain authors, are also sometimes developed in the walls of the vagina, and when they have attained a considerable size, clear the vulva. M. Baudier has given the description of a tumour, ten pounds and a half in weight, which grew from the vagina. M. Dupuytren relates two cases in which fibrous tumours of enormous size were developed in the vagina. Varicose and aneurismal tumours sometimes form around the vagina, and give rise, when injured, to profuse hemorrhage. M. Murat observes "that tumours of different kinds are met with in the vagina; some being fatty, others fibrous or encysted, and not a few of a carcinomatous or malignant nature. I have found tumours in the vagina which contained pus, water, air, calculi, &c. Some of these tumours are developed in the thickness of the walls of the canal, or on its surface;

* Hunterian Reminiscences, by Mr. James Parkinson, p. 142.

* Clinique Chirurg. tom. i. p. 250.

† Edin. Med. and Surg. Journal, v. xxxv. p. 82.

others are in some degree foreign to it, though they come to project into its cavity."* No case of fibrous tumour or fibrous polypus of the vagina has come under our observation, and the rarity of the disease probably depends on the absence of a muscular coat in this canal similar to that in the uterus. Between the rectum and vagina fibrous tumours similar to those in the uterus are sometimes formed. M. Pelletan has related two cases of this description, where an incision was made through the walls of the vagina, and the tumours, which were of large size, were removed with success.

The *carunculæ myrtiformes* sometimes become inflamed from violence. At the orifice of the vagina tubercles of a conical form and of a deep brown, rose, or pale colour, are sometimes met with. Boivin and Dugès state that these sometimes become excessively inflamed, and interrupt intercourse. The usual local means for subduing inflammation should be employed. The *carunculæ* are also susceptible of becoming elongated and hypertrophied. M. Dubois has seen cases of this description where they were mistaken for venereal excrescences. The *clitoris* and *nymphæ* are also liable to attacks of inflammation from common and specific causes. They sometimes become much enlarged by hypertrophy and malignant disease, and require extirpation. In some cases hypertrophy of the *nymphæ* seems to be produced by syphilis.

Urethra and meatus urinarius.—Around the orifice of the female urethra, several excretory canals of mucous glands open, and within the urethra there are also ducts which lead to mucous follicles. Portal believed that some varieties of gonorrhœa and leucorrhœa depended upon inflammation and an increased secretion from these glandular bodies.† Some of the vascular excrescences connected with the female urethra probably also originate in a morbid state of these bodies. The female urethra has certain longitudinal folds which facilitate its dilatation, and render it much more extensible than the urethra of the male. Its shortness and dilatibility in the female render the introduction of foreign bodies into the bladder, and their removal, much more easy than in men. Large calculi have been extracted from the female bladder by gradual dilatation of the urethra with sponge tents and other appropriate means.‡

Irritation of the female urethra is sometimes connected with disease of the kidneys; in other cases it is symptomatic of some affection about the neck of the bladder, or of calculi in that viscus. Mr. Howship has seen cases depending on the presence of uric acid calculi in the kidneys. Dr. Bateman states that prurigo urethralis sometimes occurs in women without any manifest cause, and is removable by the use of bougies.§ In hysteria and other severe affec-

tions of the nervous system, the urethra and neck of the bladder are sometimes spasmodically contracted. The pressure of the head of the fetus during labour may give rise to severe irritation and inflammation of the urethra; it can then be felt like a hard cord running along the upper part of the vagina, and is painful on pressure, or when the urine flows. Local bleeding, anodynes, gentle cathartics, and tepid fomentations are the remedies which afford the greatest relief in cases of irritation and inflammation of the lining membrane of the urethra.

In some cases of malformation of the parts, the orifice of the urethra opens into the vagina. In other cases a communication is formed between the vagina and urethra by sloughing, from injurious pressure during parturition. The direction of the canal of the urethra is sometimes altered by displacements of the uterine organs, and by the pressure of ovarian tumours.

Stricture of the female urethra is a rare disease. Dr. Cusack mentions a case where a contracted state of the urethra gave rise to all the symptoms of diseased bladder, which were relieved by the frequent introduction of the bougie.* Sir Benjamin Brodie has a preparation in his collection of morbid parts where stricture of the female urethra existed, and the following is the account of the case: "The patient was admitted into St. George's Hospital, labouring under an exceeding difficulty of making water. The urine was voided almost in drops with much effort and straining. The internal orifice of the urethra was so much contracted that it could scarcely admit a small probe. It was, however, dilated by means of bougies, and the patient voided her urine in a moderate stream. Some time after she was seized with an attack of fever, which proved to be dependent on inflammation of the peritoneum covering the liver, unconnected with the stricture, and of this she died. The stricture is quite at the extremity of the urethra, occupying about half an inch of the canal."

A small, florid, vascular tumour or excrescence sometimes grows from the lining membrane of the female urethra, or from the edge of the meatus urinarius, which gives rise to severe irritation in the part. At first the tumour resembles a prolapsus of the inner membrane of the urethra, and it may be returned wholly or partially within the canal. It soon, however, enlarges, becomes of a bright red colour, extremely painful when irritated by any foreign body, or the passage of the urine, and bleeds when touched. The tumour often assumes a flattened oval form, with a thick broad root, or it has a slender pedicle. Its sensibility is not increased in proportion to the increase of its size, though its scarlet hue becomes more and more vivid as it enlarges. It may attain the size of a horse-bean or cherry, when the movements of the body and the voiding of the urine occasion intolerable pain. It is seldom of a firm consistence, and the surface is some-

* Dict. des Sciences Méd. tom. lvi. p. 468.

† Anatomie Médicale t. v. p. 475.

‡ Med. Chir. Trans. v. i. p. 123.

§ Practical Synopsis of Cutaneous Diseases, 8vo. 1813. p. 22.

* Dublin Hospital Reports, vol. v. p. 506.

times smooth, at other times irregular or granulated.

All the excrescences which grow from the female urethra have not the same florid red colour. We have recently seen a young married female, with Dr. Forbes, who had two painful excrescences growing from the ostium vaginæ on the left side, and another from the lower part of the margin of the urethra and a portion of the mucous membrane of the urethra. They were smooth, were not of a florid colour, had thick bases, and were exquisitely painful when touched. The root of the tumour, which grew from the meatus urinarius, bled profusely after being removed with the scissors.

There is sometimes with this affection an increased secretion of mucus from the parts, but this does not take place in all cases, and the symptom is not characteristic of the affection.

Morgagni was the first who described this disease. "In urethræ osculo," he observes, "corpusculum prominebat rubellum: quod ipsa secundum longitudinem incisa, nihil aliud esse vidi nisi intimam ejus tunicam, quæ cum supra a subjectis vasculis sanguine distentis tota nigricaret, ima parte se extrorsum invertens exstabat; quod et in alia claudicatione scribam nemini vidisse. Utramque autem cum de urinæ difficultate agerem commemorasse, et parvi illius vitii causam quævisse."* Sir C. Clarke was the first author who gave a full account of the symptoms and treatment of the affection.

Sir C. Clarke, Dubois, Cullerier, and Lachapelle, have all seen many cases of this disease, both in single and married women, and in those who had never been affected with syphilis. Mr. Wardrop has informed the writer that he saw a case of vascular tumour of the meatus urinarius in a girl previous to the age of puberty. The excrescence was removed with the scissors, but was soon reproduced. Morgagni saw it in a girl fifteen years of age. We have seen examples of this affection in two married ladies, who were under twenty-two years of age, and who were in consequence unable to cohabit with their husbands. We have likewise observed the disease in individuals beyond the age of sixty. A woman aged sixty-two was supposed to be afflicted with prolapsus uteri, and a pessary had been introduced into the vagina, and retained there for several months, which greatly aggravated all the symptoms. The patient had for a long period never enjoyed undisturbed sleep, and had become greatly emaciated from her sufferings. There was constant sense of pain in the urethra, and the incessant desire to pass the urine, with sense of burning heat in the passage, prevented her from enjoying undisturbed sleep. She could not taste either warm food or drink, or swallow even a small quantity of any stimulating fluid without experiencing great aggravation of all her symptoms. These were all immediately relieved by excision of the tumour, and it never returned. In a case of vascular tumour of the urethra which we saw with Dr.

Burder, the symptoms were similar to those usually witnessed in cases of malignant disease of the uterus, and without a careful inspection the true nature of the affection could not have been detected.

The tumour should be seized with a pair of forceps, and drawn out, and its root divided by a pair of probe-pointed scissors. When the bleeding has ceased, the cut surface should be touched with nitrate of silver or potassa fusa. Like growths and excrescences from other mucous surfaces, this tumour is sometimes reproduced, and a second or third operation is required. Where the disease has been connected with a considerable portion of the mucous membrane of the urethra, bougies should be introduced and retained in the urethra until the tumour has been destroyed. A case has been related by Dr. D. Davis, in which the whole lining membrane of the urethra was affected, and the disease was completely relieved by the use of bougies of gradually increasing size. Madame Boivin (vol. ii. p. 668,) has also related an instance of fungous tumour of the meatus urinarius, in which there was a painful sensation experienced after the passage of the urine, and a sero-sanguineous discharge from the vulva. The symptoms, as in Dr. Burder's case, led to the supposition that there was a malignant disease of the uterus. Mad. Boivin advised the patient to use an elastic catheter three inches long, of a conical shape, the extremity of which was two lines in diameter, and the base eight lines. This part, which had several small apertures, was fixed to a piece of sponge two inches thick. This apparatus was retained in its situation by a T bandage. The presence of this sound in the urethra at first produced very acute pain. Every time the sound was withdrawn, it was covered with a cerate containing opium before being re-introduced. The pain became gradually more supportable, and in fifteen days the tumour had lost a part of its solidity, so that a larger sound could be introduced. The portion of the tumour which remained was removed by excision on the twenty-second day, and the sound, surrounded by a portion of agaric and sponge, was introduced, and the affection was relieved in fifteen days. It is difficult in this case to discover why the fungus in the first instance was not removed with the scissors, and afterwards treated with a common bougie.

It is requisite in all cases, after this operation has been performed, to recommend the patient to remain for a week or ten days in a state of rest, and to live on spare diet. This we do from having observed death take place from obscure abdominal inflammation twelve or fourteen days after the excision of a vascular tumour from the margin of the meatus urinarius. Indeed, after all operations upon the external uterine appendages there is some danger of inflammation being excited in the peritoneum.

In some women there is a thickening of the cellular membrane surrounding the urethra with a varicose state of the vessels of the part. It is accompanied with a sense of dull pain,

* De Causis et Sed. Morb. Epist. 1. No. 51.

increased by pressure, in the situation of the urethra, and frequent desire to pass the urine, and difficulty in voiding it. If the finger be introduced into the vagina and carried along the urethra, it is felt tender, hard, and swollen; and if the patient presses down, the swollen and vascular condition of the urethra becomes apparent.

In this affection Sir C. Clarke recommends us first to unload the vessels by leeches or by puncturing them with a lancet, and to do this repeatedly until the symptoms are relieved. Solutions of lead, or of muriate of ammonia, or sulphate of zinc, are afterwards to be applied to the parts. Pressure should afterwards be made by introducing a piece of wax-candle, or a small roll of linen, which has previously been dipped in the lotion.

Labia.—The inner surface of the labia are liable to become excoriated and ulcerated. Phlegmonous inflammation of the labia, which is most frequently produced by mechanical violence or the application of cold, is accompanied with pain, heat, swelling, and sometimes with pyrexia. Where it is not subdued by the early application of leeches and other appropriate means, warm fomentations and poultices should be employed to promote suppuration. The labia are also sometimes affected with erysipelatos inflammation, which requires appropriate treatment.

Dr. Percival, Mr. Ward, and Mr. Kinderwood have described a fatal disease of the labia pudendi and other external parts in children, which is preceded by pyrexia for several days. The patients then complain of pain in voiding the urine, and the genital organs are found to be enlarged and inflamed. The inflammation is of a dark colour, and soon extends over the clitoris, nymphæ, and hymen. Ulceration succeeds, and the parts are progressively destroyed. M. Ollivier, of Anger, has traced an analogy between this affection in children and gangrene of the mouth and cheeks.

Great enlargement of the labia is occasionally produced by blows and falls, and by extravasation of blood into their cellular substance during labour. One of them becomes suddenly distended with blood, either during the progress of labour or soon after the birth of the child. It is generally confined to one labium, and in the practice of Dr. Dewees it has always occurred after the birth of the child.

The source of the hemorrhage in this affection has not been positively ascertained. Encysted and solid tumours are sometimes formed in the labia, and the labia are liable, like all the other external parts, to become affected with malignant induration and ulceration.

Warts and excrescences are often seen about the labia and orifice of the vagina. They are referrible to gonorrhœa or syphilis in many cases, and they are accompanied with much uneasiness and an offensive discharge. Their removal with the knife, scissors, or escharotics is often necessary.

Some women suffer severely from irritation of the labia and mons veneris. Dr. Bateman

states,* “that prurigo pudendi muliebris is sometimes connected with ascarides in the rectum, and sometimes with leucorrhœa, but is most violent when it occurs soon after the cessation of the catamenia. The itching about the labia and os vaginæ is constant and almost intolerable, demanding incessantly the relief of friction and cooling applications, so as to compel the patients to shun society, and even sometimes to excite at the same time a degree of nymphomania.”

“This condition,” Dr. Bateman adds, “is generally accompanied by some fullness and redness of the parts; sometimes by inflamed papulæ, and sometimes by aphthæ. Saturnine and saline lotions, lime-water, lime-water with calomel, vinegar, and oily liniments prepared with soda or potass, are beneficial, especially in the milder cases: but the most active remedy is a solution of the oxymuriate of mercury in lime-water, in the proportion of two grains, or a little more, to the ounce. As in the cases before mentioned, however, the presence of rhagades or excoriations will require palliation before it can be employed.”

In some cases of this affection the mucous membrane of the vulva and vagina is likewise inflamed, and there is a copious leucorrhœal discharge. Lorry has given a vivid description of the intolerable sufferings of women afflicted with this disease. It frequently indicates, as has already been stated, the existence of carcinomatous disease of the uterus, and this intolerable itching of the pudendum is sometimes the first and most distressing symptom of which women complain who are labouring under malignant organic disease of the cervix uteri. The irritation of the external parts being merely symptomatic, our attention should be chiefly directed to the affection of the uterus.

Prurigo of the pudendum is one of the most distressing symptoms experienced by some women during gestation; and most benefit is derived from the employment of blood-letting, and the administration of calomel and opium with cathartics. Temporary relief is obtained by saturnine lotions, solutions of the chlorurets of lime or soda, cold water, or ice and water to the parts. But the disease sometimes continues to harass the patient in spite of all the remedies we can employ until she is delivered. The diet should be light, and in all cases of this description the utmost attention should be paid to regular ablation of the parts. Wine and fermented liquors of all kinds should be disused, and where there is leucorrhœal discharge, the tepid hip-bath, and tepid lotion of Goulard, and decoction of poppies, should be applied occasionally to the parts.

The uterus is liable to several important displacements, as inversion, retroversion, and prolapsus; but the consideration of these diseases properly belongs to surgery.

(Robert Lee.)

* Synopsis, p. 24.

VACCINATION.—Towards the close of the eighteenth century, small-pox continued, notwithstanding every effort, to be the source of general terror to mankind. The progress of intelligence, and the great improvements which had been effected in the art of inoculation, combined indeed to extend prodigiously that practice, to the great benefit of individuals, but unhappily without any corresponding diminution of the general mortality. The prudent were preserved by it, but the careless and the improvident, who will always form the bulk of mankind, had their dangers increased. The sources of infection were multiplied, and small-pox, which formerly used to visit country districts only at long and uncertain intervals, was now to be met with in all parts at all times. In London the evil effects of inoculation were felt in their fullest force. Inoculation was there widely diffused among the lower ranks of society, but without the precaution of seclusion; in consequence of which the contagion of small-pox was daily encountered in the open streets.

The deaths by small-pox in the metropolis at this period, according to the bills of mortality, averaged 2000 annually, or about one-tenth of the total mortality. In 1796 small-pox prevailed epidemically in London with such extraordinary severity, that 3549 lives are recorded as having fallen victims to it. The total deaths by small-pox throughout England were estimated at about 45,000 annually. Inoculation was practised almost universally among the higher ranks of society; and the general impression upon the minds of men was, that every individual born must expect at some period of his life to become the subject of this loathsome and too often fatal disorder.

Such was the state of public opinion, when, in the summer of 1798, Dr. Jenner, a provincial physician of established reputation, favourably known to the scientific world by his investigations in natural history, announced his discovery of a means whereby all this mass of evil might be effectually removed, and mankind relieved from the painful necessity of undergoing small-pox. It is not to be wondered at that the public should have hailed with avidity so gratifying a prospect, held out to them, not by a youthful and too confident aspirant to fame, whose proposal was the impulse of a moment, but by one whose character was at stake, and who announced his discovery as the result of much thought, and of deliberation matured through the long period of twenty years. The eagerness with which vaccination was adopted formed a singular contrast to the events which eighty years before marked the introduction of variolous inoculation into England. A comparison of the spirit in which that proposal was received, with the encouragement which vaccination experienced from all classes of persons within twelve months after the announcement of the discovery, will redound greatly to the credit of the present age. While it shews how much education has opened the minds of the people at large, it exhibits at the same time, on the part of medical practitioners, a praiseworthy prompt-

ness to acknowledge the merits of one whose name was almost unknown to them; a benevolence which could sacrifice without a murmur a large share of most profitable practice; and a candour which could renounce at once the prejudices of early education.

The circumstances which led to the original discovery of vaccination, and which attended its introduction into general use, are deserving of particular inquiry, not merely as matters of historical interest, but because they contributed to influence, in a very remarkable manner, public opinion as to the merits of the new discovery. We shall enter, therefore, with some degree of minuteness into the details connected with the early history of vaccination, and trace the causes of that singularly rapid hold which it took of public opinion.

History of vaccination.—Edward Jenner, third son of the Rev. Stephen Jenner, was born at the vicarage of Berkeley in Gloucestershire, on the 17th May, 1749. Very early in life he evinced a strong taste for the study of natural history, which probably had an influence in determining the choice of his profession. He was instructed in the elements of surgery and pharmacy by Mr. Ludlow, an eminent surgeon practising at Sodbury near Bristol. While engaged as his apprentice, Jenner had his attention frequently called to a popular notion current in the dairy districts of Gloucestershire, that cows were subject to a disorder called the cow-pox, which was sometimes communicated to the milkers, who became thereby protected from the small-pox. One such occasion is particularly recorded. A young countrywoman came into the shop to seek advice. The subject of small-pox was mentioned in her presence: she immediately observed, "I cannot take that disease, for I have had cow-pox."* This little incident rivetted the attention of Jenner. Young as he then was, he dwelt with deep interest on a communication thus casually made to him by an uninstructed peasant, and foresaw in some degree the vast consequences which might result from so extraordinary a fact. In the year 1770, being then twenty-one years of age, Jenner went to London to prosecute his medical studies at the school, and under the immediate eye, of John Hunter. To that enlightened man he repeatedly mentioned the popular rumours concerning cow-pox, but it does not appear that he received from his master much encouragement to prosecute the inquiry. In 1775, being then established in practice in Gloucestershire, he gave more attention to it, but found many difficulties besetting his path, such as would probably have deterred most men from persevering in the task. Among the country people whom he was called upon in the course of his practice to inoculate for the small-pox, some resisted every effort to give them the disease.† They were milkers, who had undergone cow-pox. But some of those

* Baron's Life of Jenner, p. 121.

† Jenner's Origin of the Vaccine Inoculation, page 5.

who appeared to have undergone cow-pox, and whose security might have been anticipated, received small-pox in the usual way. These occurrences led him to make inquiries among the medical men of the district, all of whom knew of the cow-pox and its reputed powers, but they agreed in opinion that it was not to be relied on as a certain preventive of small-pox. They imagined that the phenomenon depended upon some peculiarity in the constitution of the individual who escaped, rather than upon any efficacy in the disorder received from the cow. They attached no value to the facts adduced by Jenner, and thought that a farther prosecution of the subject would only terminate in doubt and disappointment. These obstacles damped for a while, but did not extinguish Jenner's ardour in his favourite pursuit. He now ascertained that the cow was subject to a variety of eruptions on the teats, all of which received indiscriminately the name of cow-pox. He learned to distinguish the one of these from the others, and was led to entertain the belief that one only was possessed of specific power over the human body. This he called the *true* cow-pox; the others the *spurious*.

The next step of the inquiry convinced him that the true cow-pox itself was liable to undergo progressive changes, and that it was only at one period of its course, in its acmé of intensity, when it was endowed with specific and preventive, or anti-variolaous properties. During the investigation of this branch of the subject, Jenner was struck with the idea that it might be practicable to propagate the disease, by inoculating, first from the cow, and finally from one human being to another. At what precise period of his career this brilliant thought first occurred to him is not accurately known, but it was probably early in 1780; for in the month of May of that year we find him speaking of it to an intimate friend, and this was probably the first glimpse of that reputation which he ultimately attained.* In 1788 Jenner visited London, and carried with him a drawing of the casual cow-pox, as seen on the hands of the milkers, which he shewed to Sir Everard Home and others; but the physiologists and physicians of London saw in this nothing but a curious and barren fact.

Hitherto Dr. Jenner had taken no decisive step to ascertain the practicability of inoculating for the cow-pox, upon the success of which his whole scheme mainly rested. It is worthy of mention in proof of the slowness with which the philosophic mind of Jenner ripened into conviction, that in November 1789 he inoculated his eldest son with the small-pox. Soon after this period, however, his confidence in the preservative powers of cow-pox rapidly strengthened. He spoke and wrote about it to many friends, and nothing was wanting but an opportunity of putting his ideas to the test of experiment. This at length presented itself. Cow-pock matter in an active state was found, and parents were met with possessing sufficient

confidence in Jenner to submit their children to the important trial. On the 14th of May, 1796, the decisive experiment was made. James Phipps, eight years of age, was vaccinated with matter taken from the hands of Sarah Nelmes. He passed through the disorder in a manner perfectly satisfactory, and was tested with variolous matter on the 1st of July following. The small-pox inoculation, though carefully conducted, took no effect.

Jenner now prepared to communicate to the world the result of his long and anxious investigations concerning cow-pox. His work was ready in June, 1797, but he delayed the publication of it for a twelvemonth, partly that he might profit by the advice of his friends, and partly in the hope of strengthening his argument by additional experiments. This he was happily enabled to do in April, 1798; and the new trials having been equally successful with the first, he felt justified in announcing to the world the discovery of vaccine inoculation. His original essay, published in London in June, 1798, is entitled, "An Enquiry into the causes and effects of the Variolæ Vaccinæ, a disease discovered in some of the western counties of England, particularly Gloucestershire, and known by the name of the cow-pox." In this work twenty-three cases are detailed, viz. sixteen of the casual, and seven of the inoculated disease, with coloured drawings of the appearances in both.

Dr. Jenner, in this work, first treats of the causes of cow-pox. He announces his belief that this disorder does not originate with the cow, but is in all cases communicated to that animal from the horse, where it appears on the heels, and is known to farmers by the name of *the grease*; the hands of the milkers and farm servants being the medium of communication. He next throws out the suggestion, that the small-pox itself may have been originally morbid matter of the same mild kind, which accidental circumstances had changed, and aggravated into that contagious and malignant form, under which we now commonly see it. He then states his conviction that the cow-pox, when it has once passed through the human body, leaves the constitution for ever after secure from the infection of small-pox. The essay concludes by describing four classes of persons, to whom the discovery of cow-pox inoculation holds out the prospect of great benefit. First, those who from family predisposition may be presumed likely to take small-pox unfavourably: secondly, those whose constitutions are predisposed to scrofula: thirdly, those who from some peculiarity of habit resist small-pox inoculation in early life: fourthly, those who are labouring under forms of chronic disease, in which counter-irritation is desirable. An unassuming tone and philosophic spirit pervades this first essay on vaccination, which is very striking, and which, no doubt, contributed essentially to promote the great cause in which the author had embarked.

Dr. Jenner's first publication excited in a remarkable degree public attention. It may be mentioned, however, as a singularly strong

* Baron's Life of Jenner, p. 138.

proof of the distrust with which any new invention is received, that during a period of nearly three months that Dr. Jenner remained in London superintending the publication of his book, he could not procure one person on whom to exhibit the disease. In the end of July, Mr. Cline made the first experiment with cow-pox in London, which succeeded perfectly; soon after which trials were multiplied in every quarter, and a general rush in favour of vaccination succeeded, which contrasted strongly with the apathy displayed by the medical profession during the infancy of Dr. Jenner's investigations.

The early career of vaccination, however, was not without its drawbacks. A few, but happily a very few, opposed the new practice with a degree of rancorous malignity which carried with it its own cure. Professional jealousy, too, was excited, and a systematic attempt was made to wrest from Jenner's brow the laurels which he had so fairly won. It was proved, indeed, that rumours of the preservative efficacy of cow-pox were general, and that the attention of Sir George Baker had been specially called to the subject, about the year 1782, by the Rev. Herman Drew, of Abbots in Devonshire, and Mr. Bragge, a surgeon of Axminster. The investigation, however, was never followed up, nor was Dr. Jenner ever made acquainted with the circumstance. Sir George Baker had been, not long before, engaged in a very troublesome inquiry respecting the endemic colic of Devonshire, and was probably unwilling to come forward again as a controversial writer. There were other physicians, well disposed to the cause of vaccination, and who ultimately became its strenuous and most efficient supporters, who yet brought it at first into much discredit by their rashness and carelessness. A series of experiments on the cow-pox was undertaken at the Small-Pox Hospital in the spring and summer of 1799, by Dr. Woodville, with the praiseworthy object of establishing the Jennerian discovery. In the course of these experiments the variolous and vaccine poisons became mixed, and much confusion ensued. But in December of the same year the difficulty was explained and obviated; and the nineteenth century opened most honourably for science and for this country. An antidote against a dreadful pestilence had unexpectedly been brought to light by the scientific researches of an English physician.

It would have been well for the cause of vaccination, if its early supporters had satisfied themselves with a general statement of its acknowledged advantages, and left the rest to time and to future opportunities of observation. Unfortunately, they announced at once that henceforth small-pox was disarmed of all its terrors, and that its complete extermination might not unreasonably be contemplated. The brilliant prospect thus held out added at the moment prodigiously to the splendour of Jenner's fame, but it ultimately did harm. It raised unreasonable expectations, and occasioned disputes in after-times, which brought on one party the charge of prejudice and

obstinacy, and on the other that of disaffection to the cause of humanity. The friends of vaccination, however, were certainly justified by the whole tenor of Dr. Jenner's writings in encouraging this belief in the adequacy of vaccination to exterminate small-pox. Yet it was a notion which facts at the time little warranted, and which subsequent experience has proved to be fallacious. In his second publication indeed, dated April 1799, Dr. Jenner judiciously recommended "that the investigation should be conducted with that calmness and moderation which should for ever accompany a philosophic research." But in his third (dated 1800) he expresses his confidence that "the cow-pox is capable of extirpating small-pox from the earth;" and his fourth work, printed in May 1801, concludes with the statement, "that it is now too manifest to admit of controversy, that the annihilation of small-pox, the most dreadful scourge of the human species, must be the final result of this practice."* Whatever allowances we may make for Dr. Jenner's zeal (and great allowances ought undoubtedly to be made for him), still it must ever be a matter of regret, that such sanguine anticipations should have been indulged at a time when the cow-pox had been known to the world scarcely three years, and had been the subject of general observation not more than two.

Vaccination advanced with extraordinary rapidity. Dr. Jenner states† "that in 1801 upwards of six thousand persons had been vaccinated, by far the greater part of whom had been tested with small-pox, and exposed to its infection, in every rational way that could be devised, without effect." In 1799 the practice of vaccination was introduced into America through the agency of Dr. Waterhouse. In the same year, a strong testimonial of confidence in the virtues of the cow-pox was signed by thirty-three of the most eminent physicians, and by forty distinguished surgeons of London. In 1800 vaccination was introduced into France. The earliest supporter of vaccination on the continent of Europe was Dr. De Carro of Vienna, whose exertions in the cause were beyond all praise. Dr. Sacco of Milan distinguished himself not merely as an active propagator of the new practice in Italy, but by his pathological investigations into the origin of cow-pox. Great difficulties were experienced in transmitting vaccine matter to India; but this object, so ardently desired by Dr. Jenner, was at length effected through the ingenuity and zeal of Dr. De Carro. In June 1802 vaccine lymph, in an active state, reached Bombay from the Persian Gulf, and was thence rapidly disseminated over the continent of India.

In 1802 a committee of the House of Commons investigated and reported upon the utility of vaccination, and upon Dr. Jenner's claims to the discovery; and upon the 2d June in

* Origin of Vaccine Inoculation, p. 12.

† Continuation of Facts and Observations, 3d edition, p. 146.

that year, Parliament voted him £10,000. In 1807 this matter was re-considered, and an additional sum of £20,000 awarded to him. In 1808 vaccination was taken under the direct protection of the government. The National Vaccine Establishment was then formed, which continued for many years to superintend with much success the practice of vaccination in this country. Dr. Jenner died, in 1823, at Berkeley, in Gloucestershire, the scene of his early labours, for ever rendered memorable as the birth-place of vaccination. During the latter years of his life he continued to devote much of his time and attention to this subject, but he did not publish any thing of much importance concerning it subsequent to the year 1803. In 1833 a committee of the House of Commons, appointed to inquire into the constitution of this establishment, extended their investigations into the effects of vaccination generally, and the volume of evidence published by them* contains the latest information to be met with on this interesting subject.

PHENOMENA OF VACCINATION.

We now proceed to a detail of the phenomena of vaccination, which we shall treat of in the following order:—cow-pox in the cow; casual cow-pox in man; and the inoculated cow-pox.

1. *Of cow-pox in the cow.*—This disease is not of frequent occurrence: it is epizootic, and rarely, if ever, shews itself except where cattle are collected together in herds. It then breaks out at irregular periods, and from causes not at all known. Dr. Jenner's early experiments concerning it were frequently interrupted by its complete cessation among the herds. During the year 1828 the National Vaccine Board made numerous enquiries through their extensive correspondence with practitioners in the dairy counties of England; but no tidings could be learned of the disease in the cow.† The latest observations on it were made in India in 1832.‡ Some Italian physicians, in the year 1830, observed the disease among the cattle of the Piedmontese Alps.§

Dr. Jenner's earliest statements|| led to the belief that cow-pox in the cow was generally a local disorder, confined to the udder. More recent observations, however, have shewn that it is really a constitutional febrile disease, accompanied with eruption, and sometimes extremely severe and even fatal. According to Dr. Jenner,¶ the true cow-pox shews itself on the nipples of the cow in the form of irregular pustules. At their first appearance they are commonly of a palish blue colour, or rather of a colour approaching to livid, and surrounded by an erysipelatous inflammation.

* Report and Evidence of the Select Committee on the Vaccine Board, 1833, folio.

† Marshall on Vaccination, 1830, p. 7.

‡ See Macpherson's "Experiments relative to Vaccination," in Calcutta Medical and Physical Transactions, vol. vi. p. 175.

§ Griva sull' Epidemia Vaiuolosa del Torino, p. 102. Also London Medical Gazette, vol. ii. p. 323.

|| Inquiry, p. 3.

¶ Inquiry, p. 4.

They frequently degenerate into phagedenic ulcers. The animal appears indisposed, and the secretion of milk is much lessened. The cow is subject to other pustulous sores on the nipples, which are of the nature of common inflammation, and possess no specific quality. These are free from all blueish or livid tint. No erysipelatous redness accompanies them. They desiccate quickly, and create no apparent disorder in the animal. Such a complaint is frequent among cows in the spring season, and when the calf is suckling. This disease was called by Dr. Jenner the spurious cow-pox.

The following description of the cow-pox in the cow, as observed at Moorsheadabad in August 1832, is given by Mr. Macpherson.* The animals for a day or two appeared dull and stupid. They were then seized with distressing cough, accumulation of phlegm in the mouth and fauces, and loss of appetite. On the fifth or sixth day pustules made their appearance all over the body, especially on the abdomen, accompanied with fever and much general distress. These went on to ulceration, the hair falling off wherever a pustule ran its course. The mouth and fauces appeared to be the principal seat of the disease, being, in bad cases, one mass of ulceration, which impeded mastication, and proved fatal apparently from inanition. The mortality in this severe epizootic was calculated at from fifteen to twenty per cent.

2. *Casual cow-pox in man.*—This affection, caught by the milkers from the affected cow, appears on the hands and wrists in the form of inflamed spots, which run on to suppuration. The pustules assume a circular form, having edges elevated above their centre, and are of a colour inclining to blue.† After a time absorption takes place, and swellings appear in the axilla. Fever succeeds, accompanied with headach, vomiting, and sometimes delirium. The constitutional symptoms decline in three or four days; but the sores on the hands often remain, very painful, and difficult to heal. No eruption of the skin follows the decline of the feverish symptoms.

3. *Phenomena of the inoculated cow-pox.*—

When vaccination has been successfully performed on a healthy child, the incision may be felt elevated on the second day, and on the third, if examined with a magnifying-glass, appears surrounded by a slight efflorescence. On the fifth day a distinct vesicle is formed, having an elevated edge and depressed centre. On the eighth day it appears distended with a clear lymph. The vesicle, on this, its day of greatest perfection, is circular, and either pearl-coloured or slightly yellow. In its form and structure it resembles the pustule of small-pox. Its margin is turgid, firm, shining, and wheel-shaped. It is composed of a number of cells, by the walls and floor of which the specific matter of the disease is secreted. On the

* Calcutta Medical and Physical Transactions, vol. vi. page 175, 1833. Also, London Medical Gazette, vol. x. p. 510.

† Jenner's Inquiry, p. 5.

evening of the eighth day an inflamed ring, or areola, begins to form around the base of the vesicle, which continues to increase during the two following days. This areola is of a circular form, and its diameter extends from one to three inches. When at its height on the tenth day, there is considerable hardness and swelling of the subjacent cellular membrane. On the eleventh day the areola begins to subside, leaving, as it fades, two or three concentric circles of a blueish tinge. The vesicle before this has burst, and its surface acquired a brown colour. The lymph which remains becomes opaque, and gradually concretes; so that about the end of the second week the vesicle is converted into a hard round scab of a reddish brown colour. This scab contracts, dries, blackens, and about the twenty-first day falls off, leaving a cicatrix, which is permanent in after-life, circular, somewhat depressed, striated, and indented with six or eight minute pits, corresponding to the number of cells of which the vesicle had been composed.

The constitution generally sympathizes about the seventh or eighth day. The child is restless and hot, and the bowels are more or less disordered. This commonly subsides in two or three days. A few children pass through the disorder without the slightest indication of constitutional disturbance, which is not to be looked upon as by any means essential to the success of the vaccine process. About the tenth day a papulous eruption of a lichenous character frequently shews itself on the extremities, and sometimes extends to the trunk of the body. It continues for a week, and occasionally lasts after the scab has fallen off. This vaccine lichen is chiefly met with in children of full habit, where numerous vesicles had been raised on the arm, which discharge freely. It is an accidental occurrence, which, like the constitutional irritation, indicates a full effect upon the system, but is not deemed requisite to ensure it.

Cow-pox in the adult exhibits the same succession of phenomena. The vesicles, however, are thinner and more easily ruptured. The lymph is usually of a yellowish tinge, and the areola is more extensive. The glands of the axilla, too, frequently swell, which is rarely observed in children. Constitutional irritation commonly runs higher. The secondary lichen is less observable. Some observations, recently made by Dr. Heim of Ludwigsburg,* tend to shew that adult lymph is more energetic than infantile lymph; but the facts require further investigation.

Of the irregular vaccine vesicle.—The regular or normal progress of the vaccine vesicle now described is liable to be disturbed by various causes and in various ways. Imperfect vaccination is not characterised by any uniform sign or criterion, but exhibits in different cases different appearances, such as pustules, ulcerations, scales, and irregular vesicles. The most common form of irregular vesicle is marked at its commencement by very troublesome

itching, so great as to provoke scratching or rubbing, to which the subsequent appearances are generally, but most unfairly, attributed. The vesicle throws out a premature efflorescence, and advances too rapidly; so that on the fifth day it has attained its height, when it will be found raised on a hard inflamed base. It is acuminate or conoidal, and gives the appearance of a common festering sore produced by a thorn. It is generally of a straw colour, and contains, instead of a clear transparent lymph, some opaque matter or pus. The succeeding scab is small, and of an amber colour, and drops off by the tenth day.

The causes of this irregular vesicle are various. It is sometimes dependent on the state of the atmosphere. We infer this from the fact, that many cases are observed about the same time, and more frequently on the approach of winter than either in the spring or summer months. Sometimes it may be traced very distinctly to a bad quality of the lymph employed; that is to say, three or four children vaccinated from the same source shall exhibit these irregular appearances: yet the vesicle itself from which the lymph is taken shall shew no apparent deviation from the healthy state.* Many practitioners have been of opinion that such an irregularity of the vaccine vesicle as we have just described arises from the employment of lymph taken at too late a period of the disease, that is, on or after the tenth day.† To this doctrine, however, we cannot yield an unqualified assent. The facts we believe to be as follows. After the tenth or eleventh days, the virus becomes so diluted with the common serum of the blood as to reproduce the disease with great difficulty. Out of a dozen incisions made with such a thin lymph, not more than one perhaps will prove effective; but that one is just as good, and just as effectual in preserving from the small-pox, as a vesicle raised from lymph of an earlier age and greater intensity. The unanswerable argument in favour of this position is, that the scabs of cow-pox, moistened with a little lukewarm water to the consistence of mucilage, will often produce the disease in all its purity; but out of twenty or thirty incisions made with such a virus, not more than one or two will be found to take effect.

Lastly, irregularity of the vaccine vesicle is sometimes attributable to a bad habit of body, —to what the old authors would have called a foul state of the blood and humours. The proof is, that one child only out of many vaccinated with the same lymph shall shew the anomalous form of cow-pox. It is a singular but very important fact, that an imperfect vesicle, the offspring of a perfect one, degenerated by some peculiarity of habit in the individual vaccinated, shall sometimes reappear in all its original purity and perfection, when transplanted into a healthy well-prepared subject.

Other anomalous appearances. — Cow-pox

* London Medical Gazette, vol. xiv. p. 513.

* See London Medical Gazette, vol. xiii. p. 441.

† See Willan on Vaccine Inoculation, p. 32.

occasionally presents some other anomalies. In some instances the specific inflammation or areola is very violent, extends from the shoulder to the elbow, invades the trunk of the body, and requires to be assuaged by cold lotions and active purgatives. The vesicle, instead of hardening into its proper black scab, is, under these circumstances of local irritation, converted into an ulcer discharging profusely. The inconvenience thence resulting is, however, only temporary. Such extensive inflammation, provided it has begun at its proper period, does not appear to lessen, or in any degree interfere with, the protective virtue of the cow-pox. Occasionally, the vesicle about the fifth or sixth day becomes scaly. A species of psoriasis takes the place of areola. In some few cases true erysipelas supervenes. Such anomalies as these, it is needless to say, deprive the cow-pox of all claim to specific properties. A much more frequent but less important variety is the retarded cow-pox. The advance of the vaccine vesicle is without any apparent cause suspended. The areola does not form before the tenth or twelfth day, but ultimately the process is completed. In these cases the success of the vaccination is in no degree prejudiced.

Complications of cow-pox.—It sometimes happens that a child is vaccinated after imbibing the germ of measles or scarlatina. Under these circumstances the cow-pox is generally retarded.* In a case which we have recorded in the London Medical Gazette,† cow-pox was retarded sixteen days, while the measly germ was making the circuit of the constitution. The genuine chicken-pox (*varicella lymphatica*) will run its course along with cow-pox, and not interfere with any of its phenomena.‡ The modifications which cow-pox undergoes when small-pox invades the constitution at the same time are very curious and interesting, and have excited much attention. They are subject to considerable variety, but the following are the phenomena most commonly observed.

Cow-pox occurring along with small-pox.—When cow-pox is inserted during the incubative stage of the casual small-pox, while the small-pox is still latent, the vaccine vesicle for the most part does not advance, or advances tardily and imperfectly. There are exceptions, however, to this rule, and cow-pox and casual small-pox may sometimes be seen running their full course in the same person at the same time. In no case, however, does the cow-pox so inserted alter or modify the course of the small-pox. When the variolous and vaccine fluids are inserted into the arms on the same day, each disease occasionally proceeds, preserving its original character. At other times, however, they mutually restrain and modify each other. The vaccine vesicle is smaller than usual, and irregular in its progress, while the variolous pustules which follow are of the

kind denominated *variola verrucosa*, vulgarly swine-pock, stone-pock, or horn-pock;* that is to say, they are hard and shining, surrounded with little inflammation, and they suppurate imperfectly. The small quantity of matter they contain is absorbed, leaving the cuticle horny and elevated for many days afterwards. Upon the extremities the eruption does not pustulate at all, but is minute and papulous, and terminates by desquamation. It will be found in most cases that even though the eruption be modified in its character, there is nevertheless considerable disturbance of the general system under the joint influence of the variolous and vaccine poisons.

When the insertion of the vaccine lymph precedes that of the variolous by a period not exceeding four days, both diseases advance locally. Sometimes an eruption of small-pox papulæ follows. At other times the variolous fever is slight and unaccompanied by eruption. Under these circumstances, matter taken from the primary vesicles shall sometimes communicate cow-pock and small-pox respectively, but more commonly the variolous poison predominates, and contaminates the lymph of the vaccine vesicle. It was ignorance of this phenomenon in the mutual action of the vaccine and variolous poisons, which occasioned Dr. Woodville's mistakes at the Small-Pox Hospital in 1799, and not the variolated atmosphere of the hospital, as he himself at first supposed, and as some persons still persist in believing.† Variolous matter inserted into the arm at any period not exceeding a week from the date of vaccination will take effect and be followed by a pustule. After that time no effect is produced. Mr. Dunning entertained the idea that a hybrid disease might be formed by the simultaneous inoculation of small-pox and cow-pox, but there is no foundation whatever for this notion. Dr. Woodville on several occasions inoculated with a mixture of the variolous and vaccine poisons. The result was not to be depended upon, but in general pure small-pox succeeded.

When small-pox inoculation precedes by three or four days the insertion of vaccine lymph, the vaccination advances, but after the tenth day the fluid in the vaccine vesicle becomes purulent, and in that state will communicate small-pox.‡

Those who have in early life undergone small-pox inoculation are for the most part unsusceptible of cow-pox. Under such circumstances, however, vaccination sometimes produces a certain degree of effect. The disorder manifests itself, but in an imperfect or modified form. The fluid in the resulting vesicle cannot be trusted to for reproducing the genuine cow-pox.

Recurrent and modified cow-pox.—When cow-pox has once completed its regular course, the constitution is always left, for a considerable time at least, unsusceptible of the same

* Jenner's "Facts and Observations," pp. 137 and 170.

† London Medical Gazette, vol. x. p. 440.

‡ London Medical Gazette, vol. ii. p. 633.

* Willan on Vaccine Inoculation, p. 5.

† See Report of "the Select Committee on the Vaccine Board," pp. 119 and 124.

‡ Willan on Vaccine Inoculation, p. 8.

disorder. But this law does not hold good when the renewed application of the virus takes place at very short or at very distant intervals. If vaccine virus be re-inserted on the fourth, fifth, or sixth day after a regular primary vaccination, the vesicles of the second vaccination are hurried forward in their course, so as to overtake the first crop, and the whole maturate and scab together. The second crop of vesicles, however, are not more than one-fourth of their normal size, and the areola surrounding them is equally contracted. Mr. Bryce, in 1802, very ingeniously proposed to avail himself of this circumstance, and by testing with vaccine matter on the fifth day, to give a security that the system was under the full influence of the vaccine disorder. This plan has since been extensively pursued, and is known by the name of *Bryce's test*. Mr. Bryce considered that this test afforded as clear and well defined a mark of constitutional affection in cow-pox, as the variolous eruption does of successful inoculation.* To obtain this criterion in the greatest perfection, he advises that the second application of the virus should take place between thirty-six and forty-eight hours before the primary areola begins to appear (end of the fifth or beginning of the sixth day). If no acceleration of the second crop of vesicles be observed, it is to be concluded that no constitutional action has resulted from the first insertion of the virus. The second is then to be regarded as the primary affection, which in its turn is to be tested with a third, and so on until we are satisfied that the full measure of constitutional effect has been produced. Some persons have claimed for this suggestion the highest honour, and have even considered Dr. Jenner's discovery as incomplete without it.† Dr. Jenner, however, never laid much stress upon it. In doubtful cases it is undoubtedly a prudent practice, but in our opinion it has been extolled far beyond its real merits. It shews whether or not constitutional influence has been exerted by the primary vesicle, but it does not determine what has been the degree of such influence:—in other words it does not shew whether the constitutional effect has been complete or otherwise. As a test, therefore, of the stability of the vaccine protection in after life, (in which light alone it can be valuable,) Bryce's test is absolutely nugatory.

Re-vaccination.—The effects of re-vaccinating at distant intervals from the date of the primary vaccination are deserving of attention. Dr. Jenner, in his original essay,‡ announced that the human body after a time had the susceptibility of cow-pox renewed. We have noticed four different effects resulting from the operation of re-vaccination.§ In many cases, especially where the interval from the primary to the secondary vaccination has not exceeded five years, the skin appears com-

pletely insensible to the vaccine poison. The inoculated point takes on no inflammatory action, and no greater effect is produced than if the lancet had been dipped in the serum of the blood. More commonly, however, especially at intervals exceeding ten years, the virus irritates locally. In three, or at furthest four days from insertion, an areola of irregular shape appears, surrounding a minute, itching, acuminated, and angry vesicle. Frequently the glands in the axilla swell, and in particular habits of body, especially in adult females, irritative fever to a considerable extent is superinduced. A scab forms on the eighth day, which soon falls off, leaving no permanent cicatrix. In a third set of cases, a vesicle forms more gradually, without either local or constitutional irritation. A slight areola succeeds, and the vesicle yields, on the seventh day, a considerable quantity of thin lymph; but this lymph will be found, on trial, incapable of propagating the disease. In a fourth set of cases, the second vaccination runs a perfectly regular course. A true circular areola forms on the eighth day, and the lymph will be found to propagate a good and genuine cow-pox. It is difficult to avoid entertaining the notion, that those who exhibit the first set of appearances now described would have effectually resisted the infection of small-pox; that those under the circumstances last-mentioned might have undergone small-pox in some of its ordinary forms; and that the remainder would, under circumstances favourable to the development of small-pox, have undergone it in the form which we have elsewhere in this volume designated and described as the *varicella variolodes*.

Surgery of vaccination.—In the performance of this simple operation many circumstances require attention. Failure in the operation is always harassing to the parent, and is frequently urged as a pretext for dangerous delays. Of the sources of failure some have reference to the mode of operating, some to the selection of lymph, and others to the system of the individual operated upon.

Wherever it is possible, vaccine lymph should be inserted in a recent state. It should be perfectly clear and limpid, and the earlier it is taken the better, for effective lymph must always be in a certain state of intensity. A fifth-day vesicle will often afford a minute drop of lymph of great energy. Lymph may be taken, however, with every prospect of success, up to the eighth and ninth days. On the tenth day the virus is often so much diluted with the serum of the blood as to be unfit for reproduction. The same thing, too, frequently happens to vesicles of the seventh or eighth days, when the lancet of the operator is applied to them too often, or with an undue degree of roughness. A vesicle should always be handled very gently. After the tenth day the virus is scarcely fluid, and can never be relied on.

It is of the utmost consequence to the success of the operation that the lancet be clean and perfectly sharp. Failure often arises from a peculiar toughness of the child's skin, which

* Bryce on Cow-pox. Edinburgh, 1802.

† See Monro's "Observations on Small-pox." Edinburgh, 1818. p. 113.

‡ Jenner's Inquiry, p. 21.

§ London Medical Gazette, vol. i. p. 590.

a blunt lancet penetrates with difficulty. The lymph is consequently thrown back upon the shoulder of the lancet, and not a particle of it enters the wound. A good vaccinating lancet should have a broad shoulder as well as fine point, for an instrument of this shape best retains an adequate portion of virus. The skin should be kept perfectly tense during the performance of the operation by grasping the arm firmly. Six or eight punctures may be made at convenient distances and to a moderate depth. Much importance has been attached to the quantity of blood drawn, it being held that the escape of blood must necessarily wash away the virus. This, however, is a mistake. Provided that a genuine lymph of due intensity has once come in contact with the absorbing surface of the cutis vera, it is a matter of perfect indifference whether little or much blood flows from the wound. The quantity of blood that escapes depends more upon the child's habit than upon the operator. A child full of blood always bleeds freely when vaccinated; but such children exhibit subsequently the most perfect appearances.

Care should be taken, as far as possible, that the child to be operated upon should be in perfect health. During the presence of any disease,—at the period of dentition,—when the bowels from any cause are disordered,—or the skin preoccupied by some eruption, whether herpetic or scaly, vaccination should be delayed, unless from the pressure of some extreme necessity. The best age for vaccinating is between the third and fifth month after birth, when the child has acquired plumpness, and before dentition has commenced.

Preservation of vaccine lymph.—The importance of using fresh lymph need not be insisted on; but occasionally no other resource presents itself than preserved lymph. Being a fluid of extreme delicacy, and very liable to spontaneous decomposition as well as to other changes which impair its efficacy, great difficulty has always been experienced in preserving it, and more especially in transmitting it in an active state to tropical climates. The following are the modes of preserving lymph which are now adopted.

1. It may be preserved fluid for several days between two pieces of glass, about an inch square, which fit each other accurately. Lymph thus preserved, even when dry, will often, if carefully moistened with the breath, propagate the disease. 2. Vaccine lymph may be preserved on ivory points shaped like the teeth of a comb. These should be twice dipped in the fluid of the vesicle, and allowed to dry slowly. When used, they should be retained in the wound made by a sharp lancet for about half a minute. They are very effectual. Some vaccinators give the preference to platina points. 3. Vaccine lymph may be kept fluid in small capillary tubes, having a bulb at one end, (in shape like a thermometer). They admit of being hermetically sealed. To prevent spontaneous decomposition, the lymph should be collected only in minute quantities.

4. Mr. Bryce announced, in 1802, that vaccine scabs may be made use of to communicate the disease, and it has since been ascertained that this is the most certain mode of transmitting the cow-pox to hot countries. They are prepared for use by rubbing to powder, and moistening with a little lukewarm water to the consistence of a thin mucilage. Punctures made with this artificial lymph ought to be very numerous. 5. Dr. Jenner occasionally employed dossils of lint saturated with the fluid of an eighth day vesicle. These he placed between glasses, one surface of which has a small central cavity. The glasses should be tied together, their edges sealed, and the whole covered with sheet lead. Preserved in this manner, vaccine lymph will retain its fluidity and efficiency for a considerable length of time.

THEORY OF VACCINATION.

Identity of the vaccine and variolous poisons. The confidence with which Dr. Jenner originally announced vaccination as an antidote to the small-pox was mainly founded on the speculations in which he had so long indulged concerning the common origin of human and epizootic maladies. Into the details of this curious but uninviting branch of medical theory we do not propose to enter; but we may mention that, according to Dr. Jenner, the most remarkable malady which affects equally man and the brute creation is that which in its most malignant form we call small-pox, and in its milder forms swine-pox, chicken-pox, and cow-pox. It is a matter of curiosity at least, if not of more serious reflection, that the vulgar, in their nomenclature of diseases, should have acknowledged the doctrine of a common origin to the disorders of man and beast. Jenner not only believed that small-pox and cow-pox were essentially the same disease, but that the former was a malignant variety of the latter, the parental disorder being the cow-pox. This theory was pointedly marked by the phrase *variola vaccinae*, under which cow-pox was first introduced to the notice of the scientific world. As it has found both supporters and opponents in later times, a few observations upon it may not be misapplied.

Diseases that mutually produce each other are clearly referable to the same source: the identity of swine-pox and small-pox, therefore, is universally admitted. The cow-pox, however, is differently circumstanced. In man cow-pox never produces small-pox, nor does small-pox, however mild, approach to the character of cow-pox. It remains, therefore, a very questionable point whether these disorders can be essentially the same,—in other words, whether cow-pox can be considered a permanent, as swine-pox is a temporary modification of variola. It has been argued in favour of this hypothesis, first, that the cow-pox in the cow is a constitutional and sometimes malignant disorder, approaching in its characters to variola, and in various countries called and considered as variolous: 2dly, that cow-pox contaminated by small-pox sometimes

loses its virulence, ceases to produce eruptions, and at length takes on the true vaccine character.* Dr. Jenner never brought forward any direct experiment in favour of this opinion; but attempts have recently been made to support it by proving that small-pox can be communicated from man to the cow. Experiments, it is said, have been instituted by Dr. Sonderland at Bremen,† shewing that cows may be infected by inhaling the effluvia of blankets saturated with small-pox matter. Other experiments are stated to have been made in Egypt by medical men, shewing that a cow may be inoculated with small-pox matter, and that the result is a fine active vaccine virus.‡ From the loose way in which these experiments are detailed,§ and from the fact of their having been repeated carefully under our own observation at the Small-Pox Hospital;|| at Utrecht by M. Numann;¶ and by Mr. Macpherson** in India; we may fairly presume that they are incorrect, if not altogether fabulous. It is a singular circumstance that hitherto, so far as our observation extends, no distinct experiments have proved that cow-pox can be communicated from man back to the cow.†† The theory, therefore, which would explain the preservative power of cow-pox on the principle of its being small-pox, which, in passing through the body of the cow, had become modified, is still unsupported by direct experiment. It is presuming too far to say that these experiments have been carried to their furthest reasonable limit; but enough has been done to shew that the communication of small-pox from man to the cow is most uncertain, and that the hope entertained by some sanguine physiologists, that in the possible loss of the present stock of cow-pox, small-pox might be made to furnish its own antidote, is altogether illusory.

Identity of the cow-pox with the grease in horses.—In Dr. Jenner's original essay on vaccination, not only was the connexion between cow-pox and the grease in horses prominently put forward, but it was confidently stated that cow-pox never occurs in dairy countries except where there is access to horses.‡‡ In other words, Jenner denied the spontaneous origin of the disease in the cow. We cannot help thinking that the stress thus laid upon the equine origin of cow-pox was injudicious. The facts bearing upon the question were then very imperfectly known; and the opinion itself was, as Dr. Jenner himself confessed, unsubstantiated by any direct experiment.§§ Even if

most satisfactorily proved, it could not have tended in any degree to strengthen public confidence in the virtues of cow-pox; and being a doubtful point, it gave a handle to the opponents of vaccination of which they were not slow to avail themselves. For several years this question was the source of controversy. Dr. Baron acknowledges* that in 1803 all the principal medical men in London were adverse to the opinion. Later observations, indeed, have established the identity of the two affections, cow-pox and grease; but they have shewn at the same time the incorrectness of some of Jenner's original views. It has been satisfactorily established, for instance, first, that cow-pox does originate in the cow without access to horses;‡ and, secondly, that cow-pox is communicable to man from the horse without the intervention of the cow, and with nearly equal facility as from the cow itself. Dr. Jenner held that the direct communication of the disorder from the horse to man was undetermined and uncertain, and that the active quality of the greasy virus is greatly increased after it has acted on the nipples of the cow.‡

This branch of the theory of vaccination has been investigated with great diligence by Dr. Loy of Whitby,§ Dr. Sacco|| of Milan, and Dr. De Caro of Vienna. The last-named author¶ states "that the matter in use at Vienna from 1799 to 1825 was partly British vaccine, and partly originated from the grease of a horse at Milan without the intervention of a cow. The effect was so similar in every respect, that they were soon mixed; that is to say, after several generations, and in the hands of innumerable practitioners, it was impossible to distinguish what was vaccine and what was equine." "The whole British settlements in India," he adds, "were equinated; for the first liquid drop sent thither was the second generation of Milanese equine, or greasy matter, transplanted at Vienna."

Protective influence of cow-pox.—After an experience of thirty-four years in the efficacy of vaccination, and with the knowledge that that practice has extended over every quarter of the globe, and is still almost universally adopted, it would be a waste of time to enlarge upon the extraordinary power which it possesses of preserving the human body from the assaults of small-pox. Sir Gilbert Blane** most truly and eloquently observes, "that, viewed as a mere phenomenon in the natural history of the animal kingdom, it is highly interesting. The physiologist finds himself lost in astonishment when he contemplates the singular fact, that a mild virus taken from a domestic animal

* Baron's Life of Jenner, p. 245.

† London Medical Gazette, vol. ix. p. 162.

‡ Ibid. vol. i. p. 673.

§ Ibid. vol. ix. p. 500.

|| Ibid. vol. i. p. 781.

¶ Johnson's Medico-Chirurgical Review for January, 1834, p. 209.

** London Medical Gazette, vol. xiii. p. 511.

†† London Medical Gazette, vol. i. p. 781. Also Calcutta Medical and Physical Transactions, vol. vi. p. 174.

‡‡ Inquiry, p. 47.

§§ Ibid. p. 46.

* Life of Jenner, p. 584.

† Griva, "Epidemia Vaiuolosa del Torino," p. 102.

‡ Inquiry, p. 52.

§ Observations on the Origin of Cow-pox, 1801.

|| Baron's Life of Jenner, p. 250.

¶ See Monro "On the Prevalence of Small-pox," in Edinburgh Journal of Medical Science, vol. i.

** On the true Value and present State of Vaccination, p. 14.

should shield the body from one of the most fatal and cruel maladies to which it is subject; while the philanthropist sees in it benefits to mankind which in his most sanguine moments he could never have dreamt of." How great, then, how unrequitable are the obligations of mankind to the individual who first drew the secret from the dark recesses of rural tradition, and rendered it available to the whole human race.

Time, which has fully corroborated the general truth of the important law of the animal economy first promulgated by Jenner, has shewn also that it is subject to several modifications. These we next proceed to investigate, seeking to determine, so far as observations have hitherto gone, their number and extent.

Constitutional inaptitude to cow-pox.—One of the most important principles bearing upon the great question of vaccine influence is to be found in the fact that the predisposition to receive cow-pox is not equally great in all persons, nor at all times; and that in some individuals there exists, either through life or for a limited period, an utter unsusceptibility to the vaccine virus. This position opens a wide field of curious investigation, as we have elsewhere attempted to explain.* In a certain number of children subjected to careful vaccination, the vesicles will be found small, their progress slow, the areola faint, and the constitutional disturbance trifling. In such habits the absorbents of the arm are inactive, and not more than one out of eight or ten punctures advances. In other words, the disposition in the constitution to receive the vaccine virus and to bring it to perfection are identical. From hence it follows that the mode of vaccinating and the supply of lymph being the same, the proportion of successful to unsuccessful incisions affords a fair criterion of the degree to which the constitution is predisposed to nourish and profit by the vaccine virus. Some of the children who receive vaccination with difficulty are obviously sickly, and labouring under some disease weakening the body generally. In others, this atony of the absorbent system is displayed in conjunction with slowness of dentition, an imperfectly ossified head, and an emaciated aspect of body. On the other hand, it will frequently be found that a constitutional inaptitude to cow-pox co-exists with the most healthy aspect. We may assume, therefore, that it is sometimes dependent on idiosyncrasy. In the former case, the indisposition to receive cow-pox is only temporary; in the latter, so far as we have had opportunities of observing, it continues, and probably through life. Mr. Cross calculates that about one in fifty of mankind are unsusceptible of the vaccine virus.†

An interesting question here presents itself. Does the constitutional inaptitude to cow-pox denote a like inaptitude to small-pox? It would require a very extended sphere of observation to give a decided answer to this question; but experience seems to shew that

the predisposition to the two complaints is the same, and that a child who has altogether resisted the vaccine virus will be found equally unsusceptible of small-pox.*

The difficulty of giving cow-pox in a perfect form may be traced in some instances to the state of the atmosphere. At Turin, in August 1829, the number of cases in which vaccination failed was so great, that it was proposed to intermit vaccination altogether.† The phenomenon appeared to depend upon the state of the weather, which caused a hot, dry, and furfaceous state of the skin, that impeded both absorption and exhalation. Dr. Jenner was well aware that the condition of the skin frequently offered an insurmountable obstacle to successful vaccination;‡ but he does not appear to have connected this with any atmospheric changes. The difficulty of keeping up a supply of genuine lymph in tropical countries has long been known,§ and admits of an easy explanation on this principle.

Occurrence of small-pox after cow-pox.—The number of persons who have taken small-pox after undergoing cow-pox in a satisfactory manner is now so great, that it becomes necessary, with a view to forming an impartial estimate of the value of vaccination, to investigate the subject very carefully. Previously, however, we must revert for a short time to the views originally entertained by Dr. Jenner concerning the complete efficiency of vaccine protection. Popular rumour, we have seen, attributed to cow-pox a certain degree of protecting power over small-pox, but it was only in a certain degree; and the reason why Jenner, prior to 1798, failed in convincing his medical friends of the justness of his views, was, that in their judgment the quantum of protection afforded by the cow-pox was insufficient. "We have all heard," they would say, "what you speak of, and we have seen examples which certainly do give countenance to your opinions; but we have also known cases of a perfectly different kind. We have seen persons reported to have had cow-pox who have subsequently caught small-pox. The evidence in favour of the protective power of cow-pox, therefore, appears to us both inconclusive and unsatisfactory."|| Jenner, we have seen, took a different view of the nature of vaccine influence, and confidently announced the complete and permanent security afforded by it, provided the disease was received in its perfect form. His petition to Parliament in 1802 stated, "that he had discovered a disease attended with the singularly beneficial effect of rendering, *through life*, the person inoculated with it *perfectly* secure from the infection of small-pox." It is certainly curious that Dr. Jenner should thus have ac-

* Gregory on the Recurrence of Exanthematous Fevers, in London Medical Gazette, vol. viii, p. 494.

† Griva, op. cit. pp. 63 and 100.

‡ On the Varieties and Modifications of the Vaccine Pustule, 1806.

§ See Ferguson on "Vaccination as practised at Sierra Leone," in London Medical and Physical Journal, vol. lix. p. 195.

|| Baron's Life of Jenner, p. 125.

* See London Medical and Physical Journal, Nov. 1827, p. 381.

† On the Variolous Epidemic of Norwich, p. 32.

knowledge of the full value of the popular opinion regarding the security afforded by cow-pox, but should have rejected or treated lightly the qualifying clauses. Experience has now shewn that common observation was not less deserving of attention in the one case than in the other; and it is probable that in the outset a more moderate estimate of the prospective advantages of vaccination would have obviated much of the difficulty which has lately been experienced, without materially lessening the public zeal in its favour. It is well worthy of remark, that in Dr. Jenner's original essay no mention is made of any cases in which cow-pox failed to afford protection in after life; nor should it be forgotten that the confident announcement then made of the permanency of vaccine protection was founded *exclusively* upon cases of the *casual* disorder. It was not until his third publication, in 1800, that Jenner alluded to the chances of failure, which he did in the following words:—"Some there are who suppose that the security from the small-pox obtained through the cow-pox will be of a temporary nature only. This supposition is refuted, not only by analogy with the habits of diseases of a similar nature, but by incontrovertible facts, which appear in great numbers against it."

Proportion of the vaccinated who take small-pox.—Various attempts have been made to ascertain the actual proportion of those who are effectually and permanently secured by vaccination, to those who subsequently receive small-pox; but on this point there is great difficulty in attaining even an approximation to the truth. The loose statements frequently made in reference to this question would lead to great errors. Thus we read in one of the reports of the National Vaccine Establishment,† "that of more than sixty thousand persons vaccinated in London and its vicinity in the course of twelve years by that establishment, five only are reported to have been subsequently affected with small-pox." But it must be obvious that twelve years would serve to scatter a large portion of such persons over the face of the globe; and if one tenth or one twentieth of them took small-pox in after life, there is little probability that the news of it should reach the ears of the members of the board. Mr. Cross of Norwich calculates‡ "that of the vaccinated, not more than one in twenty will be in any way affected by the most intimate exposure to small-pox contagion; and less than one in fifty will have the disease in a form answering to the generally received descriptions of modified small-pox." These calculations, however, are grounded on very imperfect data.

Characters of small-pox after vaccination. This subject has been already adverted to. (See SMALL-POX.) We have now only to

remark concerning it, that ample experience has demonstrated that small-pox, as it occurs subsequent to vaccination, is for the most part a mild and tractable disorder. The pustules are generally small, hard, and tuberculated. Few of them mature perfectly; but at the same time the small quantity of matter which they do contain will give, both casually and by inoculation, small-pox to others. It is neither followed by pits and scars, nor by injury to the general health. Severe cases unquestionably do occur, and fatal cases are on record; but this ought not to surprise us. When small-pox and its accompanying fever once take possession of a weak, delicate, and scrofulous frame,—when it attacks persons advanced in life and of plethoric habit, or those who are recovering from other disorders,—when its inroads are synchronous with some other affection, as pneumonia, enteritis, or phthisis,—it would be difficult to set bounds to its injurious tendencies. The eye of the practised physician, indeed, may distinguish between the *specific* and the *accidental* modes of death in small-pox; but this nicety can never be made intelligible to the public mind, which, in the event of the patient dying within thirty days from the invasion of small-pox, will always be inclined, and not without some justice, to attribute death to that cause.

Within a very few years after the discovery of vaccination, physicians began to record cases of succeeding small-pox; but in almost all these instances there was either some doubt as to the correctness of the vaccine process, or the disease was so mild as to suggest doubts of its being really variola. In process of time these cases became both more numerous and less equivocal, and now they are familiar to every one engaged in practice. The experience of the Small-Pox Hospital during the last twenty years furnishes many useful facts which bear upon this question. It has shewn, for instance, how much more frequent small-pox after vaccination is among adults than children. Very few children have been received into the hospital under such circumstances; and those few have invariably had a mild disease, more allied to chicken-pox than to small-pox: whereas *all* the severe cases, and the greater proportion of the mild ones have occurred in adults, in whom an interval varying from ten to thirty years (the average eighteen) had elapsed since the date of vaccination.

Causes of small-pox after vaccination.—The attention of Dr. Jenner was early directed to investigate the circumstances which interfered with the protective power of cow-pox. We have already had occasion to remark, that in his earliest publications he adopted the notion of a true and a *spurious* cow-pox, the produce of the cow, one of which afforded protection, and the other none. When he afterwards ascertained that the true cow-pox itself could not always be depended upon, he took up the theory of *local action*, and contended that cow-pock virus originally good might become, from a variety of causes, so deteriorated in quality as to produce a local disease, but no

* Continuation of Facts and Observations, 1800, p. 32.

† Report of the National Vaccine Establishment, dated May 18, 1820.

‡ Variolous Epidemic of Norwich, p. 192.

such constitutional influence as is necessary to ensure protection against small-pox. Towards the close of his life Dr. Jenner enlarged the theory of imperfect vaccination, and considered that the grand impediment to successful vaccination was *pre-occupation of the skin* by herpetic or other eruptions during the development of the vaccine vesicle. In the course of years, when some of those took small-pox, who had been declared by competent judges, even by himself, most perfectly vaccinated, a third explanatory principle was adopted, which we may designate as the doctrine of *varioloous diathesis*. Other pathologists had early suggested a fourth explanatory principle,—the decay of vaccine influence in the lapse of years; but this was resolutely opposed by Jenner even to the last. This general sketch of the supposed sources of vaccine failure may serve as an introduction to that more detailed inquiry which the frequency of the occurrence in recent times appears to demand.

1. *Deterioration of the vaccine virus*.—It has been repeatedly urged as one mode of accounting for the occasional occurrence of small-pox after vaccination, that the vaccine virus deteriorates by passing through a succession of human bodies. This idea was never countenanced by Dr. Jenner, and is not generally received by medical men, at least in this country, but it is a favourite doctrine with the public. We see no grounds whatever for adopting such a notion. It has neither reason nor analogy in its favour. Those who take cow-pox naturally, or by direct inoculation from the cow, are as open as others to the chance of subsequent small-pox. Persons vaccinated by Dr. Jenner himself, in the very infancy of the practice, before such deterioration could possibly have commenced, have yet been attacked by small-pox in after life. It is contrary to the analogy of small-pox virus, which has undergone no such change, but remains as virulent as in the days of Rhazes and Avicenna. If appearances can be trusted, they are all against such a notion. The elevation and pearl-like aspect of the vesicles of the present day, the extent and shape of the areola, the colour and form of the resulting scab,—all correspond precisely with the earliest delineations and descriptions of Dr. Jenner. So far from believing in any deterioration of virus from successive inoculations, there is reason to believe that by a careful selection of well predisposed children, the pock may even be restored from an imperfect to a perfect state, and by proper care, therefore, may be retained indefinitely in that condition. If children are successively vaccinated from each other, all of whom are from various causes ill disposed to take on the perfect disease, the virus may unquestionably degenerate, and at length wear out altogether. In tropical countries, and in confined localities, such an occurrence certainly takes place, but this is very different from the notion of a virus deteriorated by the mere influence of time.

2. *Imperfect vaccination*.—This was the favourite theory of Dr. Jenner, and as such

alone it would deserve attention. But it has other and more legitimate claims to our consideration. Vaccination is said to be imperfect, when any considerable deviation from the ordinary course of the vaccine vesicles takes place. The impediments to perfect vaccination, according to the supporters of this theory, are principally the following:—1. Spurious matter, by which is understood, not a spurious virus as originally taken from the cow, but matter taken from the arm at an improper period of the process. 2. An insufficient number of vesicles. 3. Preoccupation of the skin by some disease in which a fluid is poured out capable of conversion into a scab, such as tetter, ringworm, scaldhead, erysipelas, or even a whitlow on the finger. 4. Robbing the vesicle incautiously of its contents, particularly where one only has come to maturity. 5. External violence done to the vesicle, (such as rubbing or scratching it,) more especially during its early stages. That these circumstances may, and do in some cases, materially interfere with the success of the vaccine process, cannot be questioned; but many strong arguments have been adduced to prove that the influence attributed to them has been overrated,* and that the theory itself is neither so well founded in general reasoning, nor so far justified by experience, as to afford a satisfactory explanation of the phenomena. It has been shown, for example, by numerous and well marked instances, that vaccination, which according to all rule should have been called perfect, has given only imperfect security; while, on the other hand, cases in which the process was interrupted, have notwithstanding afforded perfect security. The instances in which single vesicles have preserved from small-pox both casually and by inoculation, are so numerous, that no reliance whatever can be placed on the notion which would connect the security of the individual with the number of maturing vesicles. It has been remarked that a case of small-pox after vaccination will seldom be seen without observing that several persons under precisely the same circumstances, that is to say, belonging to the same family, vaccinated by the same practitioner, in the same manner, having similar marks on the arm, and equally exposed to contagion, escaped entirely. It has been proved, too, that persons have taken small-pox after being subjected to Bryce's test, the only mode hitherto invented to ascertain that a perfect constitutional affection had resulted from the original vaccination.

3. *Varioloous diathesis*.—At various times, and by persons high in authority,† the opinion has been put forward, that small-pox occurring after vaccination may be ascribed to some peculiarity of constitution identical with that which renders some persons liable to second attacks of small-pox. This theory is still upheld by some, and great importance has even been attached to it, as an explanation of

* See Edin. Med. and Surg. Journ. vol. xvi. p. 235.

† See Report of the National Vaccine Board for 1821.

vaccine failure. Its validity depends upon the assumption that small-pox and cow-pox are essentially the same disease, a position which we have already shewn to be objectionable, even if at all tenable. The great, and as it appears to us, unanswerable argument against it is this;—small-pox occurring a second time was so rare, that its occurrence was actually denied by three of the oldest and most experienced physicians of the last century; viz. Van Swieten, Dr. Heberden, and Dr. Monro,* while small-pox after cow-pox is an event of daily occurrence. One-third of the total admissions into the Small-Pox Hospital for several years past has consisted of persons who in early life have undergone vaccination. During the twelve years ending December 31, 1833, one thousand and six patients have been received into the hospital having small-pox after reputed vaccination, while in the same period the total number of cases of secondary small-pox has amounted only to fourteen. This statement, however, is not intended to convey any comparison between the preservative effects of inoculation and of vaccination. The two processes are in their nature and objects so essentially different, that no fair comparison can really be made between them. The former is calculated, by ensuring one attack of small-pox, to prevent a second. The object of the latter is to prevent any attack of small-pox whatever. A person is not inoculated to prevent a second attack of small-pox, but to give a first. A comparison between the two processes, therefore, is like instituting a comparison between the relative frequency of first and second attacks of small-pox. It may with propriety be undertaken by those who believe that cow-pox is only small-pox in milder form; but those who believe, with us, that cow-pox and small-pox are as essentially distinct as small-pox and measles, may be excused from prosecuting such an inquiry. It has been observed that, as a measure of prevention, inoculation is the most severe, but the most certain;—vaccination the most mild, but the least certain. This probably expresses the exact state of the question as to the relative value of vaccination and inoculation in the fewest words, and in the clearest manner consistently with our present knowledge.

4. *Decadence of vaccine influence.*—There was no doctrine to which Dr. Jenner was so resolutely opposed as that of a gradual decay in vaccine influence in proportion as life advanced. His great argument against it was that it was contrary to the analogy of small-pox inoculation, which was universally allowed to sustain no diminution of energy by the lapse of time. But here again the force of the argument depends on the presumed identity of the vaccine and variolous poisons. If, this principle be not conceded, there is as much reason in supposing that the influence of vaccination may gradually subside, as that it may continue permanent through life. In such a

case, experience alone, not analogy, can determine the fact.

Should we even be inclined to admit the truth of the Jennerian doctrine so often quoted, “that when once the human frame has felt the full force of genuine and perfect cow-pox, it was never afterwards assailable by small-pox,” the question still recurs, what is the law which regulates the subsequent liability to small-pox, when the vaccine process has been *imperfectly* gone through, and when, from some peculiarity of habit, the system receives only a *portion* of that salutary influence which cow-pox is capable of imparting. Dr. Jenner held that, under such circumstances, “small-pox would recur, and that the degree in which its phenomena were modified was proportioned to the degree of perfection which the vaccine vesicle assumed during its development.”† The results of our own observation lead to the belief that, even under these unfavourable circumstances, the susceptibility of small-pox does not recur immediately, but that imperfect cow-pox gives temporary security.

Dr. Willan adopted without change the notions of Dr. Jenner concerning the permanency of vaccine influence when the process was complete;‡ and many of the more recent writers on cow-pox have expressed the same opinions. The public, however, have become familiarized with the notion that the influence of cow-pox wears out in the course of years. Some have even attempted to define accurately the period during which vaccination gives this “charmed” life; and seven, ten, and fourteen years have been respectively announced as the limit of its protective power. We see no grounds for upholding the doctrine as thus propounded, but we are strongly disposed to believe that the susceptibility of small-pox does return in many cases, more especially when favoured by certain concurrent circumstances. Of these the most energetic hitherto ascertained, are change of climate and the period of puberty. It is not an unreasonable supposition that the changes effected by each of these means in the constitution, loosen to a certain degree the hold which vaccination has upon the system, and thus pave the way for the inroad of small-pox. The late experiments of Dr. Heim would tend to connect the subsequent susceptibility of small-pox simply with the development of the *adult* constitution.†

Such a doctrine will probably be conceded even by the staunchest advocates of Dr. Jenner, when it is applied only to cases of doubtful vaccination; but the question, to be met fairly, should be further extended and put thus. Does the doctrine of a limitation in the period of vaccine security apply at all, (and if it does, in what proportion,) to those cases in which the primary process is complete in all its stages,—when every insertion takes effect—when the vesicles are large, pearly,

* Willan on Vaccine Inoculation; Appendix, p. v.

† Ibid. p. 72.

‡ London Medical Gazette, vol. xiv. p. 517.

* See Thomson on Varioloid Diseases; Appendix, p. 8.

and elevated,—when the areola reaches its acme on the tenth day,—when the constitution at that period gives evidence of internal derangement,—when the scabs remain adherent to the twenty-first day,—and, lastly, when the resulting cicatrix is well defined and permanent in after life? Years must elapse before this question can be answered beyond the possibility of doubt or cavil. In the meantime, however, we are warranted in saying that, if such limitation does apply to such cases, it is only to a small proportion of them,—in other words, that in the present state of our knowledge permanent security is the *law* of the animal economy, and temporary security the *exception*.

Remedies for the imperfections of vaccination.—Whatever difficulty there may be in determining the exact proportion in which vaccination fails to impart that perfect and permanent security against small-pox which was its early attribute, it is clear that the cases of vaccine failure are very numerous, for they have forcibly attracted public attention, and several plans have been suggested, some of them emanating from the public rather than the profession, having for their object to obviate the real or supposed imperfections of vaccination. Four different proposals have been made with this view, viz.:—Recurrence to the cow; re-vaccination; inoculation at *short* intervals from the date of vaccination; and inoculation at *distant* intervals from the date of vaccination. Each of these is occasionally practised. Each becomes in its turn the favourite of the day. They will, therefore, require separate investigation.

1. *Recurrence to the cow.*—For many years past it has constantly been urged upon the profession in this country, as well as abroad, to revert more frequently to the cow for supplies of lymph. The proposal is certainly specious, but in our opinion by no means to be recommended. The following arguments appear to us to be conclusive against its general adoption. It is by no means easy to find the true cow-pox, even in a large dairy. Years often elapse before it is met with. There must always be a doubt as to the purity and genuineness of the new stock, until the experiment of variolous inoculation has been subsequently made, which parents are very seldom disposed to allow. Further, the true vaccine lymph, as first taken from the cow, is frequently very acrid, producing glandular swellings and local inflammation, and thus occasions distrust rather than increased confidence. Lastly, it is not found that cases of small-pox are more frequent in those recently vaccinated, than in those vaccinated in the infancy of the practice.

The experiment was tried in Italy upon a large scale in 1829.* The result was, that there was no perceptible difference between the course of the old and the new, the primitive and the *humanized* lymph. More recent experiments in India tend to shew that the measure may on some great occasions be adopted with

advantage,* but it is clear even from these statements, that recurrence to the cow is not lightly to be recommended, nor adopted without great and multiplied cautions.

2. *Re-vaccination.*—The practice of re-vaccinating at distant intervals from the date of the primary process is one from which no harm and much benefit may be expected. The operation is simple and free from risk. If no effect follows, the security of the individual is rendered doubly sure. If vesicles arise, and the disease goes through all or some part of its usual course, that security may reasonably be considered as *renewed*. The only objection that can be urged against it is the difficulty of applying it on a large scale, and the fear lest the general adoption of such a remedy should serve to unhinge and disturb the public mind on the subject of vaccine security. To its application in individual cases no reasonable objections can be offered. The practice has been carried to a very great extent in Germany since the year 1829.†

3. *Inoculation at short intervals from the date of vaccination.*—Very early in the history of vaccination it was proposed to inoculate with the variolous and vaccine virus at the same time, or within such short periods, that the two influences might coexist, the object being to produce artificially that mild form of small-pox which we now so often meet with casually, and at long periods after vaccination. The proposal was revived in 1825 by Dr. Ferguson,‡ and has since been most ably criticised and combated by Mr. Edmonston of Newcastle.§ The plan consists in allowing vaccination to take the lead of inoculation by four days. The result is, that in some cases no variolous eruption whatever follows, and in other cases the succeeding eruption is of a mild or modified character. At first sight this measure appears to be a philosophical application of the facts and principles already adverted to, but the difficulties which oppose its introduction into practice are great, and in fact insurmountable. It proceeds upon the principle of keeping alive pure small-pox and pure cow-pox. But if the practice were to become general, pure cow-pox would soon become extinct, for the ordinary supply would be contaminated, and recurrence to the cow we have already seen to be both troublesome and precarious. Its application, therefore, at best, could be only on a very limited scale.

4. *Inoculation at distant intervals from the date of vaccination.*—The early experiments of Jenner and Woodville sufficiently proved that, for two or three years at least after the insertion of the vaccine virus, the human body is unsusceptible of small-pox by inoculation. These testings, however, have long ceased to be made, and very little is known experiment-

* Calcutta Medical and Physical Transactions, vol. vi. p. 177.

† London Medical Gazette, vol. xiv. p. 515.

‡ Letter to Sir Henry Hallford, &c. London, 1825.

§ Observations on Cow-pox, 1828. Pages 107 to 119.

* Griva, op. cit. p. 104.

ally as to the possibility of communicating small-pox to the vaccinated by inoculation at distant intervals from the date of vaccination. It is extremely difficult to find persons advanced in life willing and able to afford the time requisite for such investigations, independent of the degree of risk thereby entailed. It cannot be doubted that a series of experiments carefully conducted, shewing the effects of small-pox inoculation upon persons vaccinated from the year 1800 to the present time, would be eminently useful. They would settle indisputably the question as to the permanency or fugitive nature of vaccine influence, and, as we believe, would strongly fortify the public mind in favour of vaccination. The experiments conducted under our own observation with this view have been too few to warrant any decided conclusions. A fortuitous combination of circumstances may, perhaps, some day afford an opportunity of instituting such experiments, which at present it would be both useless and foolish to recommend.

Extermination of small-pox.—Dr. Jenner originally suggested the notion, which has been reiterated by Sir Gilbert Blane and others, that cow-pox possesses powers adequate to the complete extirpation of small-pox from the face of the earth. Dr. Jenner's statement was,* that from its nature it *must* finally eradicate that dreadful disorder. Sir Gilbert Blane remarks† “that it is now matter of irrefragable historical evidence, that vaccination possesses powers adequate to the great end proposed by its meritorious discoverer, namely, the total extirpation of small-pox.” This notion naturally made a strong impression upon the public mind, and contributed in no small degree to encourage that ardour in the cause of vaccination which is so honourable to the country of its birth. We cannot, however, understand how such an event could be brought about by the means proposed. Parents vaccinate their children to escape the dangers of small-pox. Should this disease subside, and its dangers become less known, the necessity of any precaution against it would become less apparent, and the preservative practice would ultimately fall into neglect. And so, in fact, it has always proved in small isolated communities where small-pox is rarely seen, and even in larger towns where government does not enforce vaccination under penalties. This fact is strikingly illustrated in Mr. Cross's valuable history of the variolous epidemic which ravaged Norwich in 1819. The doctrine that cow-pox possesses an exterminating power, assumes, first, that small-pox arises invariably from contagion; secondly, that the susceptibility of cow-pox is universal in mankind; and, thirdly, that the influence of vaccination is permanent through life. All these are questionable points, and therefore on physiological grounds the notion must be abandoned. It has, indeed, been confidently urged in support of this position, that in some foreign countries the great

object of extermination has actually been attained. This, however, is a complete error. In Ceylon, Sweden, Italy, and Austria, countries that have often been referred to as free from small-pox, that disease has recently raged with great violence; and both in Russia and Germany, where the exertions of the government in support of vaccination have been most energetic, not only does small-pox exist, but much uneasiness has lately been displayed on the question of vaccine security. Vaccination, then, we may confidently affirm, can be maintained only by having small-pox constantly before our eyes; and nothing warrants us in the expectation of banishing the bane by even the most liberal application of the antidote.

In the remarks which we have now brought to a conclusion on the momentous question of vaccine protection, we trust not to be misunderstood. The spirit and tendency of them has been to shew that small-pox and cow-pox must exist together, and that the history of vaccination offers no exception to that general law of our physical and moral nature by which good and evil are blended. Although unable to eradicate small-pox, we have in vaccination a powerful means of lessening its virulence and contracting the sphere of its ravages. It has been our further object to shew that the study of the laws which regulate vaccine influence is both intricate and interesting; and while on the one hand much has been done towards explaining them, much still remains to excite and reward the labours of posterity.

(George Gregory.)

VALVES OF THE HEART, DISEASES OF.—The valves and chordæ tendineæ of the heart consist of fibrous tissue interposed between a production and reduplication of the lining membrane of the organ. The fibrous tissue is prolonged from a dense, whitish zone of the same, which encircles each of the orifices of the heart, and is, as it were, the tendon or point of attachment into which the muscular fibres of the organ are inserted. The lining membrane of the heart, according to Bichât, approximates closely in character to serous membranes: the valves, therefore, may be said to consist of fibro-serous tissue. This tissue in general, is remarkable for its proneness to cartilaginous and osseous degeneration; whence we derive an explanation of the fact, that the valves and orifices of the heart are frequently affected with these degenerations, while the cavities, where they are invested solely with the lining membrane, are in a great measure exempt. Though disease occupy a valve universally, it stops abruptly where the serous membrane is continued from the circular zone, or the extremities of the chordæ tendineæ, upon the muscular substance. In a few rare instances it advances farther; but we have never seen it attack the membrane on the muscular substance without its being connected with, and apparently propagated from, disease of the valves.

It would appear that the disease is more dependent for its origin on the fibrous, than

* Petition to Parliament, 1802.

† Statement of Facts, 1820, p. 8.

the serous tissue; for, where the former is most abundant, namely, at the base and the free margin of the valves, cartilaginous and osseous depositions are the most frequent and extensive. The depositions appear, indeed, to originate in the fibrous tissue exclusively; for it is common to find the valves encumbered with large masses of cartilage from which the internal membrane can be peeled off in its natural thin and transparent state. In these cases the surface of the morbid deposition is smooth and equable; and it is seldom until it becomes corrugated, rugged, and knotty, that the internal membrane is implicated in the disease. Calcareous depositions, in the same way, seem always to commence underneath the membrane. In one case under our care, in which two rings of bone as thick as writing quills encircled the left orifices of the heart respectively, the membrane was stretched like a blue film over the whole of the aortic, and the greater part of the mitral ring.*

Valvular disease is much more rare on the right, than on the left side of the heart. Bichât, indeed, denied its existence at all in the former situation, but his opinion has been fully disproved. Morgagni, Vieussens, Hunauld, Horn, Cruwel, Corvisart, Burns, Bertin, Louis, Laennec, have all met with instances of disease of the right valves. Dr. Latham thinks that in one-third of the cases in which he has seen disease of the left valves, it has existed in the right also. We have notes of eight cases in which it existed in the right, and can recollect several others. In six of the eight the left side was simultaneously affected, and generally to a much greater extent; but the proportion which the whole number mentioned bears to the cases that we have seen of disease on the left side, is less than that indicated by Dr. Latham, not exceeding, we think, one in four and a half to five. It is remarkable that in all our own cases, and nearly all those of the authors quoted (with the exception of Dr. Latham, who is silent on this point) the induration on the right side was merely cartilaginous. When the two sides are affected at once, it very rarely happens that the disease on the right is greater than that on the left: in general, it is much less, being comparatively slight or incipient.

The cause of the remarkable difference which the two sides of the heart exhibit in their liability to induration, has not been positively determined. Corvisart attributed it to a more decided fibrous organization of the left valves, in virtue of which they are more disposed to receive the matter that is to transform them into cartilage, or the calcareous salts that impart to them an osseous or stony hardness. Bertin has ascribed the difference to the different nature of the blood that traverses the two sides respectively, the left receiving blood of a more vital, more stimulating, more irritating quality than that by which the right cavities

are moistened. Laennec does not offer a decisive opinion.

We do not pretend to decide which of these two opinions is correct, and whether both causes may not conspire to produce the effect, or whether both may not be groundless. But, in any case, we believe that disease of the left valves is promoted by the greater energy of action of the left ventricle, by which these valves are more strained. This opinion is countenanced by the facts, that ossification of the arteries, particularly those of the brain, is a remarkably frequent concomitant of hypertrophy of the left ventricle; and that this affection of the ventricle is generally attended with, or productive of, a thickened state of some of the valves.—(See ARTERITIS, vol. i.)

The characters of valvular induration are somewhat different according as the disease occupies the auriculo-ventricular or the arterial valves; the cause of which is to be found in the difference which naturally subsists between the valves themselves. We shall therefore describe the degenerations of the two classes of valves separately. It may be premised that there is no essential difference but in degree and frequency of occurrence, between the degenerations on the two sides of the heart; consequently, a description drawn from the left will apply to the right.

Induration of the mitral valve.—The appearance presented by the indurated mitral valve differs according as the disease occupies the base, the margin, or the whole of the valve.

When the whole is affected with cartilaginous degeneration, the valve is generally contracted throughout, and what is lost in space appears, as it were, expended in thickening the free border; for this is converted either into a ring, an oval-shaped collar, or a transverse slit like a button-hole. The size of the aperture is various. We have seen it of all sizes from an inch to a quarter of an inch in its longest diameter.* The thickness of the border likewise varies. We have seen it equal a writing quill. When the valve is thus contracted, it generally projects more or less, in a funnel shape, into the cavity of the ventricle. In one case we found it project so far that the columnæ carneæ were inserted immediately into the ring, the chordæ tendinæ having disappeared. The surface of the induration is smooth, polished, and translucent, until the disease throws out osseous or other excrescences, which, interfering with the integrity of the investing membrane, render it corrugated, rugged, and opaque. Before ossification takes place, the induration described sometimes presents a truly cartilaginous hardness, and sometimes the consistence of fibro-cartilage, or only that of tendon. When divided, the aspect of the section varies according as the disease is cartilaginous, fibro-cartilaginous, or tendinous. In a more advanced degree, carti-

* For the lesions of the valves here described, see "Principles and Illustrations of Morbid Anatomy," by the writer, figs. 65 to 74.

* Cases illustrating nearly all the diseases of the valves hereafter described, are detailed in "A Treatise on the Diseases of the Heart," by the writer of this article.

laminous induration is transformed into imperfect bone. It seldom happens, however, that more than a very small proportion of the cartilaginous mass is ossified, and the change takes place sometimes at its surface, and sometimes deep in its substance. The bone produced does not exhibit the fibrous structure and peculiar arrangement of natural bone; though, as it contains a large proportion of cartilage, it may be presumed to possess more or less vascularity and vitality.

There is another species of osseous induration of the valves, which is essentially different from the above, inasmuch as it consists of calcareous matter in great predominance, and, like vesical calculi, has no vitality. It presents itself under the form of small, polished, and semi-transparent scales; or of minute, yellowish, opaque granules, the agglomeration of which, forms concretions of various dimensions, from a mere point to the size of a horse-bean. The deposition commences underneath the lining membrane, and generally in a small patch of indurated, cheese-like matter, usually called *steatoma*, the surrounding parts being healthy. The scales lie flat and superficial under the membrane, while the granules penetrate more or less deeply into the subjacent tissues. When either the scales or the granules enlarge, and their surfaces become rugged or acuminated, they cause absorption of the internal membrane, and come in immediate contact with the blood.

Some authors believe that ossifications of this latter description are *natural* to old people, because they occur in the majority of those who have attained the age of sixty. Whatever be the character of the ossification, whether it be mixed with cartilage or purely calcareous, to us it appears to be always a morbid production. The circumstance of its occurring in the majority of persons above the age of sixty does not militate against this view; for, as the elasticity of the arterial, as of all the other tissues, is diminished by age, the valves of the heart and the coats of the arteries are, in the aged, less capable of resisting the distending force of the blood, and are therefore more liable to disease. Nor does the circumstance of the ossification being more calcareous and less cartilaginous in the old than in the young, prove that in the former it is a *natural* change. It confirms, indeed, what is proved by every part of the bony tissue; viz. that in age the ossific tendency is greater; but it does not, for this reason, follow that the tendency is natural when it displays itself in unnatural situations, as in the heart and arteries.

Sometimes the membranous portion and free margin of the valve are healthy, while the fibrous zone at the base is cartilaginous, or beset with small calcareous incrustations, or, as sometimes happens, its whole substance is converted into a thick ring of bone. By these depositions at the base of the valve, the orifice is more or less contracted, while the valve itself may remain capable of closing. In many cases, again, the base and middle are sound, and the free margin alone is diseased, its

conical processes forming adhesions with each other and contracting the circumference of the valve to such an extent as almost completely to close the orifice. It is not uncommon to find the margin studded with small cartilaginous nodules, or roundish calcareous granules, which prevent the accurate adaptation of the edges to each other, and allow regurgitation during the ventricular contraction. Sometimes the cordæ tendineæ are contracted, so as to prevent the valves from completely closing during the ventricular systole. This is a lesion perpetually overlooked by those whose attention has never been directed to it: yet, being attended with regurgitation, it constitutes one of the worst species of disease of the valves. Much confusion may have been occasioned by such an oversight, the anatomist pronouncing that the organ was sound, while the most marked symptoms had previously indicated its disease. The same formidable effects ensue, and the same remarks are applicable, when, in consequence of dilatation of the orifice, the valves are not large enough to close it: a condition of parts not unfrequent in cases of great dilatation of the heart. Sometimes, the only diseased appearance that the valve presents, consists in brittle scales or patches of pure phosphate of lime between the two component layers of the membranous portion, which they occasionally rupture, and thus come in immediate contact with the blood.

Induration of the aortic valves.—Induration of the aortic valves, like that of the mitral, is more frequent and extensive at the base and free border than in the intermediate space. At the border it originates more especially in the corpora sesamoidea, and these bodies are sometimes enlarged by cartilage to the size of peas. We have seen the margin contracted by fibro-cartilage into a ring a quarter of an inch in diameter. The valves are sometimes thickened, nodulated, and corrugated by an opaque yellow degeneration, consisting of a mixture of cartilaginous and steatomatous matter. We have seen the angles of the valves detached from their bases and partially wasted away by this degeneration; so that, adhering by their centres only, they hung loose into the artery and were destitute of fulcra by which to oppose the retrograde pressure of the aortic blood. In another instance, the same disease had undermined and detached the bases of all the valves throughout nearly their whole length; and, under one of them, it had led to the formation of a canal, as wide as the little finger, beneath the lining membrane of the heart, leading to an aneurism in the muscular substance of the septum between the left auricle and ventricle.

Such are the cartilaginous and steatomatous degenerations of the aortic valves. The osseous, of which we have next to speak, are perhaps even more frequent in the aortic, than in the mitral valve. The ossification may be either pure, or combined with cartilage. In one case under our observation, an irregular, scabrous, and denuded concretion, the size of a pea, occupied the edge of one of the valves and projected into the cavity of the artery.

In another case, a similar mass, of a conical shape, sprung from the base between two of the valves, and presented its apex towards the centre of the vessel. Smaller concretions of this description and in this position, are common. M. Bertin saw an ossification of one of the aortic valves which had attained the size of a pigeon's egg.* In one of our cases, already alluded to, the fibrous zone encircling the base of the aortic orifice was converted into a ring of bone as thick as a quill.

When the ossification is confined to the margin and base, while the middle portion is still healthy over a certain extent, the valve, if its thickening is not very considerable, may still rise and fall, and not offer any marked obstacle to the circulation. But when the ossification pervades the middle portion of the valves, they shrink, become soldered together, or curl up upon themselves, in the direction either of their concavity or their convexity, so as to present a rude representation of certain sea-shells. In this state, they may become immoveable. If curled forwards, they remain applied along the walls of the aorta, and oppose no other impediment to the course of the blood than what results from their thickness. If curled backwards, they remain fixed in the fallen or shut position, and considerably contract the orifice. Not unfrequently, one of the three valves is curled in an opposite direction to the other two. Corvisart has seen all three ossified in the closed position, and they would only have left an extremely narrow cleft for the passage of the blood, had not one retained sufficient mobility at its base to perform a movement which augmented, by a line or two, the width of the cleft.

Induration of the valves on the right side of the heart.—Induration of the right or venous valves is, as already stated, almost always simply cartilaginous or fibro-cartilaginous, and is comparatively rare, not existing in perhaps more than about one case in five of disease in the left valves. It seldom presents itself without being accompanied by disease of the left valves also, and it is, in general, less advanced than the latter. The tricuspid is more frequently affected than the pulmonic valves. We never happen to have seen the latter diseased, but we have once found them incapable of closing the orifice in consequence of dilatation of the artery, and we have seen the orifice contracted to the diameter of a quill, an inch below the valves. M. Bertin has seen the valves themselves contracted into a circular aperture only two lines and a half in diameter. As already stated, disease of the right valves, whether cartilaginous or osseous, differs from that of the left only in frequency and extent, its characters being essentially the same.

Exciting causes of valvular induration.—These are, first, such as overstrain the valves by increasing the force of the circulation; namely, violent efforts, hypertrophy, increased action of the heart from nervous, febrile, or inflammatory excitement: secondly, inflam-

mation of the internal membrane of the heart, resulting from carditis, pericarditis—especially rheumatic, from fever or from any other cause. It would be an unnecessary repetition to dwell on this subject, as we have treated of it in the article ARTERITIS.

Warty vegetations of the valves.—These excrescences bear a close resemblance to venereal warty vegetations on the external organs of generation. Their form is in general irregularly spherical, oval, or cylindrical: their size varies between that of a small pin's head and a large pea, but when isolated they are occasionally as large as a horse-bean. Their surface is polished, but often lobulated like a raspberry: they are found either isolated, in clusters, or in closely agglomerated patches like the surface of a cauliflower. Their number is various: sometimes there are only one or two, and sometimes they pervade the whole of the valves, the tendinous cords, and a great portion of the auricle. Their colour, occasionally of a greyish or yellowish white, is more commonly heightened, universally or in parts, with pink or red of greater or less depth. Their texture is fleshy and slightly translucent, like the exuberant granulations of an ulcer. Their consistence is variable; in general they are soft and humid, as if only recently and imperfectly organized; and they can then be easily scraped off with the handle of the scalpel; but sometimes they are firm, and cannot be detached without tearing with the nail or cutting with the edge of the scalpel. Firm vegetations are generally larger and more truly warty than soft.

The internal membrane of the part from which vegetations spring, is almost invariably more or less diseased. It is thickened, steatomatous, or cartilaginous, ossified, ulcerated, or ruptured. When vegetations grow from a diseased but *unbroken* surface, they may be numerous and occur in several parts at once; but when they grow merely from a ruptured or ulcerated edge, they are few in number, often not exceeding one or two, are generally confined to that edge exclusively, and attain a larger size than any others. We have seen them exceed a horse-bean, and with a neck two, three, or four lines long. It cannot be doubted that their origin is connected with the broken state of the membrane.

The base and the free margin of the valves appear to be parts peculiarly favourable to the growth of warty vegetations. Along these, but especially the latter, they are often arranged in a single row. They occur on both sides of the heart, but less frequently on the right. The aortic valves are those most subject to them. They are more rare in the auricles than on the valves, especially in the right auricle. We have seen one-third of the left auricle completely covered with them. When situated at the base, or the free margin of a valve, they contract its aperture according to their size and number.

Laennec thought it "indubitable that vegetations were nothing more than small polypous or fibrinous concretions, which, being formed

* Obs. liii.

on the sides of the valves or auricles, become organized by a process analogous to that which converts albuminous false membranes into adventitious membranes or cellular tissue." This opinion is unsatisfactory; for as polypi are most common in the right cavities of the heart, vegetations ought to be so likewise,—the reverse of which is the fact. The valves, moreover, being perpetually in motion, would be the last parts to which albuminous concretions would adhere, as a stagnant state of the blood is most favourable to their formation; yet the valves are the parts most subject to them. It is amidst the intricacies of the columnæ carneæ, where the blood is more stagnant than elsewhere, that we most commonly find *real* albuminous concretions of small size. Finally, if vegetations were merely fibrinous concretions, instead of being rare, they ought to be frequent; for, as the circumstances which, on this view, lead to their formation, are common to all persons labouring under an obstructed circulation, all, or to say the least, many, should be affected with them.

Kreysig attributes their formation to inflammation. MM. Bertin and Bouillaud have espoused the same opinion, resting on the fact that vegetations bear a close analogy to the albuminous granulations occasionally found on serous membranes affected with chronic inflammation. The small and soft vegetations certainly do bear this analogy—a fact of which we have satisfied ourselves by comparing the two as occurring in the same subject; but the like cannot, in the least degree, be said of the large and more properly wart-like vegetations; whence it is to be inferred that inflammation *alone* is not their cause. We are disposed to think that it is inflammation modified by some other morbid action dependent either on the constitution, or on previous structural lesions of the parts affected.

The resemblance which the firmer valvular vegetations bear to venereal warts, led Corvissart to think that they might have the same venereal origin. This opinion, however, is not tenable, as extensive observation in venereal hospitals has proved that vegetations of the heart are not more common in persons affected with this disease than in others; and it is certain that they have occurred in some who had never been in the least degree tainted with the disease.

Pathological effects of disease of the valves, and mode of their production.—Diseases of the valves, whatever be their nature, whether osseous, cartilaginous, or warty, have for their common effect to obstruct the orifices of the heart; and this they do, either by contracting the apertures, or by encumbering the valves in such a manner as to prevent them from opening and closing with suitable accuracy and facility. A mechanical obstacle is thus presented to the circulation, and from the obstruction and embarrassment which it occasions, are derived the symptoms of valvular disease.

The general symptoms, however, when of an aggravated nature, are seldom dependent on the valvular obstruction exclusively; they are partly

attributable to a co-existent disease of the muscular apparatus of the heart. For, so long as the organ remains free from dilatation, hypertrophy, or softening, the valvular disease, according to our observation, is not in general productive of great inconvenience.

This opinion is founded on the following grounds. We have seen individuals who were affected in an eminent degree with disease of the valves or of the aorta, maintain for years a very tolerable state of health so long as there was no hypertrophy or dilatation of the heart; but, in proportion as these supervened, the symptoms of valvular obstruction became more and more developed, and eventually assumed their most aggravated form.

We have reason to believe that, in these cases, the symptoms were attributable in a great measure to the hypertrophy or dilatation; because we have seen a greater valvular contraction produce less severe symptoms when the hypertrophy or dilatation was less considerable. It might be supposed that a great degree of contraction would of itself suffice to produce the symptoms of an obstructed circulation in their most aggravated form. This is highly probable, but it does not easily admit of demonstrative proof, as a great degree of contraction is perhaps never found, on dissection, without hypertrophy or dilatation. We therefore infer that these affections ensue as consequences of valvular contraction, and we believe, for the reasons above assigned, that they play an important part in the production of the symptoms.

It is of immense practical importance to keep in view the facts stated, namely, that valvular contraction does not produce formidable symptoms until it has given rise to hypertrophy or dilatation; and that it invariably leads to these affections unless the circulation be kept tranquil. We thus know that the most efficacious treatment of valvular disease consists in employing such prophylactic measures as are calculated to prevent the supervention of hypertrophy or dilatation, and in employing them with the same uncompromising strictness before those affections have appeared, as if they actually existed.

It remains to be explained how dilatation and hypertrophy aggravate the symptoms of valvular obstruction. We have elsewhere shewn (see DILATATION OF THE HEART,) that dilatation of the heart, by enfeebling the contractile power of the organ, constitutes as truly an impediment to the circulation as a more direct mechanical obstacle. When, therefore, dilatation exists in addition to such mechanical obstacle, it is clear that the symptoms, having a twofold cause, must be doubly severe.

Hypertrophy aggravates the symptoms of valvular obstruction, because the heart, being morbidly irritable, struggles against the obstacle, and falls into fits of palpitation; and as, during these, a greater quantity of blood than natural has to be transmitted through the contracted aperture, the circulation is performed with increased difficulty.

It is in consequence of these reciprocal re-

actions of the valvular and the muscular apparatus on each other, that cases thus complicated are more severe than any others.

From what has been said here and in the article DILATATION, the reader will judge how totally some authors have been wrong in referring the obstruction of the circulation to the valvular contraction exclusively, without allowing that the enlargement of the heart contributed in any degree to the effect. Such a doctrine is not only erroneous, but dangerous, as it leads to pernicious practice. For, imagining the valvular contraction to be the only formidable part of the complaint, to it alone those authors direct their attention; and, acting on the inaccurate presumption that the contraction is in *all* cases caused by, and accompanied with, inflammation, they attack it with bloodletting, general and local, abstinence, digitalis, &c. means which cannot remove valvular contraction when once formed, (as must always be the case before the symptoms can exist,) and which are, therefore, a useless expenditure of the patient's strength. It is true, indeed, that measures calculated to diminish the force of the circulation are useful in obviating the supervention of hypertrophy or dilatation—the paramount source of danger in these cases;—but measures employed for this purpose, and which must be continued for an indefinite length of time, cannot be practised with the same activity as for the purpose of curing an inflammation. We would not be understood by this to mean that valvular disease is *never* accompanied by inflammation, and that, when so accompanied, it should not be treated by antiphlogistic measures: but we mean that they should not be employed unless there is reasonable evidence of inflammation.

DIAGNOSIS.—1. *General signs.*—Whether the disease of the valves be cartilaginous, osseous, or consist of vegetations, the general symptoms are the same, if the degree of contraction be equal. Keeping in view the principles developed in the preceding section, we should assign to disease of the valves, as its general symptoms, 1. a greatly aggravated form of the same which have already been assigned to dilatation of the ventricles; 2. certain symptoms of a peculiar and distinctive character.

1. The general symptoms are, cough, copious watery expectoration, dyspnœa, orthopnœa, frightful dreams and starting from sleep, œdema of the lungs, pulmonary apoplexy, passive hæmoptysis, (i. e. sputa stained with dark or grumous blood,) turgescence of the jugular veins, lividity of the face, anasarca, injection of almost all the mucous membranes, passive hæmorrhages, especially of the mucous membranes, engorgement of the liver, spleen, &c. and congestion of the brain, with symptoms of oppression sometimes amounting to apoplexy.

The pulmonary symptoms result from engorgement of the pulmonary vessels, when the left valves are obstructed: and, when the obstruction is in the right valves, they result partly from engorgement of the bronchial veins, and partly from the quantity of blood transmitted into the lungs not being adequate to

their demand—an unnatural state which gives rise to dyspnœa, as will be presently shown. In the latter case hæmoptysis is more rare. The symptoms affecting the system in general result from retardation of the blood in the venous system.

2. The peculiar and distinctive symptoms of valvular disease are the following.

a. When the disease is combined with hypertrophy or dilatation, as is commonly the case, the symptoms are more severe than those of hypertrophy or of dilatation alone, the paroxysms of palpitation and dyspnœa in particular, being more violent, more obstinate, and more easily excited.

b. The action of the heart is irregular. This, it is true, may sometimes be the case in hypertrophy and in dilatation, but here it is an accidental, not an essential character. The pulse, which we may regard as the representative of the heart's action, may, in valvular disease, be small, weak, intermittent, irregular, and unequal; and it may even be small and weak while the heart is giving a violent impulse—a contrast which affords one of the strongest presumptions of valvular disease. The least degree of derangement is intermission; for in this the rhythm of the heart's action is not subverted, there being either a total omission of one or more ventricular contractions, or one, two, or three feeble contractions audible by the stethoscope, but scarcely, if at all, sensible in the pulse; yet the next full contraction recurs at the correct interval: that is, supposing the pulse to beat crotchets, the contraction in question recurs at the crotchet. Irregularity is an ulterior degree of derangement, for here the rhythm is subverted, the beats recurring at irregular intervals. It is generally accompanied with inequality, some beats, both of the heart and pulse, being strong, and others weak. The degree to which these characters of the pulse exist, depends on the situation of the valve contracted and the extent of its contraction. We shall, therefore, point out more particularly which of the characters are produced by given states of certain valves; for, this being known, we have a valuable means of ascertaining the situation and extent of the valvular disease.

The characters of the pulse just described, are most marked in contraction of the mitral valve, and in states of the valve admitting of regurgitation. If either the contraction, or the regurgitation be great, all the worst characters of the pulse are invariably present: for, in the case of contraction, the left ventricle, not being freely supplied with blood, is not stimulated to contract at the natural intervals and with suitable energy; and, in the case of regurgitation, the ventricle, not being able to disgorge itself through the aorta, for want of the accustomed fulcrum in the mitral valve, labours under a state of more or less constant repletion, and, therefore, contracts languidly and irregularly whenever the stimulus of fulness happens to be greater than usual, or its own exhausted irritability allows it to answer the call. In such cases, the pulse is always very soft and

feeble,—for the obvious reason that the force of the ventricular contraction is determined in a retrograde, as well as in a forward direction.

A slight contraction of the mitral valve, (when, for instance, the diameter of the aperture is not diminished more than a quarter of an inch,) does not necessarily produce an unsteady pulse, as it still allows of an adequate supply of blood to the ventricle. When, however, the circulation is hurried, the pulse generally becomes unsteady. Slight regurgitation, likewise, may not materially affect the pulse.

Contraction of the aortic valves must be very great to render the pulse small, weak, intermittent, and irregular. We have never seen it possess these characters in any marked degree unless the valves were either soldered together by cartilaginous degeneration, or more or less fixed by ossification in the closed position, so that the aperture was only a limited chink.

An induration of the size of an ordinary pea, has little effect on the fullness, firmness, and regularity of the pulse, and slighter degrees of contraction appear to have no effect on it whatever.

The pulse is less irregular when the valvular contraction is on the right side, than when it is on the left; the action of the heart appearing to be less under the influence of the right ventricle than of the left,—in consequence, perhaps, of the muscular apparatus of the latter being stronger and more irritable. The pulse is not so small and weak from a contraction on the right side as on the left, and contraction of the tricuspid valve causes more irregularity than contraction of the valves of the pulmonary artery.

c. Pain in the region of the heart is another symptom of disease of the valves. It is true that palpitation may occasion pain though there be no disease of the valves, and we have frequently met with it from this cause in hypertrophy and dilatation. It is likewise true that palpitation may occasion pain though there be no disease of the heart whatever; we have often found it in hysterical females, and in nervous men. But it is when the valves, the coronary arteries, or the commencement of the aorta, are indurated and inelastic, that pain occurs most frequently and with the greatest severity. Sometimes it is little more than an indescribable sense of obstruction or oppression in the præcordial region; but, in other cases, it is an intense lancing or tearing pain, felt across the præcordia or scrobiculus cordis, (where it might be mistaken for inflammation of the stomach,) and occasionally extending, with a sense of numbness, down the left arm to the elbow and sometimes to the fingers. Pain of this description has acquired the name of *angina pectoris*. (See *ANGINA PECTORIS*.) We believe this pain to be, in general, occasioned by the inelasticity of the ossified or otherwise indurated parts, which will not stretch equally with the other portions of the heart, when the organ is labouring under palpitation or engorgement.

When inflammation of the interior of the heart exists, either alone or accompanying dis-

ease of the valves, it also occasions pain; but those authors have unquestionably been wrong, who have considered inflammation to be the sole cause of pain, and have therefore assumed this symptom as a proof of the inflammatory nature of disease of the valves.

The exact time and manner of the fatal termination in valvular disease, as in every other organic affection of the heart, is very uncertain. Sometimes the patient is reduced gradually to an extreme degree of emaciation and debility, and dissolution is duly announced by the usual premonitory symptoms. Sometimes he expires suddenly, after any trifling exertion or emotion, though the malady has made comparatively little inroad on the constitution. Not unfrequently pressure on the brain, whether from serous effusion or venous congestion, is the immediate cause of death, and in this case coma gradually supervenes from three to four days or a week previous to the fatal event. In one case of serous effusion under our care, the patient suddenly uttered a shriek and fell at once into perfect coma. The same occurred in another case, in which there was only a small effusion of blood.

Hence, the prognosis must always be general as to time, and, if the case be considerably advanced, it must be guarded with a clause, that the patient is liable to die suddenly and unexpectedly.

II. *Physical signs*.—Before the discovery of auscultation it was extremely difficult, and in many cases utterly impossible to detect disease of the valves. Corvisart had the merit of discovering, as its signs, certain states of the pulse and a “peculiar vibration difficult to describe, sensible to the hand applied to the præcordial region:”—in other words, the cat’s *purring tremor* (*frémissement cataire*) of Laennec. But, as these signs may occur under other circumstances, they do not denote disease of the valves in particular, and are totally insufficient to indicate which is the valve affected. The accession of auscultation to the other means of diagnosis has rendered it possible to distinguish valvular disease with almost complete certainty: a certainty, it may be remarked, much greater than was supposed by the illustrious author of auscultation himself; for he did not give their full value to preternatural murmurs as signs of disease of the valves, in consequence of supposing that similar murmurs were produced by a spasmodic contraction of the muscular fibre of the heart and even of the arteries. We have elsewhere* attempted to show that it is not the muscular contraction, but the movements of the blood, which are in all circumstances the cause of these preternatural murmurs. Laennec laboured under another disadvantage: he attributed the *second* sound of the heart to the auricular contraction; whereas, according to the experiments of the writer, it is referable to the ventricular diastole.† The substitution of this view of the heart’s

* In a “Treatise on the Diseases of the Heart,” p. 47 and 56.

† Ibid. p. 26 and 36.

action for that of Laennec, fortunately does not falsify any of his physical signs, except one, viz. that "loudness of the second sound indicates dilatation of the auricles:" it does not, to adduce a single instance, invalidate the fact that murmur of the second sound indicates disease of the auriculo-ventricular valve; but it affords a rational explanation of all the phenomena noticed by Laennec, and renders various others available as signs, which to him were inexplicable and therefore useless.

Bellows—filing—rasping—sawing—and musical or whistling murmurs.—When a valve is contracted, the blood, in passing through it, is thrown into more than ordinary commotion and occasions a morbid murmur. This murmur has a *soft* character, like that of *bellows*, when the contraction has a smooth surface which does not greatly break the stream of blood, as when the morbid deposition consists of cartilage, fibro-cartilage, or vegetations. But the murmur is rougher or more grating, like that of a *file* or *rasp*, when the deposition has a rugged, hard surface, as when it is osseous. Murmurs are more *hollow* when they are deep-seated, as for instance, in the auriculo-ventricular orifices; and more *hissing* or *whizzing* when they are superficial, as in the aortic orifice, more especially in the pulmonary orifice, and the ascending aorta. The hollowness of the sound is referable to its remoteness and its reverberation through the chest. The *sawing* murmur is almost identical with the filing or rasping; it is only less grating, and on a higher key.

The *musical bellows-murmur* is a perfect note like whistling or cooing. In the case of a patient who applied to us for "a noise in the chest," we heard it at the distance of two feet. In a case precisely similar, which occurred to Dr. Elliotson, there was a very large and long vegetation in the mitral valve. We imagine that this sound is to be accounted for on the same principle that air emitted from the lips in one way, produces merely a blowing sound; in another, produces a whistle. We have repeatedly heard the sound in various degrees.

Purring tremor is another sign of disease of the valves. It arises from the vibrations into which the blood is thrown during its passage through an obstructed orifice, and is felt in the præcordial region and sometimes in the arteries. We have never felt it in the pulse when the patient was calm, unless hypertrophy was conjoined with obstruction of the aortic orifice or with roughness and dilatation of the ascending aorta: but we have felt it during palpitation, though there was neither hypertrophy nor disease of the heart or aorta: whence we infer that it requires for its production in the pulse an increased force or velocity of the circulation, but not necessarily a valvular or aortic obstruction. In the præcordial region it is more easily produced, and we have found it exist here when there was neither hypertrophy nor palpitation; but it was in cases in which the valvular disease was considerable, and the power of the heart certainly not deficient. It may be occasioned by disease, not only

of the semilunar, but also of the mitral and tricuspid valves, and in the latter cases it may accompany either the first or the second sound. When accompanying the first, it proceeds from regurgitation through the valve; and when accompanying the second, it results from the impeded passage of the blood from the auricle into the ventricle during the ventricular diastole. It rarely accompanies the second sound; because, as we conceive, the diastolic current is seldom strong enough to produce it. When from disease of the mitral valve, it is not perceptible in the pulse.

As purring tremor has the same origin as bellows and other murmurs, it often accompanies them; though, as it requires a greater degree of disease for its production, this is not always the case.

Having now given an account of the various murmurs and of purring tremor as signs of disease of the heart *in general*, we proceed to show in what manner they constitute signs of disease of each of the valves in particular; and it may be premised that, as the sounds of one side of the heart are audible on the other, the sound of the healthy side will partake more or less of the murmur of the diseased side, and *vice versa*.

Signs of disease of the aortic valves.—One of the murmurs above described is heard during the ventricular contraction about the middle of the sternum, and is louder here than elsewhere. It is more or less hissing or whizzing, from being superficial, and it accordingly conveys the idea of being near to the ear. When a murmur of this kind is louder along the tract of the ascending aorta than opposite to the valves, and is, at the same time, peculiarly superficial and hissing, it proceeds from disease of the aorta itself. As a murmur from this source often extends to the situation of the valves, it might easily lead to the supposition that they also were diseased, and it is sometimes very difficult to ascertain positively that they are not. A murmur may accompany the second sound when there is regurgitation through the aortic valves, and its source may be known by its being louder and more superficial opposite to those valves than elsewhere. We have never found it strong, and we doubt whether it can be so; as the instantaneous manner in which the ventricle is refilled by its diastole, must prevent the regurgitation from being considerable. Purring tremor generally requires for its production by disease of the aortic valves, a considerable degree of contraction of a rugged hard nature, with hypertrophy; especially to produce it in the pulse.

Signs of disease of the mitral valve.—When this valve is contracted, the second sound loses, on the left side, its short, flat, and clear character, and becomes a more or less prolonged bellows-murmur. When the valve is permanently patescent, admitting of regurgitation, the first sound likewise is attended with a murmur. These murmurs are louder opposite to the mitral valve, (viz. at the left margin of the sternum, between the third and fourth ribs, i. e. about three or four inches above the point

where the apex of the heart beats,) than elsewhere: They are also more hollow than murmurs of the aortic valves. By these two circumstances the murmur of the first sound may be known to proceed from the mitral and not from the aortic valves: that of the second proceeds either from the mitral, or, what is much more rare, from regurgitation through the aortic valves. The means of ascertaining when the latter is its source, have been explained above. With respect to the mitral, the murmur of the second sound is diminished when the contraction of the orifice is extreme; when, for instance, the aperture does not exceed two or three lines in diameter; for then the quantity of blood transmitted is not sufficient to create a loud murmur. For the same reason the murmur is diminished when the auricle is obstructed by a polypus; but the diminution under these circumstances is of little importance to the diagnosis; as extreme contraction of the mitral, and polypi in the auricle, can be detected by the characters of the pulse, and the assemblage of other signs.

Purring tremor may be produced by disease of the mitral valve, especially if the ventricle be hypertrophous and dilated, by which the currents through the valve are rendered stronger.

Signs of disease of the aortic and mitral valve conjointly.—The murmurs above described as characteristic of each, exist simultaneously in the situation of each valve. If the murmurs of the first sound be of a different species in the two situations—if, for instance, the murmur of the aortic valves be of the bellows kind, and that of the mitral resemble filing or rasping, it is still easier to determine that both valves are diseased.

Signs of regurgitation through the mitral valve.—These signs are, a murmur with the first sound, louder in the situation of this valve than of the aortic; and a weak pulse, even though the impulse of the heart be violent. It is generally unsteady also.

Signs of disease of the pulmonic valves.—The signs are the same as those of disease of the aortic valves, with this difference, that the murmur seems close to the ear, and is equally hissing as in disease of the ascending aorta. Disease of the pulmonic valves is so rare that it ought never to be suspected unless the signs described are extremely well marked, or unless there be patency of the foramen ovale, or some other preternatural communication between the two sides of the heart—states, which experience has proved to be in general accompanied with contraction of the pulmonic orifice.

Signs of disease of the tricuspid valve.—They are the same as those of disease of the mitral, except that the murmurs are loudest opposite to the valve: viz. at the middle part of the sternum, opposite to the inter-space between the third and fourth ribs, and a little to the right of the mesial line. As this valve is very seldom affected, the practitioner must be very cautious in pronouncing it diseased, especially as the pulse does not afford the

same evidence as in contraction of the mitral orifice.

Such are the signs which, together with the general signs, are, according to our experience, the best for the detection of disease of the valves. For several years they have never deceived us as to the general fact whether there was, or was not, valvular obstruction; and they have seldom failed to indicate, with perhaps more than necessary precision, the situation and nature of the affection.

To make the signs available, however, it is necessary to attend to several circumstances which might lead to deception. Bellows-murmur sometimes exists in the heart though there be no disease of the valves; namely, in nervous persons, in cases of reaction from excessive loss of blood, of pericarditis and adhesion of the pericardium, and of hypertrophy with dilatation. Murmur from these causes may easily be distinguished from that of valvular disease by the following criteria. When from nervous excitement, very common in hysterical females, it may be known by its being intermittent, ceasing when the nervous exacerbation subsides and the action of the heart becomes calm. When from reaction, it subsides with the cessation of that phenomenon. When from pericarditis or adhesion of the pericardium, it may be known by the presence of signs of those affections. When from hypertrophy with dilatation, it may be known by its diminishing or ceasing when the action of the heart is calmed, as by repose, venesection, abstinence, &c. &c.

Contrasted with the above, the distinctive characters of valvular murmur are, that it is not universal over the heart, but confined in a great measure to the part corresponding to the valve affected; that it persists without intermission for an indefinite length of time, even though the heart be kept in a state of perfect calm; and that it is often of the filing, rasping, or sawing kind; whereas murmurs from other causes have almost always the softness of the bellows sound.

Cardiac asthma.—Among the diseases of the heart may be justly reckoned one of the forms of the malady termed in common language *asthma*. The group of symptoms ordinarily ranged under this name, have been too much regarded as independent of disease of the heart. It becomes therefore necessary to notice the subject, formally, in this place, not only for the purpose of showing the magnitude of the error, but of making the reader acquainted with all the habitudes and aspects of a complaint, which is perhaps the most distressing in the whole catalogue of human maladies.

Corvisart has remarked that the ancients confounded under the name of *asthma*, and erroneously regarded as purely nervous affections, dyspnoeas resulting from various organic diseases, particularly those of the heart and great vessels.

That they were wrong in regarding the latter as purely nervous affections, and especially in confounding them with those forms of dys-

pncea that were such, is unquestionable; but they were, in our opinion, correct in embracing under the general term *asthma*, cardiac dyspncea of a certain intensity, and exhibiting certain characters hereafter to be described; for it is established by the concurrent testimony of all moderns conversant with diseases of the heart, that these diseases, no less than those of the lungs themselves, may constitute the organic causes of asthma.

A theoretical consideration of the subject leads, in our opinion, to the same conclusion; for, on tracing asthma back to its source, we shall find that, whatever be its proximate cause in different cases, it depends, in all, on the same ultimate cause; namely, inadequate oxygenation of the blood, and the sensation of want of breath resulting from it. In order to render this apparent, it will be necessary briefly to analyse the several varieties of asthma, and then compare them with each other.

Inadequate oxygenation of the blood results in all ordinary cases from one or more of three proximate causes: viz.

1. Insufficient admission of air into the bronchial tubes and air-vesicles.

2. Insufficient exposure of the blood to the air admitted, in consequence of a less pervious state of the mucous membrane than natural.

3. Insufficient admission of blood into the lungs.

It will be found that to one or more of these causes, all the varieties of dyspncea and asthma are referable.

All the varieties of asthma—to give an approximative statement probably very near the truth,—are comprised under the following heads:—

1. From chronic dry catarrh, and the emphysema resulting from it.

2. From pituitary catarrh (humoral asthma), whether acute or chronic, but more especially the latter, and the pulmonary œdema resulting from it.

3. From mucous catarrh, especially chronic.

4. From organic disease of the heart.

5. From purely spasmodic constriction of the bronchial tubes.

We do not include amongst the varieties, one from the compression of the lungs by hydrothorax, by tumours, by imperfect descent of the diaphragm, &c. because these rarely occasion what can strictly be called asthma.

1. *Chronic dry catarrh* is attended with intumescence of the internal membrane of the bronchial tubes. The intumescence exists principally in the smaller tubes, which are sometimes completely obstructed by it; but it is also found in the larger. Andral has seen the bronchial trunk of a lung so contracted by this intumescence, that the air could scarcely enter; and in another case, the third and fourth bronchial divisions were contracted by the same cause.* Further, the tubes are more or less obstructed by an exceedingly viscous mucus, often as dense as the vitreous humour of the

eye; and when the dry catarrh is universal or even very extensive, it is almost invariably productive of emphysema.

2. *Pituitary catarrh* is attended with moderate intumescence, slight softening, and partial redness of the pulmonary mucous membrane—a state intermediate between sanguineous and serous congestion, but partaking more of the latter. The quantity of phlegm expectorated, always considerable, is sometimes enormous, amounting to from four to six pints of thin glairy fluid in twenty-four hours.

The air-passages being obstructed partly by the intumescence of their mucous membrane and partly by this fluid, it necessarily follows that there is an insufficient admission of air into the lungs.

3. *Mucous catarrh* is accompanied with more or less tumefaction of the bronchial membrane and obstruction of the calibre of the tubes. The expectoration, though less copious, and different in quality from that of pituitary catarrh, is, notwithstanding, frequently abundant, amounting to one or two pints or more in the day. Consequently, there is an insufficient ingress of air into the lungs.

In all the cases now mentioned, the second cause of inadequate oxygenation of the blood is, likewise, for the most part, in operation, viz. the mucous membrane being thickened, it is less pervious to air; and its mucus, the natural function of which is to expedite the combination of oxygen with the blood, probably discharges this function less perfectly, in consequence of an alteration in its chemical qualities.

4. *Disease of the heart*.—Sometimes, from this cause, blood exists in the lungs in excess; as is the case when the right ventricle is hypertrophous, or the left side of the heart obstructed; or, still more, when these two affections co-exist: also when the circulation is merely accelerated, as by palpitation, running, or by slighter efforts in corpulent persons. Now, under all these circumstances, there is inadequate oxygenation of the blood; or, in other words, there is an excess of venous blood in the lungs: first, because the quantity of blood admitted exceeds its due proportion to the air in the organ; secondly, because the overloaded vessels do not transmit the fluid with natural celerity; thirdly, because the engorgement of the mucous membrane on which the blood ramifies, constricts the bronchial passages, and prevents the free ingress of air, as proved by the feebleness of the respiratory murmur. Hence the sensation of want of breath is a necessary consequence of an excess of blood in the lungs.

Sometimes blood does not enter the lungs in sufficient quantity, constituting the third cause of inadequate oxygenation; and this may arise from the weakness of the right ventricle, from an obstruction in its mouth, or from increased resistance on the part of the lungs; as, for instance, during sleep, when the

* Clinique Méd. seconde partie, obs. ii. et iii.

respirative function is less active. Hence results the sensation of want of breath, and dyspnœa. Cases exemplifying this will shortly be adduced: meanwhile, it may be illustrated by a simple physiological experiment, viz. by making and sustaining a full expiration. This is attended, not only with a deficiency of air, but also with a deficient influx of blood into the lungs, as is proved by the lividity of the face which ensues, by the elevation of the fontanel in infants, by the rise of blood in a tube inserted into the jugular vein, and, lastly, by experiment; for we have demonstrated, in the treatise already referred to, that, on suspending artificial respiration in a rabbit, the heart *instantly* became gorged, of a black colour, and distended to nearly double its natural size—a phenomenon which renders it sufficiently manifest that, when the lungs are exhausted of air, the blood does not freely enter them. Now, the sensation of want of breath experienced on making a full expiration is familiar to every one, and it becomes intolerable if the expiration be long sustained.

5. *Spasmodic constriction of the bronchial tubes.*—This is presumed to exist, first, because, according to the researches of Reisseisen and others, the bronchial tubes are provided with muscular fibres, and all muscles are liable to spasm: secondly, because asthma is occasionally found to occur without any organic cause (so far, at least, as our senses enable us to judge) sufficient to account for it: thirdly, because every form of organic disease above described, both of the lungs and the heart, may exist without causing dyspnœa of such intensity and of such a character as to constitute *asthma* properly so called. Thus, many have intense catarrhs, acute or chronic, and profuse expectoration, without any asthmatic dyspnœa; and we have known a patient with a contraction of the mitral orifice to the size of a small pea, and likewise with dilatation and softening of the heart and profuse expectoration, pass through a period of ten years to her grave, without ever experiencing a paroxysm of asthma, though a few steps across the room were sufficient to excite dyspnœa.

Hence we apprehend that whatever be the organic cause of asthma, it requires, for the production of the fit, the super-addition of a state of the nervous system leading to spasmodic constriction of the bronchial tubes.

Admitting that the spasmodic constriction of the bronchial tubes does take place, it is obvious that it will more or less close these tubes against the ingress of air; and this closure, again, by preventing the free expansion of the lungs, will impede the influx of blood; whence there is a double cause for the inadequate oxygenation of the blood, and, consequently, for the production and maintenance of the asthmatic paroxysm.

From all that has been said, we are now led to the resulting inquiry;—what is the essential difference between asthma from disease of the heart and that from disease of the lungs? Putting aside that variety of asthma, which,

as not being attended with any *visible* organic derangement, (though it is, notwithstanding, highly probable that one exists,) may be regarded as mainly, if not wholly spasmodic, there does not appear to be any essential difference between the remaining varieties. The organic causes are diversified, but they all ultimately produce the same effect, and it is the effect which constitutes the essence of the disease. This effect is inadequate oxygenation of the blood, which causes the *sensation* of want of breath; and this, when there exists more than what may be called mere dyspnœa, occasions spasmodic constriction of the bronchial tubes, and its consequence, the asthmatic paroxysm.

We now proceed to a more particular consideration of asthma from disease of the heart; a variety which comprises, according to our observations, by far the greater proportion of the most severe and fatal cases of asthma.

Until the discovery of auscultation had in some degree dissipated the deep obscurity of the affections of this organ, the fact that they were a cause of asthma was scarcely known; and even at the present day, there are few errors more common than that of attributing asthma to other causes, when it originates solely in the heart. For instance, a theory of this description which has, within the last half century, been more widely disseminated than perhaps any other, consists in ascribing asthma to a spasmodic or convulsive contraction of the external muscles of respiration, much dependent on habit.

Now, the action of these muscles, so far from being morbid or dependent on habit, is a natural, instinctive, and salutary effort to prevent suffocation, the stimulus to which effort consists in an exaggeration of that which excites the muscles in ordinary respiration,—namely, as above explained, the *sensation* of want of breath, from inadequate oxygenation of the blood. Nothing is more common, for instance, than to see a patient with diseased heart, while sleeping tranquilly, start up and begin to respire with violence. Here it is obvious that the necessity for violent respiration preceded the act; and the necessity depends on impeded transmission of blood through the heart and lungs; for starting is invariably accompanied by palpitation, and preceded by frightful dreams or some sensation of præcordial distress, indicating an obstructed circulation. We have frequently examined the heart and lungs by auscultation immediately before the supervention of a paroxysm of dyspnœa, and have always found that the heart began either to palpitate or to act in that irregular, confused, and, as it were, struggling manner, which denotes its engorgement. We were, therefore, enabled to tell the patient that difficulty of breathing was coming on, to which, with some astonishment, he would reply in the affirmative, being himself forewarned of the approaching accession by a feeling of anxiety and straitness in the præcordia. This fact is so universally true that any one may

satisfy himself of it by entering an hospital, and gently placing a patient with orthopnoea from disease of the heart in a rather uneasy position, when the series of phenomena described will become manifest.

Dr. Burrows communicated to us the particulars of a case, under his observation, in which the respiration was alternately violent and tranquil under the following circumstances. The patient dozed for a few minutes at a time, during which his complexion became livid, and his pulse more and more feeble, oppressed, and irregular. He then started up, and after a few violent wheezing respirations, relapsed into the same calm doze. In this case the mitral orifice was contracted to the size of a pea. Now there can be little doubt that, as, during sleep, the sensation of want of breath is less felt, and the muscles of respiration are, consequently, less stimulated by it—in simple language, as the respiration is more feeble during sleep,* the lungs were not, in the present case, kept sufficiently expanded to admit of an adequate circulation of blood through them; whence ensued engorgement of the heart and venous system of the body, with insufficient arterialization of the blood in the lungs, and the sensation of a necessity for breathing resulting from it; which series of phenomena was relieved by the succeeding violent respirations.

We have frequently observed this series of phenomena in a greater or less degree. In one case, violent gasping and wheezing respiration, lasting from a few seconds to two or three minutes, occurred at intervals of four or five minutes, during which the patient dozed, even though sitting erect on a stool and undergoing a stethoscopic examination; and this series of actions continued so long as the patient remained disposed to sleep in that situation.†

In all these cases it is manifest that the action of the muscles of respiration was consecutive to the obstruction of the circulation, and that it was not dependent on any spasm of those muscles, but simply on the necessity for breathing, which instinctively excited them to a salutary preservative effort.

Asthma from disease of the heart often imitates the characters of the other varieties; and this perhaps for a very simple reason; that the lungs are in much the same state as in those varieties. Thus, the asthma is *humid* or *humoral*, when there is permanent engorgement of the lungs, causing copious sero-mucous effusion into the air-passages, as in cases of contraction of the mitral valve. It is *dry* when the engorgement is only transitory, as in cases of pure hypertrophy. It is *continued* when there is a permanent obstruction to the circulation; and any of the varieties may be

convulsive when the heart has sufficient power to palpitate violently. The worst cases of convulsive asthma from disease of the heart are those of hypertrophy with dilatation, together with a valvular or aortic obstruction.

We shall now examine the state of a patient labouring under severe cardiac asthma, and then take a more strictly medical view of the nature and progress of the paroxysm.

The respiration, always short, becomes hurried and laborious on the slightest exertion or mental emotion. The effort of ascending a stair-case is peculiarly distressing. The patient stops abruptly, grasps at the first object that presents itself, and fixing the upper extremities in order to afford a fulcrum for the muscles of respiration, gasps with an aspect of extreme distress.

Incapable of lying down, he is seen for weeks, and even for months together, either reclining in the semi-erect posture supported by pillows, or sitting with the trunk bent forwards and the elbows or fore-arms resting on the drawn-up knees. The latter position he assumes when attacked by a paroxysm of dyspnoea—sometimes, however, extending the arms against the bed on either side, to afford a firmer fulcrum for the muscles of respiration. With eyes widely expanded and starting, eyebrows raised, nostrils dilated, a ghastly and haggard countenance, and the head thrown back at every inspiration, he casts round a hurried, distracted look, expressive at once of fright, agony, and supplication; now imploring, in plaintive moans, or quick, broken accents and half-stifled voice, the assistance already often lavished in vain; now upbraiding the impotency of medicine; and now, in a fit of despair, drooping his head on his chest, and muttering a fervent invocation for death to put a period to his sufferings. For a few hours—perhaps only for a few minutes—he tastes an interval of delicious respite, which cheers him with the hope that the worst is over and that his recovery is at hand. Soon that hope vanishes. From a slumber fraught with the horrors of a hideous dream, he starts up with a wild exclamation that “it is returning.” At length, after reiterated recurrences of the same attacks, the muscles of respiration, subdued by efforts of which the instinct of self-preservation alone renders them capable, participate in the general exhaustion and refuse to perform their function. The patient gasps, sinks, and expires.

Such are the sufferings, in their worst form, of an asthmatic from disease of the heart. We have now to take a more strictly medical view of the nature and progress of the asthmatic paroxysm.

If about to be severe, it is generally preceded by certain premonitory symptoms, which, though not so marked as in ordinary asthma, are much of the same nature—probably because derangement of the circulation and imperfect oxygenation of the blood are present in both. In cardiac asthma, however, many of the nervous symptoms, which characterize the ordinary varieties, are often deficient.

* As the respirations are slower, they might be supposed deeper; but with the exception of those deep inspirations that are taken occasionally during, and more particularly at the *breaks* of sleep, the expansion of the lungs during sleep will be found by auscultation to be less than at other times.

† Med. Gazette.

One of the most common and efficient exciting causes of cardiac, as of all other asthmas, is, derangement of the stomach, the irritation of which extends to the heart, and stimulates it to inordinate action. The irritation, according to the theory of Sir Charles Bell, is propagated through the medium of the par vagum, by which nerves the stomach and heart are closely associated as parts of the respiratory system. Accordingly, after a feeling of acidity, flatulence, or a load on the stomach from undigested food, often accompanied with abdominal distention, the patient experiences pain, weight, and constriction in the forehead and over the eyes, accompanied (if the case be one of hypertrophy of the left ventricle) with throbbing of the temples and the sound of rushing waters. He feels a sensation, scarcely to be defined, of oppression, tightness, and anxiety about the præcordia, frequently with slight palpitation. Sometimes the patient is drowsy, listless, restless, irritable, and impatient not only of society but of the attentions of friends: these symptoms, however, are, in general, more prevalent in ordinary asthma. The signs described afford the experienced asthmatic well-known assurance of the approaching attack.

They gradually become worse and worse, especially after a meal, and eventually burst into a paroxysm. The time of the accession is less regular than in ordinary asthma, being more dependent on the state of the heart, which is liable to accidental excitement, from a variety of causes, at any moment. The fit, however, as in ordinary asthma, is, on the whole, more apt to supervene during the evening or early part of the night; and this, as appears to us, for two reasons: 1st. The recumbent position is unfavourable to respiration, the diaphragm being pressed upwards by the abdominal viscera, and the expansion of the chest being opposed by its own weight: 2d. During sleep respiration is not assisted by the will, which, during the wakeful state, from the sensation of want of breath being more acutely felt, is ever ready to maintain the body in the position most favourable to breathing. From the co-operation of these two causes, therefore, the circulation becomes so far embarrassed before the patient is aroused to a sense of his condition, that it can only be relieved by those violent efforts which accompany the asthmatic paroxysm. He accordingly awakes, generally with a start, in a fit of dyspnoea, accompanied either with violent palpitation, or a distressing sense of anxiety in the præcordia and great constriction of the chest, as if it were tightly bound. He is compelled to assume a more erect posture, and intensely desires fresh, cool air; the respiration is wheezing and performed with violent efforts of all the muscles of respiration both ordinary and auxiliary. The inspirations are high and accompanied with apparently little descent of the diaphragm, and the expirations are short and imperfect. The surface is chilly, the extremities are cold, and the face is pale and sometimes livid.

In cases in which the pulmonary congestion is only *temporary*, as in hypertrophy, either simple or with dilatation, there is no cough beyond a few slight and ineffectual efforts, producing little or no expectoration; and in such cases the fit subsides as soon as the engorgement of the heart and great vessels is relieved, which nature generally effects in two or three hours or less, by determining the blood to the surface and creating diaphoresis. In some instances we have known this termination to be regularly accompanied with a copious secretion of pale urine and a purging alvine evacuation.

The pulse, though at first full, strong, and bounding, may, during the worst of the paroxysm, become feeble and small, and the sound and impulse of the heart may be diminished; and this in cases even of hypertrophy; for the organ, being gorged to excess, is incapable of adequately contracting on its contents.

Such is the nature of an asthmatic fit when the pulmonary congestion is only temporary: the case is different when it is *permanent*, as in valvular disease and in some extreme cases of dilatation. For then, there is often violent cough in suffocative paroxysms, accompanied, at first, with difficult and scanty expectoration of viscid mucus, but ending gradually in a copious and free discharge of thin, transparent, frothy fluid, occasionally intermixed with blood. This evacuation, by disgorging the pulmonary capillaries, affords great relief to the cough and dyspnoea. As, however, the transudation of the matter to be expectorated into the air-passages, and its final elimination, are slow processes, paroxysms of this description are much more protracted than those of dry asthma from hypertrophy. They frequently last five or six hours, and we have known them persist, with only occasional remissions, for two, three, or more days. During the attack, the pulse is quick, small, and weak, often irregular and intermittent. In other forms of asthma the circulation through the heart is sometimes little disturbed; but this is always incorrect in reference to asthma from disease of the heart.

As the paroxysm subsides, the anxiety and constriction decrease, the respiration becomes less frequent, high, and laborious, and the pulse becomes slower, fuller, and more regular. But some degree of wheezing and tightness of the chest remains, and the paroxysm is very apt to return for two or three nights successively, and sometimes for a much longer period, until the lungs are freely unloaded by copious expectoration. It may, indeed, continue to recur at brief intervals for an indefinite period, or the patient may never be wholly exempt from some degree of asthmatic dyspnoea.

A severe asthmatic attack from disease of the heart is in general far more injurious in its consequences than one from an affection of the lungs.

Treatment of disease of the valves.—According to the foregoing principles, the exciting causes of valvular disease are, 1. over-tension of the valves by the force of the

circulation; and, 2. inflammation, generally of the chronic kind. If it were possible to ascertain that these causes were in operation before they had actually occasioned an organic change, it would most probably be possible, in many cases at least, to counteract their effects and to prevent the formation of the disease. But, unfortunately, there are no positive signs of the latent mischief but what result from the disease already formed,—from the obstruction itself: and as, in the present state of our knowledge, we are not acquainted with any means of removing a valvular obstruction, the indications of treatment in this disease are, to prevent its increase, to counteract its tendency to induce hypertrophy and dilatation, and to relieve the symptoms of an obstructed circulation.

The remedies calculated to answer these indications are, in general terms, such as diminish the force and activity of the circulation, namely, occasional venesection to a moderate extent, an unstimulating and rather spare, though sufficiently nutritious diet, a tranquil life, with respect both to the body and the mind, and a good state of the digestive organs and alimentary canal.

If there be distinct signs of inflammation of the valves, to the above remedies may be added cupping or leeching on the præcordial region, with counter-irritants, as blisters, setons, issues, and the tartrate of antimony in the form either of ointment, or plaster with the *empl. picis comp.*, and one-fourth of bees'-wax. We have also found digitalis very useful under these circumstances.

The extent to which any remedy must be carried can only be determined by the particular circumstances of each case. If, for instance, the patient be robust and plethoric, depletory measures may be pursued to a greater extent, and *vice versa*. In general, if the valvular obstruction be not very considerable, and there be no hypertrophy or dilatation, and no tendency to plethora, an abstemious, light diet, and a scrupulously tranquil life, with an open state of the bowels, constitute all the prophylactic treatment that is necessary; and it is satisfactory to know that, by these means, danger may in many instances be completely averted. We have several times known patients with a moderate—even with a rather considerable valvular obstruction, attain the age of sixty, seventy, and even eighty, though the symptoms, judging from their account, had commenced in early life.

On the other hand, if precautionary measures be neglected, and hypertrophy or dilatation be superinduced, there is no organic disease of the heart, except adhesion of the pericardium, which tends more rapidly to its fatal termination. Hence the great importance of detecting and attending to disease of the valves in its earliest stage.

When the obstruction has become very considerable, has produced hypertrophy or dilatation, and is attended with dyspnoea, orthopnoea, and dropsy, the case is one of the most difficult that the practitioner can encounter. The most

urgent symptoms, however, generally admit of being removed for a time; and the amelioration which takes place is sometimes truly astonishing. But, unhappily, the complaint seldom fails to return with greater or less promptitude. If the patient be youthful and of a robust constitution, the relapse may not occur for several months, especially if he has not been affected with dropsy, or after the first attack; but if he be of a shattered constitution and have previously had severe attacks, the symptoms commonly return the moment he resumes any active occupations. In an ulterior degree of the disease, no sooner are the symptoms dispersed than they return, though the patient does not commit any indiscretion. When this is the case, the fatal event is never far remote, and may occur suddenly at any moment.

The remedies suitable for the treatment of the cases described are, abstractions of blood, purgatives, diuretics, sedatives, revulsives, a spare diet, and, what is paramount in importance to all, complete repose. These remedies, however, are not to be employed at random: so used, they might not only be unavailing, but directly destructive. It is only by adapting them to the character of the organic cause of the disease—only, in short, by a sound diagnosis, that they can be administered safely and effectively. It is necessary, therefore, to enter into further particulars relative to their nature and mode of application, and this may be most conveniently done by adverting separately to each.

Bloodletting.—When, with the valvular obstruction, there is hypertrophy or hypertrophy with dilatation, bleeding is generally necessary and may be repeated in small quantities, two, three, or more times, according to the strength of the patient and the urgency of the palpitation and dyspnoea. Some have recommended that bloodletting be practised in valvular disease in the unsparing manner of Albertini and Valsalva. The results of our own experience lead us to dissent entirely from this doctrine. Excessive bleeding cannot remove the valvular obstruction—cannot, therefore, cure the disease; consequently, its employment with this object is inappropriate. It is, moreover, directly injurious; as it reduces the patient to a state of debility which renders his circulation more liable to be embarrassed by the valvular obstruction, and his constitution more susceptible of the inroads of the malady. We have always observed bloodletting to be most serviceable in valvular disease when carried only just so far as to relieve the existing urgent symptoms without encroaching on the constitutional powers. It is advantageous to draw from four to eight ounces of blood occasionally during the intervals of the attacks, whenever dyspnoea becomes urgent and the heart's impulse more than ordinarily strong.

If, instead of hypertrophy, dilatation, either simple or attenuated, be conjoined with valvular disease, bloodletting is less necessary, and is more injurious if carried to excess. It should be resorted to reluctantly; only when imperiously demanded by excessive dyspnoea,

which other means have failed to relieve; the least quantity that suffices to afford relief should be drawn; and the depletion should not be repeated if it can possibly be avoided. Attention to these rules is still more necessary in the aged. The greater the valvular obstruction, the greater is likely to be the embarrassment of the circulation, if the power of the heart and system be reduced below a certain point. Of this we feel satisfied from reiterated observation.

Diuretics.—When there is dropsy and a scanty secretion of high-coloured urine, remedies of this class are of the greatest utility. In most cases, indeed, the dyspnœa, palpitation, cough, &c. decrease in the same proportion as the urine increases and the dropsy disappears. Nor is it only when dropsy has actually appeared, that diuretics are useful. They are remarkably beneficial in an anterior stage of the disease; for, by drawing off the serous portion of the blood, they diminish the quantity, without deteriorating the quality of that fluid, and thus relieve palpitation and dyspnœa and obviate infiltration, without materially reducing the patient.

Diuretics are very variable in their effect, a weaker sometimes answering perfectly after a stronger has failed. When, therefore, one does not speedily produce the effect, another should be tried. The surest way is to employ several at once. A pill consisting of three grains of blue pill, one of pulv. scillæ, and one or half of one of pulv. digitalis, given three or four times a day, seldom fails; or it may be given once or twice a day with a draught of tr. scillæ, mxx. sp. ætheris nit. and sp. junip. C. comp. āā. ʒi. ad ʒi, in dec. spartii. ʒi. twice or thrice a day. We have sometimes found all these fail until ʒii or ʒiii of infusion of digitalis were added to the draught. Its effect, however, must be carefully watched. Supertartrate of potass is always a valuable auxiliary, and may be given to the extent of ʒi or ʒiii in twenty-four hours, either in the form of a drink, of electuary, or in the above draughts.

Sometimes diuretics cannot be made to produce any effect: it is then necessary to resort to purgatives, as will presently be explained.

In very feeble and reduced patients, dropsy should not be too rapidly evacuated; as the process is attended with a degree of exhaustion, which is often fatal. The period, indeed, immediately succeeding the disappearance of dropsy is, on this account, one of the most critical. The older physicians were aware of this, and ascribed it to the accumulation of the fluid in the internal cavities. Such, however, is not always the cause; for, in cases terminating fatally at the period alluded to, we have frequently ascertained, both by auscultation, percussion, and post-mortem examination, that the internal and external dropsy disappeared simultaneously.

Purgatives.—When diuretics do not remove dropsy, purgatives will frequently produce that effect. The two classes of remedies may, indeed, be combined with great advantage, when

the patient is strong enough to bear them. The drastic hydragogue purgatives are the most efficacious, as tinct. jalapæ, elaterium, &c. The effects of the latter are sometimes truly astonishing. We have seen an extreme universal anasarca removed by it in three or four days. The remedy is apt, however, to be excessively violent in its operation, and should, therefore, only be given to strong subjects. As its effect varies in different individuals, it should be tried at first in small doses, as from one-eighth to one-fourth of a grain. With caution it may be carried to two grains. We generally give it in the form of pills with pulv. capsici, which obviates its griping effect; sometimes we add a grain or two of calomel. A single pill should produce six or eight watery evacuations, and it may be given two or three mornings successively, or every second or third morning, according to the strength of the patient. All the other purgatives may be useful, especially such as produce watery evacuations. A very good one is, the infusion of senna, with tinct. jalapæ ʒi. and tartar. or acetat. potass. ʒii.

An occasional purgative is sometimes very beneficial though there be no dropsy; as, for instance, when an attack of palpitation or asthma has appeared to be induced by an excess of bile, by undigested food, or by acrid or long detained fæces in the intestines. Under such circumstances a purgative often alleviates, and sometimes terminates the attack. Except with a view of removing dropsy, or plethora in cases where hypertrophy is superadded to valvular disease, frequent, systematic purging should be avoided on the same principle as bloodletting: viz. lest it should too much reduce the system.

Diaphoretics.—When there is anasarca, cutaneous transpiration contributes very powerfully to remove it. A lady lately under our care and subject to frequent attacks of anasarca, often found the swelling disappear in twenty-four hours with copious perspiration. Strong stimulating sudorifics, however, should be avoided, as they are both too debilitating and too exciting to the circulation. Gentle saline diaphoretics are the best, and their effect may be promoted by warm clothing, hot diluents, and the occasional use of the warm bath to keep the skin soft and open. When there is no anasarca, and no permanent pulmonary engorgement and expectoration, diaphoretics, beyond warm clothing, are of little use, except occasionally, to relieve asthmatic attacks. For the latter purpose we have generally found them of great utility; but, as internal remedies of this class are slow in their operation, they should be assisted by fomenting the hands and feet, or immersing them in warm water, at the same time keeping the trunk covered. If perspiration can thus be gently elicited without heating and stimulating the patient, it is one of the most effectual means of curtailing a paroxysm. Nature herself indicates the remedy; as a paroxysm of asthmatic palpitation often terminates with profuse spontaneous diaphoresis.

Emetics.—These are extremely useful or ex-

trremely pernicious according as they are judiciously given, or the reverse; and it is only by a sound diagnosis that the practitioner is enabled to judge whether they can be safely administered or not. When there is an undigested, bilious, or acid load on the stomach, exciting a fit of palpitation, its removal by an emetic often affords instantaneous relief. But the medicine should be one which simply evacuates the stomach without much shaking the system, as ipecacuan with sulphate of copper or of zinc, but by no means tartrate of antimony. If the disease of the heart and the embarrassment of the circulation be great, even such an emetic as the above cannot be given without danger of aggravating all the symptoms. We have seen emetics, administered under these circumstances, exasperate and prolong the paroxysm, increase the frequency of its recurrence, and speedily bring the patient to his grave. They may even cause death during the paroxysm. Their dangerous effect consists in their increasing the engorgement of the heart and the obstruction of the circulation. For this reason they should not be ventured upon in disease of the heart simply for the object of promoting expectoration—an object which may be much more safely and effectually accomplished by other means. In ordinary varieties of asthma, especially that from pituitary catarrh, they are peculiarly beneficial by promoting the expectoration of the immense accumulations which take place in the lungs. Hence the importance of carefully distinguishing between these two classes of cases. (See *ASTHMA*.)

Though emetics are objectionable except for the purpose of evacuating the stomach, small doses of ipecacuan or tartrate of antimony are useful as diaphoretics and expectorants. When the obstruction of the circulation is great, they cannot safely be carried to nausea, as this state is apt to bring on a languor of the circulation which leads to the formation of polypi in the heart. In the case of a lady under our care, and affected with extreme contraction of the mitral valve, nausea came on unexpectedly at the moment when she had just been relieved of an excessive dropsy, and was followed by suffocating dyspnoea, an imperceptible pulse, and other symptoms indicating the formation of a polypus in the heart. She died in a week, and the polypus was found.

Puncturing.—When dropsy has failed to be relieved by other means, and the cutaneous tension has become intolerable, the practitioner is compelled to resort to puncturing. We say compelled, because the remedy is a last and dangerous resource. The danger, however, may be considerably diminished by making small punctures with a grooved needle, and allowing the fluid to ooze slowly during four or five days or a week. When incisions are made with a lancet or scalpel, and the fluid is evacuated quickly, as in twelve to forty hours, the patient, according to our observation, generally dies. This event sometimes results from sloughing of the incisions, but more commonly from exhaustion induced by the sudden evacuation of the fluid. In one instance we saw the

patient die from hemorrhage. There is less danger of mortification when the incisions are made above the knee.

Setons, issues, and blisters on the præcordial region, are of no use unless there be chronic inflammation of the heart: the pain and irritation which they occasion are often injurious. The emplastr. belladonnæ, however, is often very serviceable in tranquillizing the heart and allaying nervous pain.

Expectorants.—When there is permanent engorgement of the lungs, free expectoration always affords relief; we have seen great dyspnoea result from its suppression by an incipient catarrh, a dry sharp atmosphere, and even a dose of laudanum. Many asthmatic fits dependent on valvular obstruction, terminate with copious expectoration of a thin seromucous fluid. This secretion, therefore, should always be maintained when there is a tendency to it.

As the stomach in disease of the heart is extremely fastidious and delicate, oily, sweet, and nauseous expectorants should be carefully avoided. Squill with an acid, as the acetic or nitric, has been found by experience to be the most efficacious remedy of this class. Vinegar of squill has been highly extolled by Floyer, and tinct. scillæ, gr^{tt} x—acid nitrici, gr^{tt} vi—extr. hyoscyami, gr. iii—aquæ puræ ℥iiss, as a draught every three or four hours during the paroxysm, is the favourite prescription of Dr. Bree for the asthmatic paroxysm of his first species, i. e. “from effused serum in the lungs.” Mist. ammoniaci, though in general too heating for the young, is a useful expectorant for the old, when sufficiently diluted. The same may be said of the decoction of seneka. Ipecacuan and tartrate of antimony in small doses, are valuable expectorants as well as diaphoretics. Phlegm accumulates during sleep, and it is for this reason principally, that the patient suffers more on first rising in the morning. The elimination of the phlegm is greatly facilitated by a cup of any hot fluid, especially coffee; and, to allay the nervous irritability of the lungs which generally leads to coughing before the phlegm is sufficiently detached to be thrown off with ease, we have found from half a drachm to a drachm of tinct. camphoræ comp. of great utility.

Expectorants should not be constantly given in disease of the valves, but only to relieve an asthmatic paroxysm, or to restore the pulmonary secretion when accidentally suppressed.

Gases.—The effects of atmosphere on cardiac, as on other asthmatics, are so diversified that they are scarcely reducible to any general rule. When, however, expectoration is habitually copious, a moist warm atmosphere favours it, probably by relaxing the pulmonary vessels. A clear, sharp air, on the contrary, checks it, and thus increases dyspnoea. Again, the latter air relieves dyspnoea when it depends, not on engorgement of the lungs, but on a languid action of the heart, as in dilatation with attenuation; and this it does by stimulating and bracing the system, and causing a freer circulation through the lungs

and more perfect arterialization of the blood. Electricity appears to act in the same way when it produces any good effect. We have never tried the inhalation of oxygen, but it is highly commended by Dr. Beddoes and others; and it is rational to think that, in suffocative dyspnoea from retardation of the blood in the lungs, it would relieve the anxiety and straitness by causing a more perfect arterialization.

Smoking tobacco or stramonium sometimes affords extraordinary relief to cardiac, as well as other asthmatics; and this it does partly, perhaps, by increasing the bronchial and salivary secretion, but more especially by its sedative and antispasmodic effect in tranquillizing the nervous system, resolving the bronchial spasm, and allaying the sensation of want of breath. The experience of the patient is the only certain criterion of its utility. In many cases we have certainly seen it prejudicial. Its utility has appeared to us the greatest in those who are of a highly nervous irritable habit, and in whom asthma displays most of the spasmodic character.

Antispasmodics.—While the Cullenian doctrine, that spasmodic constriction of the bronchi was the sole cause of asthma, prevailed, remedies of this class were in great vogue; but experience has not realized the high expectations to which the theory gave rise. Antispasmodics are useful auxiliaries, but cannot be depended upon alone. When they not only resolve bronchial spasm, but contribute to diffuse, equalize, and calm the circulation in disease of the heart, they are beneficial: when they fail to produce the latter effects, they are of little use. In an incipient paroxysm from slight disease of the heart, we have frequently found a draught of *sp. ammoniæ aromat.* or *fœtid.* with æther and laudanum, promptly restore the colour to the face and warmth with perspiration to the skin, with general relief. In one case of hypertrophy with dilatation and adhesion of the pericardium, a glass of gin and water had always the effect. Sometimes *gr. x* to *xv* of carbonate of ammonia is more efficacious than any other remedy. The solution of *assafœtida* has also appeared to us to be very powerful, but few patients can be prevailed upon to take it.

In most instances, the antispasmodic, whatever it be, is productive of eructation, and to this, in some cases, we partly attribute its beneficial effect; as flatulence alone suffices to occasion a paroxysm. The eructation sometimes occasioned by the remedies themselves, especially æther, must not be mistaken for the extrication of real flatus.

When the paroxysm is fully established, and is connected with a great degree of organic disease of the heart, antispasmodics alone have little or no effect in affording relief; and large doses of sedatives, as opium, hyoscyamus or conium, or of stimulants, as æther, often prolong, rather than curtail the fit. In conjunction with other means, however, moderate doses may be tried, and, if the patient feel himself relieved, they may be continued.

Digitalis, according to our experience, is an excellent adjunct to an antispasmodic draught:

gr^{ss} xx or *xxx* of the tincture may be given every three or four hours, with *gr^{ss} vi* to *x* of *tinct. opii*, or if that disagree, of hyoscyamus, in cinnamon water. Care should be taken to intermit the digitalis before its specific poisonous effect is produced.

In suffocative, agonizing orthopnoea, when the restlessness and jactitation of the patient aggravates the distress, we have often found narcotics afford great relief simply by inducing sleep and a diminished sensation of suffering.

Stomachics.—The correction of dyspepsia is of the first importance in organic disease of the heart; as palpitation is often dependent upon it alone. Two gentlemen under our care for hypertrophy with dilatation, never suffered palpitation, dyspnoea, or headach except when affected with acidity, flatulence, &c. Such cases are often mistaken for "the stomach" alone—a most dangerous mistake: of the individuals alluded to, for instance, one had two fits of apoplexy, and the other was repeatedly rescued from it by prompt cupping. When there is acidity, antacids, of which chalk has appeared to us the most certain, should be freely given every third or fourth hour, its constipating effect being counteracted by the previous or simultaneous exhibition of a few grains of rhubarb. We have already stated that the stomach, if loaded, should, in the first instance, be evacuated by a gentle emetic, copious draughts of tepid water or chamomile tea being taken to insure its full effect. This treatment will generally terminate an attack dependent on dyspepsia, in two or three days, and sometimes in as many hours. Towards the close of the attack, sedatives, as opium or hyoscyamus, assist by tranquillizing the nervous system.

Not only antacids, but also acids themselves, have been proved by experience to correct acrimony of the stomach accompanied with flatulence and distension. Their efficacy is the greatest when the acrimony is bilious, and they then act, in all probability, both by neutralizing the alkaline qualities of the bile, and exciting the stomach to an altered and more healthy secretion. That they possess the latter property is to be inferred from their correcting acidity and preventing fermentation even when there is no bile. A sour apple is a popular remedy for heart-burn. The acids to be employed, are, the mineral acids much diluted, and also the acetous. Saccharine acids, as oxymel, ascescent fruits, raspberry vinegar, &c. should be avoided, as they are apt to be more injurious by their fermentation, than beneficial by their acid qualities. Acids need not be tried till antacids appear to have failed.

To give tone to the stomach, bitters are very useful. Infusions should be employed during an asthmatic paroxysm, as tinctures are too stimulating; but after the second or third day, when the patient begins to amend, either the one or the other may be used. The bitters may be conveniently conjoined with the antacids, acids, &c. Griffith's mixture is very beneficial in debilitated subjects, in the intervals between the fits.

Tonics.—When disease of the heart is of the hypertrophic kind with increased activity of the circulation, tonics are obviously inappropriate: when it is of the dilated kind, with languor of the circulation and atony of the system, they are remedies of the greatest value, and it is mainly by them that a complete cure can be effected. All the tonics, of which the preparations of iron are the best, may be used according to the discretion of the practitioner. Of the advantages of bracing air and exercise and of the shower-bath, we have spoken in the article DILATATION. A discreet use of the cold bath also is highly beneficial. (See ASTHMA.)

Such are the remedies to be used in the treatment of organic disease of the heart. It cannot be too strongly inculcated on the practitioner, that the disease, when remediable, is not to be cured by relieving the paroxysm, but by preventing its occurrence. Every attack gives the patient much ground to retrace: a single attack may undo the progress of a year, and death may result from the indiscretion of a day. Great firmness is necessary on the part of the physician to impress this strongly on the mind of the patient; for the latter, when his feelings are easy, can seldom—very seldom—be made to comprehend that the necessity for his rigid adherence to medical, regiminal, and dietetic discipline is equally imperative.

The practitioner, however, is not the less to study the means of relieving the paroxysm; not only because in it he has perhaps the greatest of human sufferings to alleviate, but because by curtailing the attack he increases the chances of an ultimate cure.

(J. Hope.)

VARICELLA.—*History of varicella.*—The milder forms of varioloid eruption attracted attention at very early periods. Rhazes, the first acknowledged author on small-pox, noticed a mild or spurious eruption which gave no protection from that disease when it prevailed epidemically.* Ingrassias, a Sicilian physician, described such a disorder in 1550 with considerable accuracy,† and he has, consequently, been dignified as the original writer on *varicella*. The claim, however, may be disputed in favour of Vidus Vidius, who about the same period alludes to the disease under the title of *chrySTALLI*, in the following explicit terms:—"Sunt qui, præter duas species (variolas scilicet, et morbillos,) chrystallus adjiciant. Sic enim appellant quosdam veluti vesiculas, plenas aqua, instar chrystalli splendentes, quibus cutis variis locis distinguitur. In quas non ita incurunt omnes homines, sicut in variolas et morbillos, neque sub ipsis ita affliguntur."‡ This disorder, he adds, the Italians called then, as now, *ravaglione*.

Nearly a century afterwards, (namely, in 1646,) Riverius quotes this description, and gives, chiefly from Ingrassias, the following

account of the malady:—"Est et tertium pustularum genus, pueris familiare, et variolis simile quoad magnitudinem et figuram; sed in eo ab iis distinguitur quod variolæ cum rubore et inflammatione appareant. Hæ vero albæ sint, et veluti vesiculæ, seroso humore repletæ, quæ intra triduum disrumpuntur, et exsiccantur, nullumque afferre solent periculum, et plerumque sine febre erumpunt. Id pustularum genus a nostratibus fæminis *la verolette* nominari solet."

Sydenham, at a somewhat later period, passes varicella over almost without notice; but Morton, in 1690,* details several cases of it under the title of *variola maxime benignæ*, and to him we are indebted for introducing into medical nomenclature the name by which it was then, and has since been familiarly known, the *chicken-pox*. The authors of this early period concurred in opinion that such a disorder afforded no protection from small-pox, but with regard to its nature they differed, some regarding it as allied to small-pox, others viewing it as altogether distinct from that disease.

The principal writer on varicella during the eighteenth century was Dr. Heberden, who, in 1767, published in the first volume† of the Transactions of the Royal College of Physicians a description of the disease, professing to give a full and accurate account, not only of its symptoms, but of its pathological relations. Dr. Heberden paid little attention to the statements of preceding writers; his descriptions and doctrines are obviously drawn from his own extensive experience, and in such repute was he held, that for a long series of years this paper was looked upon as the standard authority on the disease. The leading characters of chicken-pox, as given by Dr. Heberden, are as follows. The initiatory fever is slight. The eruption is vesicular, terminating on the fifth day by minute crusts. It occurs both prior to and after small-pox. It is a different disease from small-pox, and gives no protection from it. It arises from a specific contagion, and affects the same individual but once during life. It is capable of being transmitted by inoculation. The eruption thence resulting may, with hasty and inexperienced observers, pass for the small-pox, and mistakes have in consequence arisen.

It is curious to observe that, notwithstanding his conviction of the essential differences between chicken-pox and small-pox, Heberden applied to the former disease the name of *variola pusillæ*. The term varicella was first employed by Vogel in 1764.

In 1805, Dr. Frank of Vienna undertook an investigation of the subject.‡ He carefully distinguished the several kinds of spurious small-pox, and by way of distinction applied to them the names of *pemphigus variolodes vesicularis*, and *solidescens*. His description of

* De Variolis et Morbillis, cap. v.

† De Tumoribus contra Naturam, tr. i. cap. i.

‡ De ChrySTALLIS, 1550.

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* Opera, tom. iii. p. 58.

† Page 427.

‡ De Curandis Hominum Morbis Epitome, vol. iii. p. 167.

the former disease corresponds accurately with the complaint hitherto called chrystal-pock, water-pock, and chicken-pock. In 1809, a very detailed account of varicella was published by Dr. Heim of Berlin,* but much confusion is occasioned by his applying the same term to designate three kinds of spurious small-pox, the water-pock, the horn-pock, and the swine-pock. In this paper it is affirmed that matter taken from a subject who has chicken-pox will only produce chicken-pox, and afford no protection from small-pox. It is also stated that the cicatrices left by varicella are different from those of variola, and that a careful inspection of *them* is alone sufficient to distinguish the one disorder from the other.

Dr. Willan, in 1806, contributed a little to our knowledge of varicella by some observations published in the seventh and eighth sections of his work.† He therein describes, with great minuteness, the appearances of varicellous eruption, which he subdivides into three varieties, the lenticular, conoidal, and globate. In 1820, Dr. Thomson of Edinburgh, in a work of much labour and research,‡ again opened the questions connected with the subject of varicella. During his investigation of the epidemic which prevailed in Edinburgh and other parts of Scotland during the years 1818 and 1819, he was led to the belief that the chicken-pox of Morton and Heberden was only a modification of variola. This opinion, which is, in fact, but the revival of a very old doctrine, has since found some supporters, and the notion of a common origin of chicken-pox and small-pox is the principal point in the pathology of the disease to which our attention will be directed. Before, however, we can with propriety enter into an examination of the arguments for and against it, the phenomena of varicella must be described.

Description of the varicella lymphatica.—This disease, called by Vidus Vidius *chrystalli*, by Heberden *variola pusilla*, and by others *variola spuria*, *lymphatica*, and *volatica*, the chicken-pox of Morton, the pemphigus variolodes vesicularis of Frank, the varicella of Willan, is a complaint chiefly observed in infants and children of tender years. It generally shows itself without symptoms of premonitory fever. Such, at least, is the opinion of Heberden, Plenck, and Bryce, and with it our own observation corresponds; but Dr. Willan, whose authority on all subjects of cutaneous disorder is deserving of respect, remarks§ that he does not remember to have seen any case of varicella without some prior disorder of the constitution, lasting one, two, or even three days. The symptoms then observed, he says, are languor, a disposition to sleep, a furred tongue, hot skin, quick pulse, a sore-throat,

with pains in the head, back, or limbs. The eruption of chicken-pock usually commences on the shoulders, neck, and breast. The scalp and back are almost invariably occupied with eruption, while the face, which never escapes in small-pox, is for the most part but very slightly affected in chicken-pox.

The eruption is composed, from the very first, of vesicles, about the size of a split pea, perfectly transparent, and covered simply by the cuticle. When very copious, the body has the appearance of having been exposed to a shower of boiling water, each drop of which had occasioned a minute blister. The vesicles of chicken-pox vary in shape. Dr. Willan has described them as being lenticular, conoidal, or globate. They are usually very numerous but distinct. Mr. Ring is, we believe, the only author who has described a case of confluent varicella.* They are surrounded by a very slight degree of superficial redness or areola. Successive crops of them appear for two or three days, and while the new vesicles are forming, the first are beginning to shrivel. The contained fluid is at first thin and perfectly transparent. On puncturing the vesicle at this period, the clear lymph is evacuated, and the cuticle falls to the level of the surrounding skin. There is no hardness in the subjacent cutis vera. Many of the vesicles burst spontaneously or are broken by the second or third day. In those that remain after that period the lymph becomes of a light straw colour, or slightly opaque, so as to resemble whey. The vesicles are often accompanied with a sense of tingling. When itchy and irritated by rubbing, they sometimes take on sufficient inflammation to convert the lymph on the third day into an imperfect pus. The scabs of varicella are small and gummy, formed by the concretion of the exuding lymph. They desiccate very quickly, and fall off, not in a mass, but in minute grains. In a few cases superficial marks or cicatrices are left by them, which, however, are rarely permanent in after life. The whole course of the disease seldom if ever exceeds a week. During the progress of the eruption to maturity there are no constitutional symptoms of the slightest importance. The tongue is clean, the pulse of natural frequency, the appetite good, and the rest undisturbed.

Diagnosis of varicella lymphatica.—The only disease with which chicken-pox is liable to be confounded is that which we have already described under the title of modified small-pox, or *varicella variolodes*. There are two principal and characteristic points of difference between the disorders.

First, in the true lymphatic varicella there is no premonitory fever. In even the mildest form of varioloid varicella there is fever, and very often severe affection of the brain and nervous system (headach and delirium) preceding for forty-eight hours the development of the eruption. Secondly, in the true chicken-pox the vesicles have not that regular organiza-

* See Cross on the Variolous Epidemic of Norwich. Appendix, No. I.

† On Vaccine Inoculation, 4to. p. 86.

‡ Account of the Varioloid Epidemic of Scotland, 1820.

§ Op. cit. p. 91.

* See London Med. and Phys. Journal, vol. xiv. p. 141. 1805.

tion which we have described as belonging to, and actually essential to the existence of, variola, even in its mildest aspect. The vesicles of chicken-pox have neither a hard papuliform base, nor cells, nor central depression. They are mere elevations of cuticle, of irregular and undetermined shape. Such are the *essential* diagnostic characters. Other points of distinction between chicken-pox and modified small-pox have been mentioned, such as the comparatively greater rapidity in the progress of the former, the greater firmness of the resulting scab in the latter, the shape and permanency of the cicatrix, &c. but these are less to be relied on. There are some circumstances, indeed, connected, not with the aspect of these diseases, but with their origin and mode of propagation, which are important as contributing to establish a correct diagnosis; but these will be better discussed under the head of *pathology*.

We may sum up the whole in the following words. When there is little or no perceptible premonitory fever; when the eruption is distinctly vesicular from the earliest period; when the punctured vesicle falls completely to the level of the surrounding skin; when the crusts which succeed are yellowish, scaly, irregular in shape, and not elevated, the disease is the true chicken-pox. On the other hand, when, after a period of feverish disturbance, the eruption exhibits in its earliest stage the appearance of a solid tumour; when, on the third day, after discharging the contents of the vesicle, a firm tubercle is found beneath it; when the resulting crust is brown, compact, defined, of a clear horny smoothness, and sensibly elevated above the surface of the skin, the disease is small-pox under some of its modifications, capable of communicating small-pox to others, both by inoculation and infection.

Pathology of varicella lymphatica.—This disease is almost peculiar to infantile life. It seems as if the fine and delicate skin of the infant was requisite for its development. Willan, however, has described* an undoubted case which occurred in the person of a gentleman thirty years of age; and in one instance at the Small-Pox Hospital we observed the disease, in a very genuine form, attacking an adult female. Chicken-pox occurs to persons once only in the course of life. This opinion was first avowed by Dr. Heberden, and its correctness has since been generally acknowledged. Many persons, however, pass through life without undergoing it. It may sometimes be seen running its course along with, and uninfluenced by, perfect vaccination.†

The points in the pathology of varicella lymphatica which have been principally disputed are, 1. its communicability by inoculation; 2. its origin, whether by specific contagion or by a contagion common to it and to variola. These topics will require distinct investigation.

1. *Inoculation of chicken-pox.*—Dr. Heber-

den does not appear to have witnessed any instance of inoculating with varicellous lymph, but he implies that such a mode of communicating the disease is possible, because he says that mistakes have thence arisen. Dr. Willan has a chapter expressly devoted to the inoculation of varicella; but the evidence on which the author relied as establishing the fact is slender and unsatisfactory. Four cases only are recorded. In two of these the experiment was confused by variolous inoculation being practised at the same time. In one case no result followed. In the only case which can be in any degree relied on as affording a presumption that chicken-pox is communicable by inoculation, a small vesicle raised upon a red and somewhat hard basis was discernible on the twelfth day, followed by two small vesicles on the shoulder, which disappeared in two days.* It is obvious that nothing satisfactory can be deduced from such an occurrence.

The experiments of Mr. Bryce, to determine the question of varicellous inoculation, are far more decisive. This author states† that “he has taken lymph from the vesicles of true varicella, with the greatest care, at all periods of the disease and at all seasons of the year; that he has himself inoculated, and seen others inoculate with it, children who had never undergone either small-pox or cow-pox, to the number of thirteen, yet in none of these was this disease, nor any thing like small-pox, ever produced. In one or two cases a slight degree of redness was observed for two or three days; but in all the rest no effect followed.” These experiments are now justly considered as having settled the question, and satisfactorily shewn the impossibility of propagating the genuine lymphatic or infantile chicken-pox by inoculation.

2. *Common origin of chicken-pox and small-pox.*—All authors are agreed that chicken-pox is readily communicated from one child to another (not having previously undergone it) by casual infection. It is a disorder often observed to spread epidemically, affecting in succession all the younger branches of a family or school; and it is generally affirmed that the contagious quality of chicken-pox is of a peculiarly diffusible nature. Dr. Thomson of Edinburgh, as we have already remarked, has taken much pains to revive the notion suggested at a very early period, and openly avowed by Van Swieten‡ and Sauvages§ that the contagion of chicken-pox is not *sui generis*, but merely a modification of the variolous virus; in other words, that the mildest lymphatic chicken-pox and the worst confluent small-pox have a common origin.|| The principal arguments which Dr. Thomson brings forward in support of this position are,—first, that he finds in the records of medicine no unequivocal examples of chicken-pox prevailing epidemi-

* Op. cit. p. 98.

† See Thomson on Varioloid Diseases, p. 74.

‡ Commentarii, vol. v. p. 10.

§ Nosologia, vol. i. p. 423.

|| Account of the Varioloid Epidemic of Scotland. Edinburgh, 1820.

* On Vaccine Inoculation, p. 91.

† See London Medical Gazette, vol. ii. p. 633.

cally without cases of small-pox appearing *at the same time*; 2dly, that the most strictly vesicular eruptions have occurred after exposure to *variolous* contagion, and where, in point of time, it was reasonable to refer the disorder to such a source; 3dly, that he had never witnessed chicken-pox in those who had undergone small-pox; 4thly, that chicken-pox and modified small-pox run into each other by such minute shades of difference, that no unerring diagnostic marks between them can possibly be assigned.

Upon the first of these arguments, (the non-occurrence of chicken-pox without simultaneous small-pox,) Dr. Thomson placed great reliance; but since the date of his publication facts have come to light which completely disprove it. Thus, for instance, it has been ascertained that from the year 1809 to 1823, chicken-pox was annually observed at Copenhagen without concomitant small-pox. Since that time both diseases have prevailed at intervals epidemically, but always under circumstances which satisfied the physicians of the town that their sources were distinct.*

The further arguments which have been adduced in favour of the *specific* nature of varicellous contagion are these:—1. It is contended, in opposition to Dr. Thomson, that the characteristic marks of chicken-pox, particularly during the first three days of eruption, are well-defined and easily distinguished. 2dly, That chicken-pox is not propagable by inoculation; whereas every case of eruption elevated on a solid tuberculous base, and possessing a cellulated structure, however mild in its aspect and accompanying symptoms, is yet capable of communicating genuine small-pox to others by inoculation.† Several cases corroborating this position have occurred within our own observation. 3dly, That the vesicular chicken-pox occurs equally in those who have and those who have not been vaccinated; that prior vaccination in no degree alters its character or course, while, on the other hand, vaccination proceeds with perfect regularity after the occurrence of chicken-pox; a circumstance that never happens after small-pox.

These arguments appear sufficient to establish the doctrine that small-pox and lymphatic chicken-pox are in reality different diseases, arising from different poisons.

Treatment of chicken-pox.—On the treatment of a disorder so mild in its nature, and so free from all sympathetic disturbance of the system, it is unnecessary to add much. The exhibition of any mild aperient medicine (such as rhubarb and magnesia) during the progress of the eruption, and again towards its decline, includes all that is essential.

(George Gregory.)

VEINS, DISEASES OF THE.—In most of the different textures and organs of the body

the capillary branches of the arteries terminate in corresponding minute radicles of the veins, and these, by uniting and re-uniting into larger venous branches and trunks, come at last to form the two *venæ cavæ*, through which the whole stream of dark-coloured reffluent blood passes into the right auricle of the heart. The larger veins consist of three distinct membranous layers or coats, the outermost of which is formed of condensed cellular membrane. The middle or proper coat of veins is of a red or brown colour, thin, soft, and more elastic in the longitudinal direction than the corresponding arterial tissue. The internal or lining membrane of veins which is continuous with that lining the auricles of the heart, adheres very firmly to the middle coat, is thin, smooth, of a bluish colour, and more distensible than the internal coat of arteries. The inner or common venous membrane is the most extensive and the most uniform of all the venous tissues. “It is the only one which is found in the substance of organs, and is present where the cellular and proper membrane is wanting. This is the case not only with venous branches and minute canals as they issue from the substance of muscles, bones, and such organs as the liver, kidneys, spleen, &c. but is also very remarkably observed with regard to the venous canals of the brain.”*

Valves of a lunated shape, which are formed of a duplicature of the lining membrane, are met with in the veins of the extremities, in the azygos, internal jugular, and facial veins, while they are wanting in the veins of the heart, kidney, liver, spleen, intestines, and generally in the uterus and ovaria. Bichat and Travers have shewed that the internal tunic of veins is not divided by the application of a tight ligature around the vessel. Mechanical stimuli produce no sensible effects on the coats of veins, but the application of concentrated acids and chemical stimulants, according to the same authors, excite them to contraction. Minute bloodvessels and small nervous filaments can be traced into the larger veins from the surrounding cellular substance, and when the coats of veins are inflamed, their *vasa vasorum* can readily be filled with injection.

There is, perhaps, no circumstance in which the arteries and veins resemble one another more closely than in the facility with which the circulation is carried on by the anastomosing branches where a large trunk has been permanently obstructed. There is much less resemblance, however, to be traced between the diseases of the arterial and venous system than we might have been led to expect, from the similarity which exists in the structure of their coats, the continuity of their canals, and the function they perform in the body. Diffuse inflammation of the lining membrane of veins, which is a frequent and fatal disease, occurs so seldom in arteries, that Mr. Travers states he has never seen the internal tunic of an artery coated with lymph, and even when lymph is

* Dr. Möhl, De Varioloidibus et Varicellis. Copenhagen, 1817. Also Edin. Med. and Surg. Journal for January, 1828, No. xciv. p. 186.

† See Willan on Vaccine Inoculation, p. 52-5.

* Pathological Anatomy, by David Craigmie, M.D. 8vo. p. 115. Edin. 1828.

deposited in quantity sufficient to obstruct the current of blood, the deposit occupies a narrow defined space, and the inflammation, by whatever cause excited or however acute, is small and circumscribed. One of the most common morbid appearances observed in the dead bodies of aged persons is the conversion of the arterial tunics into calcareous matter, but the writings of pathologists contain the history of a few examples only in which the coats of the vein had undergone this change.

In the present article we propose to give a succinct account, 1. of inflammation of veins; 2. of phlebotomies, vein-stones, or calculi in the veins, and conversion of the coats of veins into calcareous matter; 3. of obliteration of veins; 4. of varicose veins; and, 5. of rupture and perforation of veins.

1. *Of phlebitis, or inflammation of veins.*—Inflammation of the lining membrane of veins was unknown to all the writers on medicine before the year 1784, when many of the most important facts relating to this dangerous affection were pointed out by Mr. Hunter, in a paper which he read to a Society for the Improvement of Medical and Chirurgical Knowledge, and which was published in the first volume of their Transactions in 1793.

“I have found,” observes Mr. Hunter, “in all violent inflammations of the cellular membrane, whether spontaneous or in consequence of accident, as in compound fractures, or of surgical operations, as in the removal of an extremity, that the coats of the larger veins passing through the inflamed part become also considerably inflamed, and that their inner surface takes on the adhesive, suppurative, and ulcerative inflammation: for in such inflammations I have found in many places of the veins adhesions, in others matter, and in others ulceration. Under such circumstances the veins would have abscesses formed in them if the matter did not find in many cases an easy passage to the heart along with the circulating blood, so as to prevent the accumulation of the pus, but this ready passage of the matter into the common circulation does not always happen. It is in some cases prevented by the adhesive inflammation taking place in the vein between the place of suppuration and the heart, so that an abscess is formed, as will be further observed; where the inflammation is most violent, there we find the vein most inflamed; there also, after suppuration, we find the purest pus: and as we trace the vessels from this part either further from or nearer to the heart, we find the pus more and more mixed with blood, and having more and more of the coagulated parts of the blood in it. As these appearances are only to be seen in dead bodies, they cannot be described but from thence; but it is so common a case, that I have hardly ever seen an instance of suppuration in any part furnished with large veins where these appearances are not evident after death. I have found them in the bodies of those who have died from amputation, compound fractures, and mortification.”

These circumstances led Mr. Hunter to sus-

pect that the fatal effects sometimes succeeding to venesection, which had usually been attributed by authors to injuries of tendons and nerves, depended on inflammation of the internal coat of the veins. He observed similar morbid appearances in the veins of the arm after bleeding, and he has stated that in many cases the inflammation and suppuration are not confined to the part, from the adhesion not having taken place, and that an abscess is frequently formed which occupies a considerable length of the vein, both between the wound and the heart, and between the wound and the extreme parts. “Upon examining the arm of a man who died in St. George’s Hospital, Mr. Hunter found the veins, both above and below the orifice, in many places united by the adhesive inflammation. He also found, in many parts of the veins, that suppuration had begun as on inflamed surfaces, but had not arrived at ulceration; and in several other places ulceration had taken place, so as to have destroyed that surface next the skin, and a circumscribed abscess was formed. The veins near to the axilla had taken on suppuration, beyond which adhesion had not formed, and thus had given a free passage for the matter into the circulation, of which most probably the patient died.”

Mr. Hunter likewise observed fatal inflammation of the jugular veins in horses after bleeding, extending into the chest. “Many horses,” he says, “die of this disease, but what is the peculiar circumstance which occasions their death I have not been able to determine; it may either be that the inflammation extends itself to the heart, or that the matter secreted from the inside of the vein passes along the tube in considerable quantity to the heart, and mixes with the blood. I am inclined to believe that the exposure of cavities of the larger veins in cases of accidents and also of operations, is often the cause of many of the extensive inflammations which sometimes attend these cases, and indeed may be the reason why inflammations extend or spread at all beyond the sphere of continued sympathy.”*

Mr. Abernethy, who was a pupil of Mr. Hunter, described three cases of phlebitis in the arm, but in none of these did suppuration take place. In the first, about three inches of the tube inflamed both above and below the orifice, it was accompanied with much tumour, redness, and pain of the covering integuments, and much fever; the pulse was rapid, and the tongue furred. In the third case the inflammation was not continued in the course of the vein towards the heart, but extended as low as the wrist.

Mr. Abernethy offered the following explanation of the manner in which the constitutional symptoms of phlebitis are produced. “When the inflammation of the venous tube is extensive, it is indeed very probable that much sympathetic fever will ensue, not merely from the excitement which inflammation usu-

* Trans. of a Society for the Improvement of Med. and Chir. Knowledge, vol. i. Lond. 1793.

ally produces, but also because irritation will be continued along the membranous lining of the vein to the heart.”*

About the same time it was pointed out by Dr. John Clarke and Mr. Wilson that inflammation sometimes occurs in the uterine veins of puerperal women. “Upon cutting into the substance of the uterus,” observes Dr. Clarke, “pus is often found, which, in all the cases I have met with, is situated in the large veins.”† In dissecting the body of a woman who died several weeks after delivery, Mr. Wilson found the uterine veins thickened and partially obliterated. The iliac, emulgent, and spermatic veins exhibited the usual effects produced by inflammation. The coats of the vena cava were thickened and adherent to the surrounding parts, and the vessel, which was contracted below the entrance of the hepatic veins, contained about four ounces of pus.‡ Mr. Wilson met with similar appearances in the bodies of two women who died soon after parturition, and the uterine veins also contained pus. Meckel communicated to Sasse the history of a case of puerperal fever, in which he found on dissection “all the veins which surround the uterus, the hypogastric trunks, and the vena cava, enlarged in volume. The place where the placenta had adhered was distinguished at the posterior part of the uterus by a fungous mass. The veins, whose exterior appearance had arrested the attention, were examined with care; they were separated from the surrounding cellular substance, and in this state the whole system of uterine and spermatic veins presented an extraordinary augmentation of the calibre of the vessels and thickness of their coats: when opened, there escaped from them a true purulent fluid. The vena cava, where the right renal vein entered, presented a resisting tumefaction; and when laid open, its coats were of double the natural thickness, and the cavity was filled with pus, and a polypus formed of pseudo-membranous and puriform concretions.”§ Not long after this period, Professor Osiander found the lungs inflamed, and the umbilical vein from the navel to the liver filled with a yellow purulent fluid, in a child who died of erysipelas shortly after birth. In the body of a child who had died seven days after birth, Meckel found the umbilical vein inflamed, and its inner membrane covered with a layer of pus and perforated with small ulcerations. In another child, attacked soon after birth with vomiting, colic, diarrhoea, jaundice, and fever, and who died on the tenth day, he found the peritoneum inflamed, and puriform effusion in the abdominal cavity. The branches of the vena portæ, and those of the umbilical vein were swollen and their coats much thickened. M. Breschet and the writer of this article have repeatedly observed this inflammation of the

umbilical vein extending into the substance of the liver and vena cava, in the bodies of children who died a few days subsequent to birth; and they are disposed to consider this organic lesion as the sole cause of infantile erysipelas and death in many fatal cases soon after delivery.* Palletta published in 1807 an observation which he had made in 1787, of a case of inflammation of a pelvic vein, from which he was led to suspect that pus, which had been secreted by the lining membrane of the vessel, had been carried into the circulation, and produced the abscesses in the lungs and other organs which were discovered on dissection. “Si itaque hæc transvectio causâ est apostematum in memoratis visceribus observatorum; nonne idem sentiendum est de abscessibus, qui post graves capitis lesiones in hepate, liene, pulmone pericardii consequuntur? Possint utique sanguineæ venæ ob ictum vehementiam et capitis concussionem, &c. inflammationi ut aliæ partes esse obnoxie.”†

With the researches of Mr. Hunter on inflammation of veins, the French pathologists appear to have remained almost entirely unacquainted for many years. It is truly a remarkable circumstance that Bichat, whose *Anatomie Générale* appeared in 1801, and which contains a minute account of the origin, structure, and functions of veins, should have said nothing respecting diffuse suppurative inflammation of their lining membrane; and but for the acuteness of Mr. Hunter's powers of observation, it seems not improbable that the disease might have remained much longer undiscovered. The following case of phlebitis after venesection, cited by Mr. Arnott, is the only one, as far we have been able to discover, which was recorded in the French journals between the years 1784 and 1815, when Mr. Hodgson's valuable *Treatise on the Diseases of Arteries and Veins* was published. In this case some of the more remarkable secondary effects of phlebitis are described. “Gasper Goldinger, subject for the last six weeks to epilepsy, was bled twice from the arm on the 1st of November, 1806; on the 8th from the foot, and on the 10th and 13th from the jugular vein. On the 16th he was again bled from the arm (the right), which on the following day felt painful; some redness and tension were observed round the aperture; 15th, arm very painful and swollen from the shoulder to below the elbow; edges of the puncture red; face and skin of the body of a yellowish colour, pulse feeble and frequent; 19th and 20th, fever more intense; tongue dry and coated; great pain in the arm; 21st and 22d, lies supine; prostration of strength; heat of skin; tongue dry; pain in the right side of the chest; respiration short; 23d, tension of the arm diminished, some pus flowed from the wound made in bleeding; respiration short. Died at night, seven days after the receipt of the wound in the vein.

“Dissection.—The wound in the cephalic

* Surgical and Pathological Essays. Lond. 1793.

† Practical Essays on the Management of Pregnancy, &c. by J. Clarke, M.D. 1793.

‡ Trans. of a Society for the Improvement of Med. and Chir. Knowledge, vol. iii. p. 65.

§ De Vusor. Sanguif. Inflammat. auct. J. Georg. Sasse Halle, 1797.

* Dict. de Méd. t. xvi. p. 400.

† Exercitationes Pathologicae, cap. ii. 1807.

open; the vein filled with pus through its whole length, i. e. from where it terminates in the axillary to the bend of the elbow, where it divides into the median cephalic and superficial radial; the latter of which contained pus for two inches below its origin. The coats of the vein were much thickened, indurated, and red. In the interfibrillar cellular tissue of the pectoral muscle of the right side was a quantity of thick greenish pus. Eight or ten ounces of a yellowish opaque serosity were contained in the right sac of the pleura. The lung of this side was unadherent, that of the left was adherent over its whole surface by a delicate false membrane. Both lungs presented a number of hepatic portions, varying in size from that of a nut to that of a large walnut, gorged with fluid, which in some of them was puriform. The arachnoid membrane was opaque, thickened, and indurated; effusion of fluid between it and the pia mater, and into the texture of the latter. Some yellowish serum into the ventricles.”*

Even in the medical literature of this country few cases of phlebitis were recorded in the interval above mentioned, and the great importance of Mr. Hunter's observations does not appear to have been perceived before the publication of the essays of Hodgson, Travers, and Carmichael,† on venous inflammation.

After relating the history of a fatal case of phlebitis from venesection, in which there had been a high degree of constitutional irritation, with symptoms which strikingly resemble typhus, the first of these authors observes, that “several cases of extensive inflammation of veins after the operation of venesection have been communicated to me, and I have seen one in which the symptoms and appearances upon dissection, although not so extensive, were similar to those described in the preceding case. The symptoms were very like those of typhous fever, and the appearances on dissection were in some places adhesion and obliteration of the vessels, in others effusion of coagulated lymph or pus into their cavities with great induration, thickening, and adhesion of the surrounding parts.” “The constitutional irritation,” Mr. Hodgson adds, “which takes place in extensive inflammation of veins is attended with symptoms of greater debility than acute inflammation in general. This circumstance may probably arise from the extent of the inflamed surface, but it is not improbable that it may be an effect produced upon the nervous system by the pus which is secreted into the vessel being mixed with the circulating blood.”‡

Having inquired into the essential points of distinction between veins and arteries, as far as regards their texture and properties, and considered the relative pathology of these vessels, Mr. Travers observes that “the contrasted character of the inflammation of arteries and veins

above-mentioned explains the active constitutional sympathy peculiar to the latter. This corresponds with our observations of the difference in this respect presented by the bounded and undefined inflammation of joints, the peritoneal or pleural cavities, and the other shut sacs of the body. The constitutional symptoms excited by inflamed veins resemble in type those of diffused inflammation in other organs. They are similar to those of inflamed absorbents, which vessels also resemble the veins in their disposition to continuous inflammation.” Respecting the manner in which the constitutional symptoms are produced, Mr. Travers further observes that “there have been many conjectures respecting the cause of the fatal termination of these cases, at which I confess I feel surprised. Among others the inflammation by extension to the heart or the membranes of the brain, and the conveyance of pus into the circulation, have been mentioned. Not to insist on the innocuous quality of pus, it should be observed that the most rapidly destructive inflammation is that which has the true adhesive progress, in which no pus is secreted. But if we consider the importance of the veins in the economy, the extent of surface which the collective area of the venous trunks afford, larger I imagine than any of the shut sacs of the body, and the diffused disorganizing character of the inflammation, we can surely be at no loss to account for the disturbance of the system. It is an error to suppose that any greater sympathy exists between the constitution and the venous than the arterial or absorbent system. I say this because I have observed something like that superstitious alarm which is excited by events that we do not expect and cannot explain, has been produced by the fatal catalogue of tied veins, and a comparison of these with the generally successful cases of tied arteries. All the mystery of veins is, as I have attempted to shew, that they are indisposed to inflammation but when excited to inflammation by continuity, and therefore it is that the constitution sympathises so deeply.”*

The essay of Mr. Travers contains the histories of several examples of venous inflammation after venesection and the application of a ligature, and he has also related a case of obliteration and ulceration of the internal jugular vein communicating with an abscess and tumour situated deeply over the right side of the trachea, and covering the great vessels.

In the course of the last fifteen years numerous important observations have been made in this country and on the continent of Europe on inflammation of veins, whereby the symptoms and causes of the disease have been more accurately ascertained, and many obscure pathological phenomena satisfactorily explained.

In the articles PUERPERAL FEVER and PHLEGMASIA DOLENS, the author has given a full history of the local and constitutional symptoms, the alterations of structure, the causes

* M. Le Herissé, *Journal de Médecine*, tom. xii. p. 417. Paris, 1806.

† Transactions of King's and Queen's College of Physicians in Ireland, vol. ii. Dublin.

‡ A Treatise on the Diseases of Arteries and Veins, by Joseph Hodgson. London, 1815. p. 515.

* Cooper and Travers, *Surgical Essays*, vol. i. London, 1818.

and the treatment of inflammation of the veins of the uterus, and of those which bring back the blood from the lower extremities. Inflammation has likewise been observed in the superficial and deep-seated veins of the upper extremities, in the vena cava, splenic, spermatic, renal, and vesical veins, azygos, vena portæ, vena innominata, jugulars, sinuses of the brain, pulmonary veins, and in the veins returning the blood from the larger bones, of the body.—Redness of the lining membrane of a vein is an appearance often produced, as in arteries, without inflammation. When inflamed, the coats of veins become vascular and thickened, and their lining membrane coated with lymph or pus. Their cavities are also obstructed by coagula of lymph and of the fibrine of the blood. When permanently obstructed, their coats are gradually converted into ligamentous cords, and the circulation of the blood is carried on by the collateral vessels.

When inflammation takes place in the veins of the arm after venesection, it may proceed upward in the direction of the heart, or toward the distal extremity of the limb contrary to the current of blood circulating in the vessel. The same circumstance takes place in crural phlebitis originating in the branches of the internal iliac vein, the inflammation spreading upward along the common iliac to the vena cava, or in the opposite direction from the trunk to the branches along the external iliac and femoral veins to the thigh and leg. In traumatic phlebitis of the arm, the wound which had been made with the lancet in the vessel becomes painful and festers, and there flows from it either a small quantity of red-coloured serous or puriform fluid, or a small crust forms over the opening. Along the course of the inflamed vein, a hard, painful, sometimes knotty, cord, which rolls under the finger when pressed, can be distinctly traced, and more or less redness, swelling, and stiffness take place in the soft parts covering the vein. Sometimes the whole inner surface of the arm or even the entire limb becomes tense, swollen, red, painful, as in erysipelatos inflammation of the parts. Not only are the coats of the vein inflamed in some cases of phlebitis, but the cellular membrane, skin, and other contiguous parts participate in the disease, and suffer from the usual consequences of inflammation. The severity and extent of phlebitis varies considerably in different cases. In some it is of an adhesive character, and produces only a thickening of the coats of the vessel and obliteration of a small portion of its canal. In diffuse suppurative phlebitis, however induced, severe constitutional disturbance is speedily excited, and death not unfrequently follows whatever plan of treatment be adopted.

The researches of recent pathologists lead to the conclusion that, in the greater number of cases of phlebitis, death does not result from the extension of the inflammation of the vein to the heart, the inflammation having been sometimes limited to a few inches only of the vessel. From the resemblance which the symptoms of phlebitis bear to those produced by injecting acrid and poisonous fluids into the

veins of animals, and from pus being generally found in the veins of those who have died of phlebitis, the conclusion seems legitimate that the constitutional symptoms of venous inflammation generally, though not invariably, depend on the introduction of a fluid into the circulation, which contaminates the blood and operates as a poison. Recent pathological researches likewise prove that phlebitis is generally the cause of the formation of abscesses in the liver, joints, lungs, cellular membrane, &c. after injuries of the head, parturition, amputation, and other great surgical operations.

M. Cruveilhier states that phlebitis of the bones is one of the most frequent causes of visceral abscess, the consequence of wounds and operations in which the bones are interested. In 1814 he examined the medullary membrane of the long bones of those who died after amputation in the Hôtel Dieu, with typhoid symptoms and visceral abscesses. In the greater number of these there was suppurative of the medullary membrane; sometimes this occupied the whole length of the bone. Operations upon the bones, M. Cruveilhier says, are extremely liable to produce phlebitis. The constitutional symptoms are referred by him to a miasmatic infection of the whole mass of fluids. However extensive the phlebitis may be, if the pus does not enter the circulation, he affirms that no accident follows from it, but as soon as the impediment formed by the coagula is removed, atonic adynamic fever, preceded by intense shivering, takes place, and is speedily followed by death.

Mr. Arnott, to whom we are so deeply indebted for his observations on phlebitis in the fifteenth volume of the Medical and Chirurgical Transactions, and who has contributed more than any other writer to elucidate the phenomena of the disease, has given the following account of the general effects of inflammation of veins.

“In from two to ten or twelve days after the receipt of the injury, the secondary or constitutional symptoms of phlebitis manifest themselves, and they may be thus briefly characterised. Great restlessness and anxiety, prostration of strength, and depression of spirits, sense of weight at the præcordia, frequent sighing or rather moaning, with paroxysms of oppressed and hurried breathing, the patient at the same time being unable to refer his sufferings to any specific source. The common symptoms of fever are present; the pulse is rapid, reaching to 130 or 140 in a minute, but is in other respects extremely variable. There is often sickness and violent vomiting, especially of bilious matter. Frequent and severe rigors almost invariably occur, sometimes to the number of three or four in the course of a few hours. The general irritability and deep anxiety of countenance increase; the manner is quick, and the look occasionally wild and distracted. When left to himself, the patient is apt to mutter incoherently, but on being directly addressed, is found clear and collected. The features are pinched, and the skin of the whole body becomes of a sallow or even yellow colour.

“Under symptoms of increasing debility, and

at a time when the local affection may appear to be in a great degree subsiding; secondary inflammations of violent character, and quickly terminating in effusions of pus or lymph, very frequently take place in situations remote from the original injury; the cellular substance, the joints, and the eye have been affected; but it is more particularly under a rapidly developed attack of inflammation of the viscera of the chest that the fatal issue usually occurs. Whether this is observed or not, death is always preceded by symptoms of extreme exhaustion, such as those of a rapid feeble pulse, dry, brown or black tongue, teeth and lips covered with sordes, haggard countenance, low delirium."

Causes of phlebitis.—Inflammation of veins rarely takes place in any part of the body where it cannot be referred to a wound or some specific cause, externally applied to the coats of the vessels. Exposure of the cavities of veins by phlebotomy, amputation, and the separation of the placenta from the uterus in parturition, are the most frequent causes of this disease. It has arisen also in many cases from the application of a ligature around the coats of a vein, or after their division for the cure of varix in the lower extremities; and in some instances phlebitis has been produced by the application of cold to the limbs, or by chilblains or gangrene affecting a part.

Mr. Hodgson mentions two cases in which the division of a varicose vein terminated fatally; the first on the morning of the fourth day, the second on the seventh or eighth day. He likewise relates a case which came under the observation of Mr. Freer, in which the ligature of a varicose vein was followed by violent pain in the left side of the chest, laborious breathing, and a violent vomiting of blood four hours after the operation. The ligature was removed from the vein by dividing the noose which surrounded the latter. The symptoms were immediately relieved; she became easy, and her pulse rose from sixty to eighty. On the sixth day the swelling and pain in the knee had subsided. On the eighteenth day the limb was painful: the vein appeared to be impervious below the part which had been tied, and several varices upon the calf of the leg were harder than before the operation. About six weeks after the operation, a large vein, a little above the outer ankle, was tied with a single ligature, which was immediately removed; she became feverish soon after, and vomited twice. During the following day her pulse was natural; on the third day after the operation, the vessels to which the ligature had been applied were found to be impervious; but as other veins in the limb were varicose, and caused great pain and inconvenience, two of the largest of them were tied in a similar manner. The operations were performed nine weeks after the last which has been described. The ligatures were cut away immediately after their application. In three hours the patient vomited a fluid slightly tinged with blood. On the second day her pulse was almost imperceptible, and she was attacked with delirium and severe vomiting. On the third day the

symptoms had increased; the pulse was scarcely to be felt on the fourth day. On the sixth she was delirious and oppressed; after a bleeding from the arm the pulse became fuller, and she began gradually to recover; the incision healed, and obliteration of the vein was produced by a ligature, which was immediately removed.

Mr. Oldknow relates a case in the fifth volume of the Edinburgh Medical and Surgical Journal in which death took place from the application of a ligature around a varicose saphena vein. Mr. Travers has given the history of a fatal case of ligature in a wound of the femoral vein. Many other cases are to be met with in the writings of different authors, which prove that the application of a ligature around a vein may produce fatal phlebitis, and the same result has frequently followed the division of the saphena with a cutting instrument for the removal of varix.

Sir Astley Cooper has informed the writer that he met with a tumour upon the saphena major vein. The tumour was laid open or removed, and inflammation of the vein soon succeeded which destroyed life. A lady having a varicose enlargement of the vena saphena above the ankle, Sir Astley cut it out, compressed the vein below, and desired her to keep quiet. Three or four days after she was labouring under high constitutional irritation, and had an erysipelatous appearance in the leg. The great saphena vein became inflamed as high as the groin, and the patient died. Another lady had a fungoid tumour just below the knee; in removing this Sir Astley found the saphena passed through its centre. The saphena vein was cut through, and the portion removed which was imbedded in the tumour. In three days she had great inflammation in the leg low; high constitutional irritation; in different branches of the saphena below there was a disposition to form abscesses, with very little corresponding inflammation above, and she died in a week. Other similar cases have been related to us by Sir A. Cooper, and Breschet observes that the modern history of surgery contains multiplied observations of accidents produced by incision, excision, or the ligature of varicose veins. In all cases it is phlebitis which takes place, and which occasions the danger.

Mr. Abernethy believed that moving the arm soon after bleeding produced the disease. Dr. J. Thomson of Edinburgh thinks the state of the lancet as to sharpness has a considerable share in producing the morbid effects. A bad lancet Mr. Abernethy says may contribute to produce the disease, yet this is not sufficient to account for the accident without supposing a peculiar irritability of the constitution to be present. From the frequent occurrence of phlebitis at particular seasons, certain unknown conditions of the atmosphere have probably a more powerful influence than any other cause in the production of traumatic and other varieties of phlebitis.

M. Breschet states that punctured wounds, particularly when the instrument is charged with some putrid or irritating matter, are often

followed by inflammation of the deep-seated veins, and he attributes the greater frequency, at present than in former times, of inflammation of the veins of the arm to the circumstance that many persons bled with the same lancets which they have employed in vaccination. A powerful cause of phlebitis, though less common than that of venesection, he considers to be the inoculation of a deleterious matter under the skin or in a vein during the dissection of putrid bodies, and of those more particularly who have died of peritonitis. The same effect is produced by the immersion of the hands in animal fluids, more or less acrid. Several persons connected with the Faculty of Medicine at Paris became affected with phlebitis from plunging their hands when excoriated into water containing portions of a dead body.

The pus of some ulcers, and the fluid discharged from certain blisters, are likewise considered as so many causes of inflammation of veins. M. Breschet quotes the case of a distinguished young physician (Dr. Jerrin) who died of phlebitis with abscess and suppuration of the cellular tissue of the arm and armpit, from a prick of a pin employed in dressing a blister. M. Dance has published an account of the death of a young physician from phlebitis, which was produced by puncturing a small phlegmon on his hand with a bistoury which he had employed a month before to lay open an anthrax, and which had been very carefully wiped. A young veterinary surgeon likewise perished from puncturing his hand while dissecting the body of a man who had died of gangrene.*

Dr. Carswell has related to us a case of gangrene of the sole of the foot, in which, after death, he found the cellular sheath of the veins proceeding from the part filled with pus, and the coats of the veins greatly thickened.

In Mr. Howship's collection there is a fine specimen of inflamed varicose saphena vein. The vein is tortuous and elongated, and connected with it are several pouches formed by the coats of the vessel, which are filled with coagulated blood. At the bottom of one of these sacs, which has been laid open, there is a small circular opening, which communicates with the cavity of the vein. Mr. Howship informed the writer that the individual from whom the diseased vessel was removed after death, had an attack of gout in the foot, and that the gouty inflammation was suddenly transferred to the saphena vein, and extended a considerable way up the limb.

Chronic ulcers of the legs, of the rectum, uterus, &c., have given rise to inflammation of the coats of their veins. The application of cold, internal violence, or even simple pressure, or the long-continued pressure of tumours, may produce inflammation and obstruction of the superficial veins of the extremities. Mr. Travers succeeded in obliterating a varicose saphena behind the inner condyle of the knee in a labouring man, by means of adhesive plaister applied in stripes around the limb, with as

much firmness as could be borne. The vein took on inflammation, became hard, tense, and painful, and afterwards perfectly impervious.

Mr. Travers relates another case where this change took place spontaneously, and was accompanied by like symptoms and consequences. The saphena, spermatic, and epigastric veins were several years afterwards greatly distended and tortuous. Mr. Travers considers this as an example of the phlebitis produced by arrest of the circulation in the vein, and he refers to Mr. Hodgson as being the first who observed the fact that blood occasionally deposits strings of coagulum in varicose veins, and that the vessel in such a case becomes firm, and incapable of being emptied by pressure. "I have seen four cases," observes Mr. Hodgson, "in which this event terminated in a spontaneous cure of varices. In these instances it is probable that the coagulum accumulated until it completely filled the varix or the upper portion of the vein communicating with it; the blood, being unable to pass forward, coagulated in the vessel to a considerable extent. This coagulum was gradually absorbed; as its absorption advanced, the coats of the vein contracted; the vessel was ultimately obliterated, and the blood was conveyed through collateral channels." In these cases, the coagulation of the blood in the veins was probably the consequence and not the cause of phlebitis.

Cases of spontaneous inflammation of the veins of the extremities, and also of the veins of the great viscera, have occurred. Cruveilhier relates a case which came under his own observation, in which suppuration had taken place in the cellular sheath of all the divisions of the vena portæ, the vein itself remaining sound. Broussais states that the veins are often inflamed in small-pox, measles, and scarlatina. Purpura hemorrhagica is also affirmed by some writers to depend on inflammation of veins. According to Ribes, erysipelas is seated in the extremities of veins; and Bouillaud has referred the phenomena of typhous fever to phlebitis. A case occurred about a year ago in this metropolis, where fatal inflammation of the great dental and maxillary veins followed the extraction of a tooth. Pus was also found in the veins of the brain.

Treatment of phlebitis.—Mr. Hunter applied firm compresses above the wound in the arm after bleeding to produce obliteration of the canal of the vessel, by bringing its sides into contact; but observation has not proved this practice to be successful in arresting the progress of the inflammation. Our chief reliance in the treatment of this affection at the commencement should be placed on the vigorous employment of local antiphlogistic remedies. Almost all the cases of traumatic phlebitis which have been treated with stimulants have proved fatal. The arm should be supported and preserved in a state of rest, and leeches applied along the course of the inflamed vessel. Their number should be proportioned to the severity of the attack, and their application should be repeated until the inflammation is subdued. This is by far the most important part of the

* Dictionnaire de Médecine, tom. xvi. p. 396.

treatment, and the leeches should be repeatedly applied in large numbers. The arm should afterwards be covered with an emollient or saturnine poultice, or an evaporating lotion. Diaphoretics and cooling saline purgatives should also be exhibited.

"With respect to general treatment when the primary inflammation alone is to be considered, I apprehend," observes Mr. James, "that it cannot be too decidedly antiphlogistic; when, from the continuance of the disease or other symptoms, secondary inflammation may be suspected, this mode of treatment is more questionable, and its results often unfavourable. General bloodletting is certainly a remedy of great efficacy where it is proper, but opinions are much divided on this head; and at all events, when the secondary inflammations are running into rapid suppuration, it is likely rather to expedite the process than to prevent it. Mr. Sanson has treated phlebitis with tartarate of antimony with success: it is at all events a safer mode than bleeding."^{*}

It must be acknowledged that no treatment of the constitutional symptoms has yet been discovered on which much reliance can be placed. When the symptoms indicate great depression of the system, recourse must be had to wine, ammonia, quinine, camphor, and other stimulants, as we have already fully described in the article PUERPERAL FEVER.

2. *Of phlebolites, vein-stones or calculi in the veins, and conversion of the coats of veins into calcareous matter.*—Phlebolites have been found most frequently in the veins which return the blood from the uterine organs, the bladder, prostate gland, and rectum; but they have been met with also in the veins of the spleen, spermatic cord of aged men, the anterior and posterior tibial veins, and in varicose subcutaneous veins of the leg. Otto found them most frequently in the veins of the uterus, vagina, and bladder of persons who were more than fifty years of age. He discovered them once within the veins of the prostate in an old man. In all the cases the veins were varicose, and contained coagulated blood. In two instances gouty concretions existed at the same time in the joints; and such was the case in the man in whom the calculi were found in the veins of the prostate. Otto refers to Realdus Columbus for an example of phlebolites in the hemorrhoidal veins, and to Bartholin, Tulpus, and Walter, for the history of cases where they were found in the renal, meseraic, dorsal, and vesical veins. Mr. Langstaff saw three calculi as large as peas in the veins of the uterus, and he has observed them also in the veins of the prostate, and he thinks they are formed most frequently in those who have diseases of the prostate and bladder.† Lobstein has found them in the veins of the testicle, uterus, bladder, rectum, and once in the veins of the spleen.‡ Tiedemann found numerous concretions in the varicose veins of both spermatic cords of a man fifty-

one years old. There were fifteen of these calculi in the right; in that of the left twenty-one. They were of different sizes, of a round or oval form, had a yellowish white colour, and lay loosely imbedded in coagulated blood. Some were, however, adhering to the inner coat of the vessel by a fine transparent membrane.

In one case the writer discovered several phlebolites in the spermatic veins of a lady who died at the age of thirty-five, and who had suffered repeatedly from abortion, and once from inflammation of the uterus. In a case which we examined with Mr. Holberton of Hampton Court, where the mucous membrane of the rectum was ulcerated, we found several phlebolites in the left hemorrhoidal and vaginal veins. One of these was as large as a pea, and smooth on the outer surface; there were two others much smaller, which were deposited in the centre of small clots of the fibrine of the blood. The fibrine surrounding these was formed into thin concentric layers. The coats of the veins surrounding these bodies were healthy, but between these points and the ulcerations in the rectum their coats were disorganised by inflammation. We have repeatedly met with phlebolites perfectly or imperfectly formed in the spermatic and hypogastric veins of women who had died from malignant disease of the uterus. While engaged in writing this article, 24th July, 1833, we found a phlebolite of an oval shape, smooth on the outer surface, and about two lines in diameter, in the anterior tibial vein of an aged woman, who died in the St. Marylebone Infirmary of cancerous ulceration of the bones of the face. The coats of the veins enclosing the concretion were thin and pellucid: over the tibia, two inches nearer the ankle, there was the cicatrix of a large ulcer. An aged female, with varicose veins, now under our care, has a large phlebolite in the anterior tibial vein of the right leg, which produces little or no uneasiness. In the right common iliac vein of Lord Liverpool there was contained a cylindrical concretion, an inch or more in length. Sir Astley Cooper, to whom the writer is indebted for an opportunity of examining this rare specimen, believes the deposit of calcareous matter to have taken place within the vein, and consequently that it is not an example of ossification of the coats of the vessel, as had originally been suspected. The iliac and femoral veins of Lord Liverpool, on the opposite side, had been completely disorganized by inflammation. It does not appear that phlebolites have yet been observed in the sinuses of the brain.

Phlebolites often attain the size of a common pea; more frequently they are smaller, and sometimes they do not exceed a millet-seed in size. Otto states that he saw one in the anatomical museum at Strasburgh of the size of a hazel-nut. They are usually of a yellow colour, and consist of concentric lamellæ, and are more frequently of an oval than round shape. According to the analysis of Iohn and Gmelin, they are principally composed of carbonate and phosphate of lime with animal matter. Dr. Prout has more recently analysed some of

^{*} Observations on Inflammation, by J. H. James, p. 458. London, 1832.

† Hodgson's Treatise, p. 522. 1815.

‡ Traité d'Anatomie Pathologique. Paris, 1829.

these concretions, and his results are nearly the same.

A difference of opinion has prevailed respecting the mode of their formation. Mr. Hodgson thought it not improbable that phlebolites were formed in the surrounding parts, and made their way into the veins by progressive absorption. Meckel entertained an opinion that they were formed like encysted tumours. Andral states that calculous concretions sometimes push the internal membrane before them, and descend with them into the cavity of the vein. The membrane, he adds, becomes thin, and forms a true peduncle to the concretion. There is the closest analogy, M. Andral thinks, between these pedunculated concretions and those concretions sometimes met with in the interior of the joints, and he inquires whether it may not be possible for these bodies sometimes completely to detach themselves from the coats of veins, and become loose in the cavity. Tiedemann believes them to be formed from the blood itself: this opinion Otto states is also supported by the observation of Errhman, according to which some of the concretions were still soft and appeared to be formed from the fibrous matter of the blood, a mode of formation which Cruveilhier had previously noticed. That this view of the mode in which phlebolites are formed is correct does not admit of dispute, and Dr. Carswell has executed drawings to illustrate the various stages of their formation. The observations of Dr. Carswell prove that there is first formed a small coagulum of blood in the vein, and that in the centre of this clot a little nucleus with concentric layers gradually appears. By-and-bye the red part of the blood is partly absorbed, and the fibrine makes its appearance with the usual physical characters. Then a certain arrangement can be perceived taking place in the fibrine forming lamellæ, the central one first formed apparently becoming cretaceous; and this cretaceous induration takes place throughout the different lamellæ until the whole is converted into a solid phlebolite. In the point towards the distal extremity of the vein there is sometimes a little nucleus of blood or fibrine, which becomes a concretion; and thus the phlebolites sometimes get a caudal extremity.

But in what manner the blood becomes coagulated in the veins so as to give origin to the formation of phlebolites, it is not so easy to determine. That this is sometimes the result of a slight degree of inflammation or irritation propagated from diseased organs along the vessels is highly probable from the facts already noticed respecting the consequences of phlebitis. It must, however, be admitted that at the part where the phlebolite is formed there is in general no perceptible alteration of structure in the surrounding coats of the vein, although it has been employed in bringing back the blood from a diseased organ.

The conversion of the tissues which compose the veins into calcareous matter takes place so seldom that Bichat questioned the possibility of its occurrence. The lining membrane of

veins, he observes, does not become ossified in aged persons, as we observe in the arteries; its organization prevents it from being penetrated by the phosphate of lime. When it does happen, it is an unnatural condition; whereas ossification of the common membrane of red blood is a state almost natural to the aged.* Morgagni has, however, related a case in which the coats of the vena cava were in great measure cartilaginous, and even in some degree bony.† Dr. Baillie mentions an instance where a considerable ossification was found in the coats of the vena cava inferior near its bifurcation into the two iliacs.‡ Dr. Macartney informed Mr. Hodgson that he met with several depositions of calcareous matter in the external saphena vein in a man who died of a diseased liver. There was an ulcer on the leg; but the depositions of calcareous matter appeared to have no immediate connexion with the ulcer. One of the depositions was nearly an inch in length, and was situated on the internal surface of the vessel.§ Beclard found the femoral vein ossified at one point where it was in contact with the crural artery, which was converted into bone. M. Andral likewise found in one part of the thickened walls of a varicose femoral vein a very hard concretion, of the size of a small nut, formed by a deposit of phosphate of lime.|| M. Otto, after alluding to various other authors who have observed ossification of the coronary veins, vena portæ, the brachial vein, &c., states that he has never himself met with ossification of the veins, but that he saw, in the Museum of Pathological Anatomy at Vienna, a splenic vein, a vena portæ, the brachial and femoral veins of an old man and woman, and also, in the Veterinary School at Munich, the preputial veins of a horse ossified.¶

3. *Of obliteration of the cavities of veins.*— This is one of the most frequent consequences of phlebitis; and it would be difficult to prove that obliteration of the cavities of veins which nature intended should remain pervious through life, ever takes place but as a consequence of inflammation. In the umbilical vein, the ductus venosus, and the ductus arteriosus, which is properly a venous, and not arterial canal, which are not designed to remain open after birth, obliteration of their cavities takes place, it is true, without our having any ground to suppose that inflammation existed. Coagulation of the blood takes place in the umbilical vein after it has been tied; the red particles become gradually absorbed, the fibrine which remains is slowly converted into a fibrous tissue, and that tissue, according to Dr. Carswell's observations, becomes organized, and unites with the walls of the vein. The sudden

* Anatomie Générale, t. ii. p. 404.

† Morgagni, letter lxiv. art. ix.

‡ Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, vol. i. p. 134.

§ Hodgson's Treatise on Diseases of Arteries, &c. p. 521.

|| Andral, Précis d'Anatomie Pathologique, t. ii. p. 411.

¶ South's Translation of Otto's Compend. of Pathol. Anatomy, 8vo. 1831, p. 350.

mechanical arrest of the blood circulating in a vein might also give rise to the formation of a clot of fibrine in the vessel between the obstructed part and the nearest collateral branch, and subsequent complete obstruction without inflammation, but this must be a rare occurrence; and where we meet with an obliterated vein, it ought generally to be considered as the result of phlebitis, however induced.

4. *Of varicose veins.*—The term varix signifies simply a swollen vein, and does not, therefore, express the precise nature of the disease. When a vein becomes varicose, it has a blue colour, becomes dilated, knotty, and irregular, and winds in a serpentine manner under the skin. The actual state of the coats and valves of a vein affected with varix has not, perhaps, been satisfactorily ascertained. Mr. Hodgson thinks it probable that the valves are ruptured in this affection; but this does not appear to be demonstrated by observation, nor is it proved that the valves are thickened. In some cases strings of coagula form in the veins; and this may be either the cause or the consequence of inflammation of the coats. Spontaneous obliteration of the vein sometimes results from a phlebitis thus produced. Mr. Stanley had an opportunity of opening a varicose vein, and the valves were in a healthy condition, thin and transparent. In one part of the vein, where there was externally an appearance of tortuosity, he found internally a pouch projecting from the side; precisely the same pouch in the vein which occurs in an artery producing a true aneurism. This pouch had formed at some distance from the valves and below them. There was no coagulated blood in the pouch, as has been observed in other similar cases. There was an appearance of circular fibres in the lining membrane of the vessel. Mr. Langstaff has likewise examined varicose veins, and perceived an appearance of circular muscular fibres in their lining membrane. The valves he also found healthy in their structure, but not sufficiently large to close the vein.

On the 14th August 1833 we examined the body of a man who had died of cholera in the Saint Marylebone Infirmary. There was a large varicose ulcer situated over both the right and left tibia, and there were several branches of the saphena veins tortuous and apparently greatly dilated, which extended above the knee. We cut down to the trunk of the left saphena, where it was about to enter the femoral vein, and introduced the pipe of a syphon and threw water into the vessel, which immediately distended the trunk and all the varicose branches along the tibia. On removing the vein, its coats were found to be hypertrophied and thickened like those of an artery, and the inner surface of the vessel was rugous in the longitudinal direction. The valves were thin, pellucid, and perfectly healthy in appearance, though insufficient to close the vessel. Two enlarged and indurated glands pressed on the trunk of the saphena where entering the femoral vein. Around the cicatrix there was a large cluster of enlarged veins, and passing from these, through the fascia, was a large branch,

which formed a communication with the deep-seated veins of the leg.

Andral admits six different varieties of varix, and he states that varix may exist with the coats of the veins in three different conditions: 1. simple dilatation, without any other alteration, extending through their whole length or at intervals: 2. dilatation of veins with thinness of the walls of the dilated points: 3. uniform dilatation of veins with thickening of their coats: 4. dilatation at intervals with thickening of the coats in the points where the enlargements exist. In these two latter varieties the capacity and length of the vein are both increased, and it becomes tortuous in consequence: 5. dilatation of veins with the development of septa in their interior, which divide the vein into little cells (locules), where the blood accumulates and coagulates: 6. the same disposition exists as in the last species; but besides there are numerous small openings in the walls of the vein which communicate with the surrounding cellular tissue more or less changed. In dissecting many true hemorrhoidal tumours M. Andral found nothing but one or other of these varieties of varix; and the same is the case, he observes, with many other veins.*

Where the veins of a part become varicose, all the evil consequences of interrupted circulation are experienced, as swelling and sense of weight, heaviness, and numbness in the limb. Edema often takes place, or inflammation of the skin and cellular membrane, and sometimes ulceration and hemorrhage ensue. Chronic inflammation of the coats of the vein itself probably also takes place.

The disease is rarely met with in the deep-seated veins. Most frequently it is observed in the veins of the lower extremities; but it has also occurred in the upper extremities, where the veins have been obstructed from pressure, inflammation, or any other cause. Varix has been observed likewise in the vena azygos, internal jugular, and right subclavian vein. The veins of the spermatic cord and scrotum are also not unfrequently affected from pressure and from supporting a long column of blood, and varices sometimes appear around certain tumours, more particularly those of a malignant nature.

The morbid condition of the veins constituting varix is produced in almost all cases by the presence of some cause which obstructs the free circulation of the blood in the vessel. Obliteration of the cavities of veins by inflammation and the pressure of tumours, and the pressure of the gravid uterus, are perhaps the most frequent causes of the disease in the lower extremities. The vein becomes over-distended with blood from the point of pressure to the capillaries; the minute venous capillaries gradually become congested and dilated by the arteries pushing forward their blood into them with the usual force; and in consequence of this the extreme branches of the vein first assume the varicose appearance. This gra-

* *Précis d'Anatomie Pathologique*, t. ii. p. 402.

dually extends until the branches and trunk of the vein are affected to a greater or less extent, and sometimes it proceeds until nearly all the superficial veins of the limb are diseased. If this view of the manner in which varix is produced be correct, it will follow that the disease does not arise from thickening or rupture of the valves, and their incapability of approximating and closing the vessel, but from the dilatation of the coats of the vein from the undiminished impetus of the blood in the capillary arteries, and the obstruction to its free circulation in the capillary veins.

Treatment of varicose veins.—After what has been stated respecting the causes of phlebitis, it will be unnecessary to say more in condemnation of the ancient practice of destroying varicose veins of the lower extremities by excision or the application of the actual cautery. The division of the varicose vein with the knife practised by modern surgeons, however effected, is so hazardous a practice, that it also has been almost universally abandoned of late years.

In the milder forms of the disease permanent compression by means of rollers, bandages, or laced stockings, is sometimes an effectual remedy. When the vein becomes inflamed, recourse must be had to leeches and soothing applications, as emollient cataplasms, with tepid or cold lotions, and rest in the horizontal position. When these means fail, caustic may be applied so as to produce a slough of the skin, cellular membrane, and coats of the vein. Sir Charles Bell has informed us that this plan was practised many years ago by Mr. Cartwright extensively and with great success in the Middlesex Hospital. Mr. Mayo has treated upwards of fifty cases in this way, and he has assured us that in not one instance has any bad symptom been produced by the caustic. Mr. Perry has, however, related to us a case where phlebitis and death followed its use; and as the caustic must act in all cases by producing inflammation of the coats of the vessel, care should be taken to excite this only in a mild degree. The following is the method in which the caustic is applied by Mr. Mayo to varicose veins of the lower extremities; and in a case which we saw under treatment at the Middlesex Hospital in August, it promised the best result, many of the enlarged veins having disappeared. "The method which I employ consists in applying *potassa fusa* made into a paste with soft soap, to the integuments covering the vein. I cut a hole one-third of an inch in depth, and of the requisite length, (from an inch to two inches,) in a piece of leather upon which adhesive plaister has been spread: the plaister is then applied to the skin, so that the length of the aperture is transverse to the vein or veins I would obliterate. The hole in the plaister is then filled with the caustic paste; and a piece of adhesive plaister, and a roller applied over that, prevents its shifting. In seven hours the roller, plaister, and paste are removed, the part washed with warm water, and a linseed poultice applied. In about ten days the slough produced by the

action of the caustic separates; in a week to ten days more the sore is cicatrized, and the cavity of the vein is found to have become obliterated.

"For the first two days after the application of the caustic paste the adjoining part of the vein is hard and sore upon pressure; to relieve this, nothing has been necessary besides desiring the patient to remain at rest, with the leg on a sofa, to take opening medicine, and to live upon broth and tea, and to apply to the part the liquor plumbi dilutus as a lotion. The flow of blood through the vein has commonly ceased about the fifth or sixth day: sometimes I have found, on tapping with my hand the swollen vein below the caustic, that by the second day the fluctuation has ceased to be communicated to the blood in the part above. In a few instances, when the slough of the integument has separated, the vein has been seen as a second slough, traversing the bottom of the ulcer. The vein always appears to be obliterated for some little distance above and below the part exposed to the action of the caustic.

"I have applied caustic thus upon the great saphena vein above the knee, but more commonly to the same vein below the knee; to a part evenly dilated, and across a knotted part; to the saphena minor, immediately below the knee, and to the saphena major in two places at once, near the knee and near the ankle: it has never failed to obliterate the vein in any case which I have witnessed; no hemorrhage has ever taken place; no local inflammation more than I have described; no symptomatic fever; and I think it may be considered as a useful addition to the means commonly employed in the treatment of varicose veins of the lower extremities.*

Tincture of iodine, it is reported, has recently been employed by Mr. Guthrie with success in the treatment of varicose veins. In the treatment of varicose ulcers, Sir Astley Cooper observes that the recumbent posture must be strictly enforced. Lint wetted by the mercurial wash should be laid on the ulcer, oil-silk over this, and then the limb should be well and regularly bandaged, beginning at the foot. Opening the veins about twice a week, if necessary, Sir Astley Cooper adds, is a very safe and effective practice; then applying a bandage, and keeping the parts wet by means of an evaporating lotion. If the punctures at any time should fret, and should not unite, but pass into ulcers, the black wash should be applied.

In varix of the veins of the scrotum and spermatic cord, M. Breschet applies pressure to the veins so as to produce obliteration of their canals, by iron forceps, the branches of which are approximated with a screw. Slight pain and inflammation followed their application to the veins of the scrotum, and as the branches of the forceps were brought closer to each other, they produced a true eschar, which soon became converted into an ulcer. The ulcer

* Med. Gazette, vol. ii. p. 813. 1828.

healed in a few days without having discharged any blood, and the vein was gradually obliterated, leaving no trace of its existence either by its colour or size. A larger pair of forceps was required for the veins of the cord, and its application was attended with more difficulty and pain.

5. *Of rupture and perforation of veins.*—The vena cava superior within and exterior to the pericardium, the vena cava inferior, the jugular and subclavian veins, the veins of the extremities, intestinal canal, and spleen, and the vena portæ, have all been ruptured spontaneously or after violent muscular exertion and external injury. The coats of the vessels have in some of these cases presented no morbid appearance, but in others around the opening in the vein different alterations of structure, as softening and ulceration, have been observed. Bichat* says these ruptures have happened in the veins of the inferior extremities during pregnancy, and that there are examples of the superficial veins of the head being ruptured in violent attacks of cephalalgia. He thinks the extreme tenuity of the walls of the cerebral veins exposes them frequently to be torn by violent blows upon the head. We are disposed to believe that the sudden extravasation of blood into the tabia during labour, which occasionally happens, is to be attributed to rupture of a large vein from the violent muscular effort required to propel the child. When the effusion is into the cavity of the arachnoid membrane, it can have no other source, he believes, but the venous trunks. Haller cites examples of rupture of the larger veins; and Portal relates the case of a young woman who died suddenly, while in a cold bath, from rupture of the vena cava superior, immediately above the right auricle.† Senac also relates cases of death taking place in the cold stage of intermittents from bursting of the veins. Mr. Hodgson has seen two cases in which a vein on the calf of the leg was ruptured during violent attacks of cramps in the gastrocnemius muscle. Accumulations of blood underneath the skin were the consequence. Andral has given the history of a fatal case of rupture of the abdominal cava. The edges of the perforation had an appearance of being torn, but around it the walls of the vein were in a sound state. The accident happened in a healthy man, who in the heat of a quarrel suddenly fell down in a state of insensibility and expired.‡ Hemorrhage from the bowels sometimes arises from rupture of the hemorrhoidal veins. Malignant ulceration of the stomach and uterus sometimes also give rise to perforation of veins and the extravasation of a large quantity of blood. The same occurrence has followed the perforation or rupture of a varicose vein. Mr. Cline described a case of this kind, in which it occurred in the internal jugular vein. It is highly probable, though it has not been clearly ascertained, that in most of these

cases some morbid alteration of structure had previously taken place in the coats of the ruptured veins.

(Robert Lee.)

VENTILATION.—Air confined within a limited space is generally subject to the operation of causes which affect its salubrity in various ways. The respiration of living beings and the processes of combustion which take place in most dwellings, are gradually consuming its oxygenous or vital portion; the effluvia from healthy human bodies, and still more from those labouring under disease, if allowed to stagnate, are very injurious to life; whilst certain animal and vegetable decompositions, from which few of even cleanly houses are totally exempt, are depriving the limited atmosphere of its oxygen, and adding to its deleterious gases. Nature, ever vigilant for the preservation of her offspring, is unceasingly endeavouring to remedy these sources of disease and decay by pouring in through every aperture a supply of fresh air to replace that which is becoming effete or deleterious. This is effected by means of the greater coldness, condensation, and consequently superior gravity of the external air, compared with that within the dwelling,—a superiority which for obvious reasons is much more decided in the colder than the warmer regions of the earth. In these last, however, the deficiency is amply compensated by a freedom of ventilation which establishes almost a community of atmospheric temperature and mobility without and within a dwelling. This extreme of perfilation is, however, totally inadmissible in cold climates; but in England the gradual change of the column of atmosphere which is perpetually taking place by the introduction of cold air from the exterior through the small apertures left by the best adjusted doors and windows, whilst a current of heated air is forced up the chimney, is sufficient to preserve the families of the comfortable and the opulent in good health in their spacious dwellings during winter; whilst in summer a more liberal system of ventilation is perfectly consistent with warmth and comfort. In the crowded dwellings of the poor, however, situated often in narrow lanes and alleys where the external air is frequently heated and confined, the supply through accidental apertures is inadequate to the preservation of health; and hence in ordinary seasons the deficient supply of pure air is one of the many causes which deteriorate the health and vigour of the poor, whilst during the prevalence of epidemics the same cause is instrumental both in the production and diffusion of pestilence.

Whilst we admit that the houses of the respectable classes of the community of this country furnish sufficient security to their inhabitants against any evils arising from defective ventilation, we must acknowledge that the mode adopted of warming them is not the best calculated to impart that uniform temperature and exemption from partial currents which are most conducive to health. As Dr. Amott

* Anat. Général, t. ii. p. 415.

† Anat. Méd. t. iii. p. 355.

‡ Précis d'Anat. Pathol. p. 399.

happily expresses it, "in England the apartments, with their open chimneys, may be compared to great aerial funnels, constantly pouring out their warm air through a large opening, and constantly requiring to be replenished; and where, from the irregularity of the supply or of the discharge, the temperature is constantly fluctuating."* The blazing and cheerful fire has, however, such charms for Englishmen, and good fuel is so abundant in this island, that we see little chance of the sea-coal fire, with its unequal temperature but very free ventilation, being supplanted by the uniform and economical, but certainly close warmth of the stove.

In public institutions, the crowded state of which renders the means adopted in private dwellings inadequate to their perfect ventilation, various plans are employed for securing to their inmates a sufficient supply of air, the nature of certain of which we shall endeavour to make the reader acquainted with.

The ventilator invented by Dr. Hales has enjoyed as high a reputation as any apparatus of this sort. It consists of a square box of any size: in the middle of one side of this box a broad partition or midriff is fixed by hinges, and it moves up and down by means of an iron rod attached at a proper distance to the other end of the midriff, and passing through a small hole in the cover of the box. Two boxes of this kind may be employed at once, and the two iron rods may be fixed to a lever moving on a fixed centre, so that, by the alternate raising and pressing down of the lever, the midridges are also alternately raised and depressed, by which these double bellows are at the same time both drawing in air and pouring it out through apertures with valves made on the same side with, and placed both above and below, the hinges of the midridges. These valves are eight in number in each box, and are so constructed that certain of them open inward to admit the air to enter, whilst others allow the air to pass outward. The air enters through the valves numbered 1, 3, 6, 8, and escapes through valves 2, 4, 5, 7. Before these last valves there is fixed to the ventilator a box as a common receptacle for all the air which is discharged through them, which air passes off by a trunk through the wall of the building.

By this apparatus the old prison at Newgate, where it was worked by a small wind-mill at the top of the building, was rendered much more healthy than it had been for years. The ventilators were placed there by a worthy magistrate in 1752 after the fatal occurrence, with which our readers are well acquainted, arising from the dirty and ill-ventilated condition of the jail. The ventilator is recommended by Dr. Hales as a means of preserving pure the holds of vessels, particularly those of ships of war and transports, for the accomplishment of which object he deems the common windsail, from their crowded state, often inadequate; mines, barracks, hospitals, &c.; but for a full

account of the instrument and the purposes to which it may be applied we beg to refer the reader to the author's "Description of the Ventilators, 8vo. London, 1743."

The structure of the wind-sail is very simple. It is made of canvass, and is in the form of a cylinder or obtuse ending cone, and is adapted to the size of the ship. Four breadths of canvass are sewed together, and the outer selvages are joined with an inch seam, leaving one cloth four feet short of the top. A three-inch tabling goes round the top and bottom. It is kept distended by circular hoops made of ash, sewed to the inside, one at top, and one at every interval of six feet. The upper part or top is covered with canvass, and a small rope sewed round the edge; into which are spliced, at the quarters, the ends of two pieces of rope, that are sewed up to the middle, and an eye is formed by "seizing the bights." The length of a wind-sail is taken nine feet above the deck to three or four below the lower hatchway.

These, of which there are generally three or four in our first-rate ships of war, have the advantage of taking little room, of requiring no labour in working, and are of a simple construction, so that they can fail in no hands; but they cannot be put up in hard gales of wind, and are of no use in dead calms, when the air most requires renewal.

It would be tedious to describe all the contrivances which various individuals have adapted to buildings to secure to their inmates an adequate supply of fresh air. We believe that the most successful attempts of this sort are those founded on what may be justly termed the great principle of ventilation, rarefaction of the internal air by the agency of heat. Apartments, though considerably crowded, in which a fire is kept constantly burning, require no means of ventilation but apertures properly situated, either designedly formed in the walls, or afforded by windows and doors. Rooms in which this perpetual consumption of fuel is inadmissible may be made to communicate with a fire or stove wherever situated within the building, and the mode of accomplishing this, suggested by Dr. Hawthorne, seems well calculated for the attainment of the object in view.

This gentleman suggests that in an hospital, the common kitchen, with a fire constantly burning in it, should be, as is usual, on the ground floor. A tube of from six to twelve inches in diameter, for the purpose of admitting a sufficient supply of pure air to every apartment, opening without, and at that side of the building from which the purest air is likely to be obtained, should pass through some place so contiguous to the fire, that the air which it conveys might be heated from 60 to 100 of Fahrenheit, according to the magnitude of the building which it is designed to heat. The tube thus heated, passing along and ascending, should send off a communicating branch to every apartment in the building. Each of these communicating branches being again subdivided into three smaller tubes, should open into one end of each apartment, about a

* Elements of Physics, vol. i. p. 387.

foot from the floor—one in each corner, and the third in the middle.

"A second tube, of the same dimensions, for the purpose of admitting pure air in the warm summer season, opening in like manner outside the building, should unite with the former tube, at a proper distance from the fire, and before it gives off the first communicating branch. An air-tight sliding valve should be placed in each of these, at some distance from their point of union. These valves are to be used for the purpose of cutting off all communication with the cold air in winter and the hot in summer. This part of the tube should be made of earthenware, or some such in-oxidizable substance. It is not very important, however, of what material it be constructed, provided it be perfectly air-tight; as no metal which might answer the purpose, at any of the degrees of temperature pointed out, is likely to be acted upon so as to produce any disagreeable smell, or to be oxidized so as to decompose or at all deteriorate the air which may pass through it. The air might be heated equally well by causing it to pass through a tube kept constantly surrounded with hot water. As this plan, however, would be attended with some additional labour, and as it does not seem to possess any decided advantage over the other, I prefer the former."

The following are the means to be employed for causing air to circulate through the apartments, and for carrying it off after it has been vitiated:—

"Two tubes, from six to twelve inches in diameter, according to the size of the apartment, should open, one about three feet from the floor, the other at the ceiling; and both tubes exactly in the middle of the end of each apartment opposite to that at which the heating tubes entered. These tubes should terminate in one common trunk, extending from the upper to the under floor of the building.

"This trunk, after arriving at the under floor of the building, and extending a few feet horizontally, should pass in an ascending direction up through the fire, and then rise perpendicularly, to discharge its contents either into the funnel, or at the top of the building.

"The beds of the patients should be arranged along the middle of the wards, in a direct line between the heating and ventilating tubes, and not along the side walls, as is generally the case. A wire-net screen, of a close texture, placed about four or six inches from the wall, rising from the floor four feet high, and closed in at the top, should extend across all that end of the ward out of which the heating tubes open, so that the currents may be spread equally over every part of the ward."*

We do not profess in this article to have detailed every plan that might be devised for supplying with pure air every form of building to whatsoever purpose appropriated. The particular means must have reference to the plan of the building and the number of its inmates;

but the principle once understood, much difficulty will not be experienced in its application to individual cases.

(Joseph Brown.)

WAKEFULNESS, *ἀγρυπνία*, *pervigilium*, *insomnia*.—Interrupted sleep is but a symptom of disease, yet it is one of the most important of symptoms, and, in chronic diseases, it requires as much attention as interrupted breathing and interrupted pulse do in acute; in short, there is no more important subject in symptomatology.

In sound sleep, the function of the mind is thought to be suspended; the organs of sense, and the muscles by which voluntary motion is carried on, are nearly inactive; while those functions which depend upon the involuntary muscles, such as respiration, the circulation of the blood, digestion, secretion and absorption, are carried on without interruption. In unsound sleep the reasoning powers are not always suspended: some individuals will answer when spoken to, and will show that they have an apprehension, although it may not be perfect, of the subject propounded to them; many walk and talk in their sleep, and even administer to their wants, change from an uneasy to an easy posture without waking, and express discomfort or gratification. We knew an individual who took snuff during sleep, and who, when his snuff-box was removed from under his pillow, where he kept it, after betraying dissatisfaction, invariably awoke. There have been instances in which the intellect has been successfully employed during sleep, in which problems have been solved, or verses composed, which the sleeper was able to reduce to writing when he awoke. Some have imagined that the mind is never altogether inactive,—an opinion which we have no intention of discussing, but which appears to derive support from the following considerations, viz., that when we are roused from incipient sleep, we can generally recollect a train of incoherent thought which had occupied the mind; that when roused from sound sleep, we have a recollection of the mind having been engaged, even when the subject which engaged it has left no trace behind; and lastly, that a sort of displeasure, similar to that which is caused by unseasonable interruption, is felt whenever sleep is broken.

In order that sleep may refresh the wearied body and exhausted mind,—may exercise a restorative influence over the functions of life, certain conditions are requisite: 1st, that it should take place at a stated hour; 2d, that it should continue for a certain period of time; 3d, that the position of the body should be easy; and, 4th, that the vital and natural functions should be undisturbed. Who has not experienced that sleep, when obtained at an unusual hour, so far from being uniformly refreshing, often leaves the body torpid, and the mind in a state of languor; and that when our usual portion of sleep during the night is abridged, we are frequently good for nothing next day? It is well known to those who have been obliged to travel in the night, how very

* A new Mode of Ventilating Hospitals, Ships, Prisons, &c. by G. Hawthorne, M.D. p. 39 et seq. VOL. IV.

uncomfortable the feelings are upon first awaking from sleep which may have overtaken them in a carriage, in a cramped position of body, and with cold feet. Moreover, every one knows that sound sleep is incompatible with increased action of the heart and arteries, heat of surface, oppressed respiration, and disturbed digestion. In order, therefore, to secure refreshing sleep, we ought to retire every night at the same hour, having, during the day, spent a reasonable portion of time in the open air, in active but not violent exercise, the food and drink being suited to the powers of the stomach, the chamber being airy and dry, and neither hot nor cold, free air and quiet being ensured, and light excluded; and, lastly, the garments which were worn during the day being taken off, the bed being of uniform firmness, but not hard, and the bedclothes light but sufficient to maintain proper warmth.

The amount of sleep necessary to preserve health varies according to the state of the body and the habits of the individual. Infants pass much the greater portion of their time in sleep; children sleep twelve or fourteen hours; the schoolboy generally ten; in youth a third part of the twenty-four hours is spent in sleep; while in advanced age many do not spend more than four, five, or six hours in sleep. We have known individuals idly consume one-half of their life in sleep, while others have not slept more than a sixth part of it, both being apparently in good health. As there are many persons whose bowels are not moved more than once in three or four days, and yet who are without any symptom of indigestion, so four or five hours sleep may be sufficient for the exigencies of many; and were a physician, in either case, to endeavour to alter the habit of his patient, he would probably rather injure than improve the health. Our observations on wakefulness are meant to apply to that state only in which it is a symptom of disease, which it always is when an individual who has been accustomed to pass seven or eight hours in sleep, is reduced to two or three.

Disease or uneasiness of any kind often causes a sort of unsound sleep, in which all consciousness of existence is not destroyed. For hours, it is true, the clock is not heard, nor the watchman's rattle, nor the sentry's challenge, and yet the individual affirms that he has not slept one minute during the livelong night. We are convinced that they who are said not to have slept for weeks or months, pass a considerable portion of time in this unsound sleep, which, however unsatisfactory, in a measure strengthens the body and prevents the utter destruction of the mind.

Wakefulness may be symptomatic of either acute or chronic disease, and under this simple division we mean to consider the subject.

I. The acute diseases of which wakefulness is symptomatic are chiefly the various forms of fever, inflammatory disorders, and some cerebral diseases.

Wakefulness is symptomatic of the early stage of those fevers in which the brain and nervous system are principally affected; but it is still more so of gastric and enteric fevers.

The latter are productive of much more of this kind of distress than the former, inasmuch as, in the former, stupor and insensibility often occur at an early period of illness, and take the place of wakefulness; while, in the latter, wakefulness is often unmitigated during the course of a prolonged disease.

In fevers, both continued and eruptive, there is a combination of uneasy symptoms, which render the night wakeful, as dryness and heat of the skin, thirst, an unpleasant taste, and depression of mind.

In eruptive fevers, wakefulness is chiefly produced by heat, itching, and tingling of the skin, and does not altogether subside till the eruption is completed.

In the phlegmasiæ, wakefulness is the consequence of pain in the inflamed organ, together with uneasiness caused by those symptoms of general fever, especially heat of skin, thirst, &c. which the local disease gives rise to.

In acute diseases, agrypnia requires great variety of treatment. In fevers in which in the earlier stages the brain is much affected, wakefulness will often be relieved by those means which relieve vascular congestion in that organ, and consequent headach; as for example, general or topical bleeding, shaving and sponging the head. It is perhaps not generally known that headach in the beginning of fever, and wakefulness concurring with it, will resist cold, and yield to warm applications. In the intense headach to which we allude, if a warm or rather tepid embrocation is found to soothe the patient, it ought to be continued for an hour or two, and be repeated when headach with pervigilium returns. The efficacy of a blister to the nucha, in relieving the headach with which fever begins, is well understood. Long-continued fomentation of the inferior extremities, and immersion of the hands in tepid water, will often, by equalizing the circulation and relaxing the skin, relieve headach and dispose to sleep, especially if employed at the usual hour of going to bed.

One of the most effectual remedies for the wakefulness which is so distressing a symptom of fever with evening exacerbations, is the tepid shower-bath. When taken late in the evening, especially in the earlier stages of the disease, the surface of the body will be softened by thus reducing its temperature, and the state of the patient will be rendered comparatively easy. We may be permitted to extend an observation which we formerly made, viz., that when a patient in affluence is attacked with fever, various provisions, not always attended to, ought to be made by his physician for abating the sufferings, especially those arising from sleeplessness, which necessarily accompany that disease. If two adjoining bed-chambers can be obtained, we would have the patient removed from the one to the other morning and evening. If this arrangement is unattainable, two beds ought to be placed in the largest and most airy bed-chamber in the house, or in the back drawing-room. A shower-bath ought to be brought into the dressing-room, and the sick-nurse ought never to be left in the sole charge of the pa-

tient. For a good many years the writer of this article was attending or consulting physician to a number of his professional brethren, in a city in which fever is a prevalent disease; and whenever a physician, surgeon, or even a medical student contracted fever, there was found no difficulty in obtaining, for the night, the willing aid of a medical friend or companion to assist the sick-nurse in removing the patient from one bed to another; to ensure personal cleanliness and comfort; steadily, as the disease advanced, to inspect the back and hips; to keep off pressure from a surface threatened with ulceration and gangrene, by changing the position of the body; to administer an enema; to attend to the condition of the bladder, with a view to the introduction of a catheter; to exhibit or to withdraw wine, cordials, or nourishment; to oversee the preparation of drinks; to promote sleep by fomentations or the application of a foot-warmer on the one hand, or on the other by the removal of a blanket, or by sponging part of the surface with cold water, or with an aromatic embrocation. Very simple expedients, when judiciously employed, will often soothe and gratify a restless patient, and inspire confidence. Even the letting down of the sash, or shutting it up, will, by change of temperature, shortly be followed by tranquillity and sleep. We recollect having heard the late Dr. *Monro* say, "When attending cases of fever along with *Cullen*, I have told him, 'You may have the pen, Doctor, if you will give me the window,' which he agreed to, provided it was kept shut while he was in the chamber with the patient, for he had a great dread of a current of cold air." So much importance did Dr. *Monro* attach to complete ventilation and properly regulated temperature, as a means not merely of preventing restlessness, but of promoting recovery.

In the more advanced stages of petechial fever, in which the sensorium is much affected, a very obstinate and dangerous form of pervigilium occurs as a symptom of maniacal delirium, and sometimes terminates in fatal convulsions. In this form of pervigilium, we apprehend the treatment ought to resemble that which is applicable to delirium tremens, viz., spirituous embrocations to the shaved head, and opium in accumulating doses, with or without mercurial purgatives.

Opium, as usually administered in the wakefulness which accompanies genuine mania, is of more than questionable utility. This variety of wakefulness admits of relief from blistering the nucha, cold applications to the head, and a combination of camphor, nitre, and James's powder in free doses; and sometimes from leeches and blisters to the head itself. When sleep is forced by the use of opium, without these preparatives, in the early period of mania, the paroxysm is generally aggravated when the patient awakes.

The fever with which paroxysms of mania often begin, is of a mixed inflammatory and nervous kind, being characterized by heat of surface, flushed face, red glancing wild eyes, furred tongue, heavy breath, anorexia, great

thirst, red and scanty urine, rapid full pulse, in addition to the violent rambling delirium and wakefulness which more generally belong to the disease. All these febrile symptoms; however, subside after a variable period of time, the skin becoming cool, the pulse quiet, the tongue clean; the urine clear and pale, the appetite natural, and the patient presenting the usual signs of health with the exception of a deranged mind, which persists with little interruption until the end of the attack. When opium was prescribed by our judicious friend Dr. *Adair Crawford*, while he was in charge of the *Richmond Lunatic Asylum*, Dublin, during the febrile stage of mania, either in small or large doses, with a view of quieting the excessive cerebral excitement and procuring rest, it always failed, and sometimes aggravated the delirium. It became evident, therefore, if benefit was to be derived from opium, that this could be expected only in the second stage, when there is no increased vascular action, and the maniacal delirium depends chiefly on cerebral irritation of a nervous character. No decided advantage even in this stage was obtained from opium, when given at night only, how large soever the dose. Then the plan of repeated doses throughout the day was tried, commencing with a grain every four hours, and gradually increasing or lessening the dose according to the effect produced. Dr. *Crawford* soon observed that very large doses of opium could be taken without making the slightest impression on the delirium, and without any apparent effect on the system. Eight, ten, or twelve grains were taken in the twenty-four hours, without affecting the state of the appetite, condition of the tongue, regularity of the bowels, or disturbing the circulation. It seemed as if the cerebral excitement protected the constitution from the ordinary influences of the remedy. By persevering in the use of cautiously graduated doses of opium in every case, the delirium was sooner or later overcome. The patient first appeared drowsy, and then became calm and rational. In some cases he suffered for a day or two from nausea, thirst, constipation, and vertigo, and the other usual effects of opium, which however soon disappeared. It is remarkable that the remission of delirium thus obtained was not merely temporary; in several cases the relief was permanent, and the patient left the hospital cured. In some the delirium returned after a remission of several days, but was again subdued by opium, and the paroxysm of mania was ultimately cut short. The quantity of opium borne was proportionate to the violence of the delirium; the largest dose to which the remedy was carried, was sixteen grains in twenty-four hours. It is remarkable, that while there was a great tolerancy of opium in the second stage of mania, there is an equally great tolerancy of tartar emetic in the first or febrile stage; and there is no more simple and effectual means of subduing the febrile action than by full doses of the latter remedy.

Some of the observations applied to the treatment of pervigilium in fevers, apply to the treat-

ment of that symptom in the exanthemata. The great restlessness which attends scarlatina, and which arises from itching or from a tingling sensation of the skin and gastric irritation, may be alleviated by an affusion of tepid water over the whole of the body, which is also very useful in moderating pyrexia in the early part of that disorder. In the small-pox, during the first five days, sleep will best be promoted by venesection, purgatives, cool rather than cold air, and cooling drinks, the best of which is the potus tartari in copious libations, a remedy earnestly recommended in the eruptive stage of small-pox by an able predecessor of the writer of this article, the late Dr. Harvey, physician-general to the forces in Ireland. In the second day after the eruption has begun, opium will be found the best remedy for sleeplessness.

For wakefulness as accompanying measles, we must seek relief chiefly from the tepid bath. We ascertained that the frequent application (two or three times a day) of the tepid bath was the chief remedy employed, when the measles prevailed, some years ago, in the Foundling Hospital, Dublin, and when, to the best of our recollection, all the children recovered. If a slipper bath cannot be obtained, a hip-bath, or even a pediluvium, may be substituted. When infants are thrown into a violent paroxysm of fear by being plunged into a bath, the body may be wrapt in a cradle blanket, wrung from warm water, and changed every four or five minutes. During this process, the child will often fall into a sound and refreshing sleep.

Wakefulness, as occurring during the phlegmasia, will in general yield only to antiphlogistic treatment; if it should continue after the inflammation is subdued, opium will almost always restore sleep.

Long after acute diseases, especially fevers, have terminated, there are instances in which the patient continues sleepless, and does not regain strength. We have reason to think that this state generally arises from irritation of the mucous membrane of the alimentary canal. Even when appetite for food returns, assimilation must be imperfect, as the patient continues to emaciate. Ripe fruits, milk, farinacea, changes of scene, exercise in the open air, and in due time travelling and voyaging, together with that best of cordials, hope of recovery, will remove this description of wakefulness, provided there be no incurable organic disease.

II. We have now to consider wakefulness as a symptom of chronic diseases,—as belonging to a declining state of health; and we may here be permitted to observe, that, when it is considered how much the performance of the most important duties of life depends upon the vigour of mind and body which is derived from sound sleep, it would seem wonderful that so little attention has been bestowed on that subject.

An intimation of a wakeful night may often be discovered in the evening, by that overpowering sense of restlessness which is vulgarly called “the fidgets,” technically dysphoria, which consists in irritability, dissatisfaction,

and a sense of fulness in the extremities, as if they were injected with stagnant blood; uneasiness is felt both in the hands and feet, sometimes running in the course of the ulnar and sciatic nerves. This state leads to an expectation of relief from any change of posture, and the sufferer is constantly throwing his arms and legs from one position into another; but the relief thus obtained is of the most transient kind. The cincture of the clothes feels almost intolerable; and hence, instead of getting up and pacing through the room, or walking in the open air for half an hour, ease is in general unwisely sought for by going to bed before the usual time; after obtaining a short slumber, all the uneasy feelings return, to which are added a pungent heat with tension and dryness of the skin, some uneasiness of the stomach, and a copious secretion of urine, which by irritating the bladder calls the sufferer frequently out of bed. This state often continues for many hours, nor does it subside before two or three o'clock in the morning; after which the surface of the body becomes perspirable, and a few hours of heavy sleep are obtained, which, however, leaves the frame languid and relaxed, and unequal to encounter the exertions of the day.

Agrypnia often occurs as one of the most troublesome symptoms of anomalous gout and anomalous hysteria. Hence, when it occurs in males advancing in life, and in the upper classes, such an inquiry must be instituted as will detect the gouty diathesis if it exist. If we discover that the patient has a birth-right to gout; if he is liable to vertigo, irregularity of the pulse, cramps in the inferior extremities, occurring especially after midnight; and there be dyspepsia marked by sudden failure of appetite at or before meals, nausea, or rather a sense of sinking at the stomach, cardialgia, acidity or flatulence, deep-seated ophthalmia, hæmoptoe, in which the blood is more of a venous than arterial complexion, or spontaneous gonorrhœa; then we may consider agrypnia as symptomatic of irregular gout. In like manner, if any of the symptoms of anomalous hysteria should occur, we may conjecture that agrypnia is one of its symptoms.

Agrypnia is symptomatic of that affection belonging to advancing age, first introduced to public notice by Sir H. Hallford, under the title of *climacteric* disease. There is a similar affection of declining life, in which, however, the appetite, so far from being impaired, is keen, at the same time that there is urgent thirst, which remits at certain periods of the day, and in which there is an increased flow of urine, which also has remissions. In this affection there are so many symptoms of the climacteric disease,—for instance, the quick pulse, emaciation, and dryness of the skin, change of expression, confined bowels, and a disposition to œdema,—that probably it is but a variety of that disorder. At present we allude to this latter affection, which has also many things in common with diabetes, chiefly on account of the agrypnia, which is one of its most distressing symptoms.

Probably, however, the simplest way of considering wakefulness in connection with chronic diseases, is not to refer to these diseases serially, but rather to direct our attention to the uneasinesses which pertain to them, whether of the digestive organs, nervous system, skin, or of the mind, upon which that symptom more immediately depends.

1st. Impatience of temper, bursting through the restraints of affection or politeness; oppression of the breathing; palpitation of the heart; fidgets, are as certainly symptoms of indigestion as flatulent distention, acidity, heartburn, or sickness. Nay, there is another set of symptoms, by which sleep is disturbed, considered as purely nervous, which are also the result of indigestion,—namely, despondency without any mental cause, angina, oppressed breathing from the nostrils becoming dry and stuffed, and cramps, which we have known to take place uniformly when malt liquor or wine was taken during the day, and not when such stimuli were laid aside. Profluvium urinæ equally depends upon indigestion. If we are told that these are all nervous symptoms, we would admit that they occur in persons of a nervous diathesis, but at the same time we would maintain that their proximate cause will be found in a disordered state of the stomach, &c.

Let us inquire into one of the symptoms just alluded to, very subversive of sleep, which is generally considered as purely nervous—an excessive secretion of pale urine. The urine in an hysterical patient may sometimes be reduced to a third part of the quantity usually passed in the night, by a judicious change in the patient's diet even for one day, or by medicine given at bed-time, by which the action of the stomach is invigorated, and the secreting functions of the alimentary canal improved. There is another fact to which we may allude, which bears upon this point. When the appetite is craving, and more food is taken than is needful, instead of passing off by the bowels in larger or more frequent stools, constipation is sometimes produced, and the kidney assumes increased activity, so that urine passes off by quarts instead of pints.

In order to obviate wakefulness from dyspepsia, we must look to the condition of the kidney: it will be found that the nervous dyspeptic will generally pass his nights well or the contrary, according as the flow of urine is moderate or excessive; and that, by attending to the state of that excretion, the physician will be better able to regulate the diet of such patients so as materially to improve their sleep: it will be found that those articles of food will digest the easiest, and prove most nutritious, which are least provocative of urine.

When agrypnia is supposed to proceed from indigestion, the points to be ascertained before we can hope to relieve that symptom are, 1st, Whether indigestion is maintained merely by diurnal imprudence with respect to the quality, or by excess in the quantity of the ingesta. 2dly, The organ primitively affected, whether the stomach, liver, or intestines. 3dly, The stage of dyspepsia. 4thly, Whether the dys-

pepsia, when traceable to the floating viscera, is of a nervous or inflammatory kind. To the wakeful from dyspepsia, the benefits are very great which arise from strong food, tonics, and stimulants, aided by change of residence and relaxation from care, when once the acute stage of dyspepsia is subdued.*

Distention of the bowels from flatulence will often interrupt sleep. But this and other consequences of indigestion, arising from a mixture of incompatible articles of food, will generally be corrected when the sufferer discovers that there is more enjoyment in digestion unattended with disturbance of body and mind and calm refreshing sleep, than in gratification of the palate.

Those who are wakeful from indigestion ought to be taught to experiment upon their food: they may thus discover that some unsuspected article of their accustomed ingesta, such as a draught of cold water at bed-time, malt liquor, wine, or mixed spirits, at or after dinner, tea, often the cause of fidgets, or coffee in the evening—something, in short, which agrees perfectly well with nineteen stomachs out of twenty, may disagree with theirs, and require to be given up. Some require the stomach to be nearly empty when they lay themselves down to sleep; others sleep best when there is food to be digested. We have known some who were obliged to have food by their bedside to take in the night when their sleep was interrupted, otherwise they would have remained awake. We have an impression that many persons who are wakeful might, under the direction of their physician, form a rule of diet, by adhering to which they might sleep soundly instead of passing their nights in sleepless disquietude.

When those who have been accustomed to sleep equally well on either side of the body, find that their sleep when on one side is disturbed, a physician ought to be consulted, as this may be a symptom of commencing disease in the heart or liver. Dyspeptics generally find the right side most favorable to quiet rest. Heartburn, preventing sleep, will sometimes subside upon turning from the left to the right side.

2dly. As regards the condition of the skin,—itching, which is the most troublesome symptom of many affections of the skin, characterized by scales, papulæ, pustules, &c. is an inveterate enemy to sleep. But as these diseases and their appropriate treatment are ably described in this work, we will pass them by, and limit our observations to certain other uneasy sensations; as for example, excess or defect of heat, tingling, smarting, pins and needles, fidgets, &c.

We attended a lady, who attained her eightieth year, who was unable to sleep when her feet were warm; when they were covered even in the depth of winter with more than a sheet, her rest was broken, which was the only exception to the rule we have ever known, that cold extremities prove unfriendly to sleep.

* See Dr. Johnson's valuable work.

Many a delicate female, from going to bed with cold feet, is deprived of hours of sleep in the early part of the night, and thereby falls into nervous complaints, obstinate dyspepsia, and uterine irregularity, who might have escaped had the circulation of the surface of the body been properly sustained by the tepid bath or semicupium, frictions of the extremities, and the use of Merino, Angola, or Shetland stockings, or of a very soft pillow placed within the sheets for the feet to rest upon, and proper covering.

We often discover that rest is broken by tingling heat of the extremities, fugitive pains, which would seem to be seated very superficially, probably in the skin, and by fidgets already described. These are often merely symptoms of indigestion, and may be prevented by attention to diet. They may often be removed by magnesia and ammonia in some of the distilled waters, or perhaps camphor julep; or by half a bottle of soda water added to twenty-five or thirty grains of the carbonate of soda. But much discomfort may also be obviated by exposing the person to cool air, or, according to the advice of Franklin, by a change from one bed to another, the bed occasionally slept in being as little like the bed generally slept in as possible, having sheets of different texture, with some difference in the warmth of the bed-clothes. When the fidgets affect the upper extremities, we have known instant relief obtained from the immersion of the hands and arms in water; when the lower extremities are attacked, the passing of a sponge, squeezed after it has been dipped in water, and damp rather than wet, rapidly over the lower extremities, in these cases will be found even more efficacious than Dr. Franklin's air-bath. Those who are delicate and susceptible of cold may have, in their dressing-room, a supply of tepid water whereby a foot-bath may be obtained, by means of which the action of the skin may be altered more effectually and safely.

3dly. In various ways is wakefulness produced by disturbance or over-activity of the mind. Exhausted by the fatigues and cares of the day, the eyelids will often be sealed by solicitude; but as, by most men of the middle ranks in these countries, the game of life is played for an excessive stake, so when sleep is casually broken, the mind is too anxious to admit of its being restored—self-reproach, carking care, or blighted hope, will destroy all that composure upon which rest so much depends—a promise imprudently given, a debt thoughtlessly contracted, suretyship, reputation threatened, conscience wounded, will render a pillow of down hard and uneasy.

When sleeplessness arises from over-activity of the mind, the faculty generally in exercise is the imagination. When this is the case, an endeavour must be made to change the current of thought. But if our endeavour to introduce new and less exciting subjects of thought should fail, we ought to procure a light and a book suited to the occasion. Sometimes the best procedure is to present to an excited ima-

gination some work of fiction so agreeable as to divert the mind from its engrossing object, and this, when accomplished, may be followed up by a change to a graver or duller narration.

While the condition of the mind with respect to sleep is before us, we would beg to add that sensitive persons ought to avoid every occasion of excitement for some time before going to bed. In fine weather, a walk in a garden at eventide, and such a course of meditation as may lead to a quiet mind, will be an excellent preparative for repose. Beddoes, when alluding to the importance of the frame of mind in which we close our eyes, observes, "that the chapter on this subject which is commonly to be found in books of practical piety ought to be transferred to those of medicine."

If every other means of courting a return of sleep should fail, it will be better to get up and dress, and engage in reading, writing, or some other appropriate occupation for an hour or two, than to have recourse to the usual alternative of an opiate. This ought ever to be the last resource of the wakeful, and when taken, it ought not to exceed six or eight drops of the Lancaster black-drop, or as many minims of Battley's liquor in some camphor julep; or instead of this draught, an eighth or a sixth part of a grain of the acetate, or what is preferable, the muriate of morphia.

To conclude, wakeful persons are recommended to pay more attention to the construction of their bed, which ought to be ample. An elastic mattress ought to be laid over a well-stuffed bed, so as to ensure an equable surface and a slight elevation under the shoulders. The head and footboards ought to be well padded, the padding of the former deepest below. The sheets ought not to be too fine; the counterpane ought to be laid aside; and on no account must blankets, which have been frequently washed, be retained.

(J. Cheyne.)

WATERS, MINERAL. The epithet *mineral* is applied to all waters which contain a sufficient quantity of foreign matter in solution to affect the taste or smell, or which differ from the common spring or river water of the country in which they occur by a difference in their temperature.

Heat being one of the most remarkable circumstances by which one spring is distinguished from another, seems first to have attracted the attention of mankind; accordingly it is to *hot waters* that we find the earliest allusion in ancient writers. The Greeks, who possessed various hot springs, considered them as presents from a divinity, and they were all dedicated to Hercules. Hippocrates mentions hot springs, which, in his opinion, were impregnated with copper, silver, gold, sulphur, bitumen, nitre; and forbids them to be used for the common purposes of drink.

Waters containing various saline substances in solution, occur in such abundance in almost every part of the world that they must have soon drawn the attention of mankind. Accordingly we find them mentioned and even

celebrated for their cures at a very early period. Aristotle attempts an explanation of their nature, and Strabo notices a mineral water, which, he assures us, possessed the property of dissolving urinary calculi, and of causing the evacuation of gravel when it was lodged in the kidney or bladder. The ancients even distinguished the different kinds of mineral waters, and applied to them different names. Thus Pliny mentions an *acidulated* water in Macedonia, which, he assures us, possessed intoxicating properties.* This was obviously a water impregnated with carbonic acid gas. Horace celebrates the waters of Baiæ,† which are still much resorted to and well known under the name of *sulphureous*, being impregnated with sulphuretted hydrogen gas. The *ferruginous* and *saline* waters were equally distinguished by the ancients, and celebrated for the cures which they performed; and different mineral waters both in Italy and France, which still remain unchanged, were frequented by them; as for example, Barege, Aix, Mont d'Or, and probably Bath.

It has been already observed that the Greeks and Romans were in the habit of consecrating the various mineral springs which they frequented to a divinity. This introduced priests and a ritual, which was observed in making use of the waters; and the priests had address enough to persuade their votaries that the various cures produced by the waters were the result, not of the medicinal properties of the waters, but of the immediate action of the divinity under whose protection they were. This circumstance occasioned an universal desertion of mineral waters as soon as the inhabitants of the Roman empire became Christians, the use of them being considered as a kind of acknowledgment of the power and authority of the heathen divinities.

This neglect, or rather abhorrence, of mineral waters continued till the reign of Charlemagne in the ninth century. This prince was so delighted with the mineral waters of Aix-la-Chapelle, that he constructed a large basin as a bath for himself and his family, and was in the habit of holding his levees there. This naturally drew the attention of the French to mineral waters in general; but the death of this great prince, and the subsequent division of his vast dominions among his descendants, again plunged the south of Europe into ignorance and barbarism. From the term *Akemanceastre*, (*city of afflicted men*), applied to Bath by the Saxons, it is probable that about the same time it was resorted to by the inhabitants of England, though it did not come into high repute as a watering-place till the reign of Charles the Second.

It was towards the end of the fifteenth century that *mineral waters* began to recover their ancient celebrity; and it was in Italy, at that time the great centre of science and literature, where the revival of their reputation com-

menced. In the year 1498, Savonarola of Padua published a work on baths, and upon all the hot mineral waters of Italy. In 1596, (or about a century later,) Baccius, likewise an Italian physician, gave to the world a treatise on the most celebrated hot springs in France. In England various attempts were made to analyze mineral waters, and to point out the diseases which they were capable of curing, as early as the reign of Charles II. or even earlier. Thus we have Dr. Jones *On the Virtues of Buxton Water*, printed in 1572; and Simpson's *Chemical Anatomy of the Scarborough and other Spas in Yorkshire*, published in 1669. But we are not aware of any attempt to describe the English mineral waters in general till Allen published his "Natural History of the Mineral Waters of Great Britain," in the year 1711. It was he that first detected the presence of gypsum in mineral waters. The labours of Dr. Shaw and Dr. Short succeeded after an interval of some years; and Dr. Rutt's *Methodical Synopsis of Mineral Waters*, which appeared in 1757, was an excellent book at the time of its publication. Indeed, we are not aware of much addition to the history or analyses of Irish mineral waters since that period, distant as it is.

In Germany, Tabernæmontanus, one of the most eminent botanists of his time, and physician to the Elector Palatine, enumerates, towards the end of the sixteenth century, various mineral waters, among others the Seltzer.*

Perhaps the first person who attempted to determine the constituents of mineral waters was Dominic Duclos, who, in the fourth volume of the *Memoirs of the French Academy of Sciences*, inserted two dissertations on the subject. In the first, he gives an account of the methods employed by him to determine the constituents of the different mineral waters; and in the second, the result of a set of experiments made by the members of the French Academy during the years 1670 and 1671, to determine the compositions of sixty-eight different kinds of mineral waters from various places of France. *Common salt* and *carbonate of soda* (which Duclos calls the *nitre* of the ancients) were detected in many mineral waters; but *alum* and *green vitriol*, he says, they met with in none of those that they examined. Different species of *nitre* and *common salt* were distinguished; but from the little progress at that time made in the knowledge of salts, nothing very satisfactory could be expected. The acidulous waters were particularly noted and distinguished by the name of *vinous*; though nothing was made out respecting the nature of the substance to which this quality was due. It must be admitted, however, that the experiments related in these papers do great credit both to the industry and sagacity of Duclos and his associates in the Academy. If they did not succeed in determining the true constituents, they went fully as far as the infant state of chemistry permitted them.

About the year 1680, as we are informed by Bergmann, Urban Hjerne made an attempt to

* *Lyncestis aqua, quæ vocatur acidula, vini modo temulentos facit*: lib. ii. c. 103.

† *Epist. lib. i. Epist. 15. line 7.*

* *Bergmann, Opusc. i. 69.*

analyse the mineral waters of Sweden by no means contemptible. He seems to have attended chiefly to the gaseous or volatile ingredients of mineral waters, and neglected what remained after distilling off the water as a sediment of no consequence. He divided mineral waters into three classes, namely, *acid*, *acid*, *vinous*, and those that contained an *occult* acid. His analyses were continued and made public at different intervals down to the year 1685.

In the year 1684 Mr. Boyle published his *Natural History of Mineral Waters*. It consists merely of a set of observations pointing out the best way of determining the constituents of mineral waters, with hints respecting the nature of these constituents, and animadversions upon the methods employed commonly at that time to detect them. But we find no analysis of any particular mineral water, nor any classifications of them such as had been attempted by Duclos and Hjerne. Boyle first employed the sulpho-hydrate of ammonia as a reagent in the analysis of mineral waters.

Various reagents were introduced by different chemists as means of detecting the presence of different constituents of mineral waters. Thus Boulduc proposed the use of lime-water and of sugar of lead; Burlet, the solution of alum, litmus paper, and the tincture of roses. In 1707 Geoffroi substituted open glass evaporating dishes for the glass alembics previously employed in the evaporation of mineral waters; and in 1726 Boulduc pointed out a method of precipitating several of the saline contents of mineral waters by concentrating them to a certain point, and then mixing them with alcohol. This method was afterwards practised by Lavoisier in his analysis of the waters of the Dead Sea.

The different saline constituents of mineral waters were detected successively. Sulphate of magnesia was known as a constituent of the spring at Epsom as early at least as the year 1610; but its nature was not understood till after the publication of Dr. Black's celebrated essay on lime and magnesia in 1755. Before that time Epsom salt was usually called *nitre*, or *calcareous nitre*, when it was met with in mineral waters. The chloride of magnesium was first discovered in waters by Margraaf in 1759. The chloride of calcium had been detected in 1752, by Le Roy, in the springs of Balaruc.* The discovery of carbonic acid gas, and the property which water has of imbibing it, and of thus becoming acid and brisk like cyder or champagne, which were pointed out by Cavendish and Priestley soon after 1765, was a great step towards the analysis of mineral waters, because it accounted for the peculiar properties of acidulous waters, and explained why lime and oxide of iron held in solution by certain waters disappeared when these waters were heated or even left exposed to the air.

Bergmann's dissertation on the *Method of Analysing Mineral Waters*, published in 1778, together with his analysis of various cold mineral waters, of sea-water, &c. and his essay

on the method of preparing artificial hot mineral waters, constitutes an important era in the history of the investigation of important springs. In that dissertation he gives a list of all the different salts which occur in such waters; he analysed these salts, determined the proportion of their constituents, and pointed out the method of detecting their presence and determining their quantity. In this country, Mr. Kirwan's work on mineral waters was not without its utility, though his methods were too complicated to be followed by practical chemists, or to lead to the requisite precision. Dr. Murray, of Edinburgh, was occupied during the last years of his life in analysing various mineral waters, and he gave a general formula for the analysis of mineral waters of every species. This formula has been condemned by Dr. Marcet, (who distinguished himself by the number of analyses of mineral waters which he made, and by the accuracy with which his analyses were conducted,) as likely to mislead. It is certainly possible that Murray's formula may sometimes lead us to false conclusions; yet it is the rule which has always in some measure regulated chemists in their analyses, and by which their conclusions have been determined. The formula or rule of Dr. Murray, in fact, reduces itself to this:—determine all the acids and all the bases which exist in a mineral water: these acids in the water are each combined to saturation with a base. Now in Dr. Murray's opinion these combinations were such that the salts formed are always as soluble as possible. Suppose we find in a mineral water—

Sulphuric acid 5
Muriatic acid 4.625
Lime 3.5
Soda 4.

If we evaporate this water to dryness, and redissolve the residue in a little water, we shall find that common salt will be dissolved while sulphate of lime remains in the state of a white powder. According to Dr. Murray the mineral water did not contain sulphate of lime and common salt, but sulphate of soda and chloride of calcium. During the evaporation a double decomposition took place, and the two new salts were formed. Now this opinion of Dr. Murray is probably not always correct; but it is undoubtedly frequently so, as is obvious from no deposit of sulphate of lime falling when the water is concentrated beyond the point of crystallization of that salt.

Dr. Saunders's work on mineral waters is a book of considerable value, especially in a medical point of view. The analyses in the second edition of that work were chiefly by Dr. Marcet, and greatly superior in point of precision to those contained in the first edition. Dr. Monro's list of mineral waters in the second volume of his *Medical Chemistry* is much more complete than that of Dr. Saunders, but his analyses are necessarily much less accurate, as they were made before 1788, the date of the publication. Dr. Scudamore's book on mineral waters, published in 1822, is very valuable and accurate so far as it goes; but we do

* Mem. Paris, 1752, p. 630.

not consider it as necessary to notice, in this historical sketch, all the latter labourers in this fertile field: We shall state their experiments when we come to treat of the particular mineral waters to which their attention was directed.

Our object in this article is to consider mineral waters in a medicinal point of view. Now, as medicines, these waters may act either as simple water, or in consequence of an augmentation of temperature, or from some foreign ingredient or ingredients which they may contain. We shall therefore divide this article into five sections. We shall in the first place make a few very brief remarks on water in general, and then treat of mineral waters, distinguished, in consequence of the most remarkable substances which they hold in solution, into *saline, chalybeate, sulphureous, acidulous, and tepid or hot*. These are the usual subdivisions of mineral waters; and though not very precise, they will sufficiently answer our present purpose. We must premise, however, that we have no intention of attempting a description of all the mineral waters which have been noticed in Great Britain, far less on the Continent. The British and Irish mineral waters noticed by Rutty and Monro, exceed one hundred. Those in France are not fewer than eighty; while Germany is richer in these medicinal springs than either Britain or France. There are many in Italy, Spain, Greece, Turkey, Sweden, Russia, and Switzerland. Even a cursory notice of the whole would form a large work; and the information gained by such a universal enumeration of all the mineral springs on the face of the earth, even if it were possible, would not repay the labour of a perusal; because many of them bear a striking resemblance to each other in their saline contents, and of course their medicinal virtues are similar. Hence the observations made upon one will, in general, apply to the whole of a class. We shall, therefore, satisfy ourselves with a few remarks on the general characters of each class, and an enumeration of the constituents of the most remarkable waters belonging to it in Great Britain or on the continent.

We will, however, premise a few observations on common or simple water.

Water is a transparent colourless liquid, destitute of smell, and having but little taste. It boils when heated to 212° under the mean pressure of the atmosphere, and freezes into ice when cooled down to 32° . A cubic inch of water at the temperature of 60° , when weighed in air by brass weights, weighs almost exactly $252\frac{1}{2}$ grains. Under the mean temperature and pressure, it is about $810\frac{1}{2}$ times heavier than the same volume of atmospherical air. It is a compound of eight parts (by weight) of oxygen, and one part of hydrogen, or of one volume of oxygen gas, and two volumes of hydrogen gas.

Water, whether in ponds, rivers, or wells, always contains a quantity of atmospherical air. Now, common air is a mixture of four volumes of azotic gas and one volume of oxygen gas. One hundred cubic inches of

water under the mean pressure of the atmosphere absorb 3.7 cubic inches of oxygen gas, and 2.5 cubic inches of azotic gas; and this absorptibility is not altered by varying the density of these gases. In air the density of azotic gas is $\frac{4}{5}$ ths of what it would be if no oxygen gas were present, while the density of oxygen gas in air is only $\frac{1}{5}$ th of what it would be if the azotic gas were absent. Hence 100 cubic inches of water, left a sufficient time exposed to the air, will contain

	Cubic inches.
4-5ths of 2.5 cubic inches	= 2 of azote.
1-5th of 3.7 cubic inches	= 0.74 oxygen.
	<hr/> 2.74 <hr/>

Whoever will take the trouble of examining the water of lakes or rivers, will find that every 100 cubic inches of it contains 2.74 cubic inches of air composed as above stated, which is very nearly

Azotic gas	73
Oxygen gas	27
	<hr/> 100 <hr/>

Thus the air contained in water is somewhat purer, or contains a greater proportion of oxygen gas than atmospherical air. But this rule does not hold good when the water is stagnant, or when it is impregnated with vegetable or animal matter. For example, the water of the Thames at London contains so little oxygen gas, that phosphuretted hydrogen gas may be left standing over it for twenty-four hours without losing its combustibility; while a very short exposure over the water of the Clyde destroys the spontaneous combustibility of this gas. It is to the presence of air that water is indebted for its agreeable flavour; for when boiled and thus deprived of its air, its taste is rapid and much less agreeable.

Well water not unfrequently contains carbonic acid gas, which contributes still more to render water an agreeable beverage. When water contains the remains of animal or vegetable substances, it may contain azotic gas and carbonic acid gas without any trace of oxygen gas, because these substances combine with the oxygen gas, and of course abstract it. For the same reason oxygen gas is never present in water impregnated with sulphuretted hydrogen; though azotic gas is pretty generally found in such waters in small quantity. The reason obviously is, that the oxygen portion of the air contained in the water has combined with the sulphuretted hydrogen, while the azotic gas has remained unaltered. The existence of carbonate of iron in water is also incompatible with the presence of oxygen gas in it.

It is universally known that water constitutes a most important and essential part of the food of man, as well as of all animals and vegetables. Even of the solid food which we eat, water constitutes not less than four-fifths. It may be said without any exaggeration, that nine-tenths

of the whole of our food is nothing else than pure water. Such being the case, it is needless to remark that water must constitute a very important article of food, and that therefore the proper use of it is requisite for the maintenance of health.

There is another circumstance which may contribute to the value of water when taken into the stomach; and that is, the property which it has of diluting those articles which are of too stimulating a nature, and which, on that account, when taken by themselves, are apt to injure the tone of the stomach by urging it to over-exertion; for it is a well-known property of living bodies that all over-exertion, all undue action, is followed by a corresponding languor and debility. Many individuals are accustomed to indulge in too great a quantity of food, and in order to enable their stomachs to digest it, they mix it with wine or spirits, or some equally stimulating substances. These gradually exhaust the tone of the organ, and produce a state of languor, which must at last terminate in disease. Dilution with water corrects the stimulating property of these substances, and renders them comparatively innocent. Hence a course of water-drinking to those who are accustomed to live high and indulge in wine or spirits, must frequently be attended with the most beneficial effects.

I. OF SALINE MINERAL WATERS.

When a spring of water contains in solution a sufficient quantity of saline matter to alter its taste and physical qualities, and to render it unfit for the common purposes of life, it is called a *mineral water*. The salts thus held in solution are probably in most cases derived from the soil through which the water flows. In some cases there may be beds of certain salts, which are partially dissolved by the water while it passes over them. In this way the brine springs are formed by passing over beds of common salt. In the same way alkaline springs may owe their origin to beds of carbonated alkali, over which they flow.

The salts hitherto most commonly found in saline mineral waters are the following:

1. Chlorides of sodium, calcium, magnesium.
2. Sulphates of potash, soda, lime, magnesia, alumina.
3. Carbonates of potash, soda.
4. Bicarbonates of lime, magnesia, strontia.
5. Certain silicates.
6. Nitrates of potash, magnesium.
7. Acetate of potash.
8. Iodide of sodium.
9. Bromide of sodium.
10. Subphosphate of alumina.

The sulphate of potash, sulphate of alumina, carbonate of potash, the nitrates, the acetate of potash, the bromide of sodium, and the subphosphate of alumina are very rare, or at least exist in such minute quantities that it is impossible to detect their presence. The chloride of sodium, chloride of calcium, and chloride of magnesium are exceedingly abundant. The sulphate of soda and sulphate of lime are also very common in mineral waters;

and the same remark applies to the carbonate of soda and the bicarbonate of lime and of magnesia.

The salts which exist most commonly and in greatest abundance in mineral waters possess purgative qualities. Hence it happens that saline waters are generally purgative. The salts which they contain being usually diluted with a great quantity of water, act more mildly than purgatives generally do, and frequently remove indigestion, &c. without the debilitating consequences that sometimes follow the long-continued use of evacuant medicines.

In determining the nature of saline waters, the first step is to ascertain their specific gravity, their taste and their smell, and to observe whether they be transparent and colourless, or muddy and coloured. The specific gravity of distilled water is 1.0000. That of river water rarely exceeds 1.0002 or 1.0003; but that of mineral waters is sometimes as high as 1.028, or even higher.

The next step is to determine the quantity of foreign matter which the water under examination contains. For this purpose the best vessel that can be employed is a common eight-ounce phial. Balance a clean dry eight-ounce phial in a pair of scales, and mark its weight upon its surface with a diamond, then introduce into it 1000 grains of the mineral water. Place it in a sloping direction on a sand-bath, so that its mouth (which must be open) is a little more elevated than its bottom, to preclude the possibility of any being spilled. Then continue the heat of the sand-bath till the whole water is evaporated, and nothing remains but the saline residue, which must be exposed to a heat of about 500° in order to drive off the whole of the water. The advantage of this method is, that if the water be made to boil during the evaporation, none of it is lost. The small drops, as they rise, strike the side of the phial and run down again. Nothing makes its escape but the portion of water which is really in the state of vapour. The phial being now weighed a second time when nearly cold, it is obvious that the excess of the weight above that of the empty clean phial must represent the weight of the saline residue from 1000 grains of the water.

The next step in the examination is to determine the nature of the saline constituents which it may contain. When the water is very strong, we may employ it in its natural state; but in general it requires to be concentrated before we subject it to examination. Indeed the quantity of some of the ingredients is so small that their presence can scarcely be ascertained unless we concentrate the water. Thus the saline mineral water of Dumblane and of Airthrey, in Scotland, contains magnesia, but in such a minute proportion that we would search for it in vain with the most sensible re-agents in its natural state. But if these waters be concentrated to the tenth part of their natural volume, and tested for magnesia (after being freed from lime), the presence of that substance becomes very evident,

1. Sulphuric acid is detected by mixing

with a little of the water put into a watch-glass a drop or two of the solution of chloride of barium. A white heavy powder precipitates, which is not re-dissolved by the addition of nitric or muriatic acids.

2. If the white precipitate by chloride of barium were re-dissolved by nitric or muriatic acid, it would indicate the presence of phosphoric acid in the water.

3. When nitrate of silver throws down a white precipitate in heavy flocks, which are re-dissolved by the addition of ammonia, the presence of chlorine or muriatic acid is indicated. Iodine and bromine would also occasion a precipitate with nitrate of silver, but differing somewhat in the shade of colour. It is, however, a very rare thing to find iodine or bromine in a mineral water in such quantity as would cause a precipitate with nitrate of silver.

4. To determine whether a water contains nitric acid, reduce it by concentration to one-tenth of its natural volume. Introduce the concentrated water into a flask, with a piece of gold leaf, while a little sulphuric acid is introduced at the same time. Heat the flask: if nitric acid be present, the water will gradually dissolve some of the gold, and acquire a yellow colour; but if no nitric acid be present, no gold will dissolve, and the liquid will continue colourless.*

5. When a mineral water has an acidulous taste, and when it loses that taste by boiling, we may in general conclude that it contains carbonic acid gas. When paper stained blue by litmus is dipped into a water containing uncombined carbonic acid, it is reddened, but recovers its original blue colour on exposure to the air.

The best method of determining the quantity of carbonic acid gas in a mineral water containing it, is to put a given weight of the water (2000 grains, for example) into a retort with a long beak. Into a receiver sufficiently secured from all contact with the external air, put a solution of chloride of calcium or chloride of barium, mixed with a certain quantity of caustic ammonia. Plunge the beak of the retort into this solution; then heat the liquid contained in it, and keep it for some time at the temperature of about 180°. When gas ceases to come over, raise the liquid in the retort to a boiling temperature, and boil it briskly for a quarter of an hour; then suddenly withdraw the beak from the liquid in the receiver, to prevent any of that liquid from making its way into the retort, which would happen were the heat withdrawn before the beak of the retort was freed from the liquid. Close the receiver with its contents and set it aside. The carbonic acid which passes over unites to the lime or barytes in the liquid contained in the receiver, and the carbonate thus

formed precipitates in the form of a white powder. When this powder has subsided, draw off the clear liquid with a syphon, and then fill up the receiver, as at first, with distilled water which has been recently boiled, and cork it up as at first. When the carbonate of lime or barytes has subsided, draw off the clear liquid again with a syphon. Repeat this washing till nothing remains but the carbonate; then collect it on a filter, dry it, and expose it to an incipient red heat, and weigh it. If the powder be carbonate of lime, the carbonic acid which it contains amounts to 11-25ths or 0.44 of the weight. If it be carbonate of barytes, the carbonic acid amounts to 11-49ths or 0.224 of the weight. Many other methods have been practised; but we have found the preceding on the whole the simplest and easiest.

To convert a given weight of carbonic acid into volume is attended with no difficulty. The specific gravity of carbonic acid gas is 1.5277, that of air being reckoned 1. Now, at the temperature of 60°, and when the barometer stands at 30 inches, 100 cubic inches of dry air weigh 31.1446 grains; hence 100 cubic inches of carbonic acid gas at the same temperature, and under the same pressure, weigh 47.4691 grains, or one cubic inch weighs 0.474691 grains. Therefore, if the weight of carbonic acid found be a , we have $0.474691 : a :: 1 : \frac{a}{0.474691}$ = the number of cubic inches of carbonic acid found in the quantity of water examined.

6. Acetic acid, when it happens to be present in a mineral water, is best detected by the smell. But we must first get rid of the muriatic acid or chlorine, which might by its greater abundance overpower the smell of the acetic acid, and prevent us from perceiving it. The best method of proceeding is this: reduce a portion of the water in which you suspect the presence of acetic acid to a tenth part of its volume by evaporation at a low heat; then add a solution of sulphate of silver till all the chlorine is thrown down. Evaporate the liquid (after having filtered it) to the consistence of a syrup, and then mix it with alcohol. All the sulphates will be precipitated; but the acetate will be dissolved in the alcohol. Filter, introduce the alcoholic liquor into a retort, and distil off the alcohol (previously adding a little water, if necessary); then add sulphuric acid, change the receiver, and distil nearly to dryness. The presence of acetic acid in the liquid in the receiver will easily be perceived by the smell.

7. The presence of iodine in a mineral water is recognised by means of starch. Boil a little starch with water, so as to form a thin paste of the consistency of a syrup: mix a few drops of this with the liquid supposed to contain iodine; then pour over its surface (taking care not to mix) a little water impregnated with chlorine: cover the surface of the vessel with a lid and set it aside. If iodine be present, we shall perceive within less than twenty-

* Should the water happen to contain no chlorine or muriatic acid, which, however, is a very rare occurrence, it will be necessary, in applying this test, to dissolve a little common salt in the water.

four hours a thin diaphragm of a blue colour in the plane of contact of the mineral water and chlorine water.

8. The presence of bromine may be detected in a similar way. It has the property of giving an orange colour to starch instead of a blue. But we have never had an opportunity of trying the delicacy of this test. The common mode hitherto followed of detecting the presence of bromine in a mineral water, is to concentrate the liquid, and to mix it with some sulphuric acid and native black oxide of manganese, and distil. Bromine, if present, is indicated by the formation of red vapours.

Such are the methods by which the presence of the acids, or simple bodies which act the part of acids in mineral waters, may be ascertained. We shall now state the way of distinguishing the presence of the different bases.

9. The presence of strontian or barytes in a mineral water is incompatible with that of sulphuric acid. Hence their presence must be very rare, for very few mineral waters exist which contain no traces of that acid.

10. When oxalate of ammonia dropped into a mineral water occasions a white precipitate, or renders the liquid milky, the presence of lime is indicated. Should no precipitate appear on the addition of oxalate of ammonia, we must not at once conclude that the liquid contains no traces of lime. We must take a new portion of the water, and reduce it by gentle evaporation to one-tenth of its original bulk, and repeat the experiment again. It will often happen that oxalate of ammonia will give a precipitate with the concentrated liquid, though it had no sensible action on the water in its original state. When this takes place, we may conclude that the water contains a salt of lime, though the quantity is but small. In some cases we have been obliged to reduce the water by evaporation to the hundredth part of its original volume, or even further, before the presence of lime became sensible to the test of oxalate of ammonia.

11. If a mineral water, after being boiled to expel any free carbonic acid which it may contain, be mixed with lime water, and a white flaky precipitate fall, we may conclude that it contains a salt of magnesia. When we obtain such a precipitate, in order to make ourselves certain of the presence of magnesia, the best way is to reduce a quantity of the water by evaporation to one-tenth of its volume, to heat it, and then drop into it the quantity of oxalate of ammonia which from previous trials is known to be just sufficient to throw down the whole of the lime. Filter; and to a few drops of the clear liquid put upon a watch-glass, add a drop or two of solution of phosphate of ammonia and then a drop or two of carbonate of ammonia. If a precipitate immediately falls, we may conclude that magnesia is present in some quantity; if there be no immediate precipitate, draw lines with a glass rod upon the bottom of the watch-glass. In two or three minutes (if any magnesia be present) these lines will become visible to the eye

in consequence of the deposition of ammonia-phosphate of magnesia upon them. When no precipitate whatever appears, we may conclude that the water contains no sensible quantity of magnesia.

12. When alumina is present in a mineral water, it is thrown down from the concentrated liquid by means of ammonia or carbonate of ammonia. But as ammonia throws down also oxide of iron, and may likewise throw down some magnesia, and as carbonate of ammonia will throw down lime, magnesia, oxide of iron, and barytes and strontian, this precipitation alone would not be sufficient to prove the existence of alumina in a mineral water. Collect the precipitate on a filter, wash it well with water, and then boil it in a solution of caustic potash in water for some time. Decant off the potash ley, saturate it with muriatic acid, and pour carbonate of ammonia into the saturated solution. If a precipitate fall, it is a proof that the mineral water contains alumina. The weight of this precipitate after ignition gives us the weight of alumina in the quantity of water which was subjected to examination.

13. We have now stated the mode of determining all the constituents of a saline mineral water, except the potash and soda. The way of proceeding with respect to these alkalies is this:—precipitate the lime (if any) by means of oxalate of ammonia, and then, after filtration, evaporate the liquid to dryness, and expose the dry residue to a red heat. Re-dissolve the residue thus treated in water. If any chloride of magnesium was present, the magnesia of that salt will remain undissolved. The solution will contain the sulphates of potash and soda and magnesia (supposing them present), and the chlorides of potassium and sodium. The greatest part of the magnesia may be precipitated by carbonate of ammonia. If we have recourse to that method, we must filter the liquid, evaporate it to dryness, ignite the residue, and re-dissolve it in water. Mix this solution with a little chloride of platinum, and evaporate the solution till it is reduced to a small quantity. If the alkali present be potash, a precipitate will fall; if it be soda, there will be no deposit. Suppose a precipitate to appear, we must next ascertain whether soda may not be present as well as potash. For this purpose evaporate the liquid to dryness at a low temperature, and digest the residual salt in alcohol of the specific gravity 0.896. The chloro-platinate of potassium will remain undissolved; but the chloro-platinate of sodium will be dissolved by the alcohol. Evaporate the alcoholic solution to dryness, and expose the residual salt to ignition. The platinum will be reduced to the metallic state. Digest the residue in water; it will take up the chloride of sodium and leave the metallic platinum. Evaporate the solution: the salt obtained will be chloride of sodium, 8-15ths of which represents the weight of soda in the water, or the sodium (supposing it to have existed in that state) amounts to 2-5ths of the chloride obtained. In the same

way may the potash be determined, the potassium being 10-19ths and the potash 12-19ths of the weight of the chloride of potassium obtained.

Such is the method of determining the nature of the constituents of saline waters, or the *qualitative analysis*, as it is called by modern chemists. The next process is to determine the weight of the different constituents in a given weight of the mineral water. There are various methods of accomplishing this, each of which has its advantages. A pretty common method is to concentrate the water to be analysed till it is reduced almost, but not quite, to dryness. The residual liquid, which has the consistency of a thick syrup, is now digested in alcohol of about the specific gravity 0.830, and the whole is thrown upon a filter, and after the alcoholic liquid has passed through, the saline matter remaining on the filter is to be washed repeatedly with alcohol, till that liquid passes through pure. By this process the chlorides of calcium, magnesium, and part of the chloride of sodium or potassium (if it be present) are dissolved, while all the sulphates are left upon the filter.

The alcoholic liquid is drawn off by distillation, and the dry residue is exposed to a strong red heat. The magnesia is by this process disengaged, and remains, while the alkaline chlorides and that of calcium are dissolved. The lime is thrown down by oxalate of ammonia. The precipitate, after being washed and dried, is ignited in a platinum crucible. What remains is carbonate of lime. The lime constitutes 0.56 of the weight of this carbonate. The liquid thus freed from lime and magnesia is to be evaporated to dryness and ignited. The salt remaining consists of chloride of sodium or chloride of potassium, or of a mixture of the two. These chlorides are to be separated from each other, and the quantity of each determined by the methods already explained.

Every 2.5 of magnesia is equivalent to 6 of chloride of magnesium, and every 3.5 of lime is equivalent to 7 of chloride of calcium; or if we multiply the magnesia by 2.4 and the lime by 2, the product will be the equivalent quantities of chlorides corresponding to the weight of each.

The objections to this method of separating the chlorides from the sulphates by means of alcohol are—1. that the whole alkaline chlorides are seldom or never dissolved by the alcohol; a portion remains among the sulphates, and requires a separate process to determine it. 2. If the mixed chlorides be exposed to too high a temperature, a portion of lime may be disengaged as well as the magnesia; while, if the temperature has been too low, the whole of the magnesia may not be disengaged, but a portion may still remain in the state of chloride.

The sulphates remaining undissolved by the alcohol may consist of sulphates of lime, magnesia, and soda, and very rarely of sulphate of potash. They may be dissolved by digestion in about 450 times their weight of water.

Heat the solution, and mix it with a sufficient quantity of oxalate of ammonia, to throw down the whole of the lime. Let the precipitate subside, draw off the clear liquid, and then wash the precipitate with distilled water. Collect it in a small platinum crucible, the weight of which has been previously ascertained: expose the oxalate of lime to the heat of a spirit lamp, till the oxalic acid is destroyed. It is now carbonate of lime, every 6.25 grains of which is equivalent to 8.5 grains of anhydrous sulphate of lime. If we therefore multiply the weight of carbonate of lime obtained by 1.36, the product will give us the weight of sulphate of lime present in the saline mixture under examination; or we may add to the carbonate of lime in the crucible an excess of sulphuric acid, and after digesting till all effervescence is at an end, expose the crucible to a strong red heat to drive off the excess of acid. The lime is now in the state of sulphate, and has only to be weighed. For the sake of exactness, both of these methods of determining the quantity of sulphate of lime may be taken; the one will serve as a check on the other.

The magnesia may be precipitated from the residual solution by means of carbonate of ammonia, and after being well washed, may be exposed to a strong red heat. If we now determine its weight, and multiply that weight by three, the product will represent the anhydrous sulphate of magnesia present in the water.

The liquid thus freed from lime and magnesia is to be evaporated to dryness, and exposed to a heat sufficiently high to draw off the ammoniacal salts. It may be then dissolved in water, and after separating the clear liquid from the sediment if there should be any, evaporate it to dryness, and expose the dry salt to a red heat. It will be sulphate of soda or sulphate of potash, or it may consist of a mixture of the two. The proportion of each may be determined by the method formerly described.

The above method of proceeding may appear at first sight simpler and more precise than any other, because it enables us to separate the sulphates and chlorides, and to analyze each set separately. But we are by no means sure that we do not alter the nature of the salts held in solution in saline waters by our process of concentrating them. It not unfrequently happens that when we evaporate a given bulk of a mineral water to dryness, and then digest the saline residue in a quantity of distilled water equal in bulk to that originally present, we do not obtain a complete solution. A portion of sulphate of lime often continues undissolved, and requires for complete solution a considerably greater quantity of water than was originally present. In such cases it is clear that the lime in the original condition of the water was not in the state of sulphate, but combined with some other acid, while the sulphuric acid was also united to some other base. In the original water the lime was probably in the state of chloride of calcium, and

the acid in that of sulphate of soda. By concentrating the liquid, the particles of each salt were brought nearer and nearer to those of the other, till at last they reached the distance at which they were capable of acting on each other. Double decomposition is then the consequence, sulphate of lime and chloride of sodium being formed.

Nor are we certain that no change is induced upon the salts contained in mineral waters by the action of the alcohol. It is not at all unlikely that the alcohol may have a tendency to hasten these kinds of decompositions, or to carry them to a greater extent than would otherwise take place.

These reasons lead to the inference that the salts contained in mineral waters may not in all cases be those which we extract from them. Nor have we any method at present of deciding by satisfactory experiment what the salts really are which constitute the saline constituents of mineral waters. We can do nothing more than determine the nature and quantity of the different acids and bases that exist in a water. If the salts present be neutral, it is clear that these acids and bases must mutually saturate each other; there can be no redundancy of the one and deficiency of the other. The simplest method of proceeding, therefore, seems to be to determine separately the weight of each acid and each base, and then to suppose them combined in the way most conformable to the known affinities of the acids and bases, or to the known properties of the water. Thus, if a water be eminently purgative, and if we extract from a certain quantity of it chlorine, sulphuric acid, sodium, and lime, it is much more likely from the purgative nature of the water, that these bodies are so combined in it as to produce sulphate of soda and chloride of calcium, both of which are eminently purgative salts, than that they constitute sulphate of lime and chloride of sodium, salts much less eminently purgative than the preceding, and one of which indeed is quite inert, or nearly so. The method which we are in the habit of following, while it is simpler and easier than the one just described, seems also to be equally accurate.

We take a certain quantity of the liquid, usually 1000 grains, and after reducing it by evaporation to about one-fourth of its original volume, the chlorine is thrown down by nitrate of silver. The chloride of silver washed, dried, and fused, gives the quantity of chlorine in the 1000 grains of liquid; every 18.25 of chloride indicating 4.5 of chlorine; or we obtain the chlorine by dividing the weight of chloride by 4.055.

To the liquid thus freed from chlorine add a little common salt, to get rid of any excess of nitrate of silver that may have been added. Then throw down the sulphuric acid by chloride of barium. Wash, dry, and ignite the precipitate: it gives the quantity of sulphuric acid in 1000 grains of the liquid. Every 14.5 grains of sulphate of barytes indicates five grains of sulphuric acid. Therefore, if we divide the weight of the sulphate of barytes

obtained by 2.9, the quotient will be the weight of sulphuric acid which it contains.

When the qualitative analysis has indicated the presence of nitric acid in the water, we may proceed in this way to determine its quantity. The chlorine from 1000 grains of the water is to be thrown down by means of sulphate of silver. The liquid freed from chlorine is to be evaporated to dryness, mixed with its own weight of sulphuric acid, and cautiously distilled in a small retort, taking care not to apply so much heat as to drive over any of the sulphuric acid. The liquid in the receiver will contain the whole nitric acid in the 1000 grains of the water. Saturate it exactly with barytes water, and then evaporate to dryness. The weight of nitrate of barytes thus obtained indicates the quantity of nitric acid; for 16.25 nitrate of barytes contain 6.75 nitric acid. Hence, if we divide the weight of the nitrate of barytes by 2.4071, the quotient will indicate the weight of nitric acid contained in 1000 grains of the mineral water.

The lime may be thrown down by oxalate of ammonia from another 1000 grains of the liquid previously concentrated and heated. The mode of determining the quantity of lime from the oxalate has been already stated. When that oxalate is heated to redness, it is converted into carbonate of lime, every 6.25 of which is equivalent to 3.5 of lime. If, therefore, we divide the quantity of carbonate of lime obtained by 1.7857, the quotient will be the quantity of pure lime contained in 1000 grains of the water.

The 1000 grains of concentrated water thus freed from lime may be used to obtain the magnesia also. Add to it a little phosphate of ammonia, and afterwards a few drops of carbonate of ammonia, and then evaporate till the liquid is reduced to a very small quantity. The magnesia is precipitated in the state of ammonia-phosphate. Wash the precipitate with water, then dry it and expose it to ignition. The weight of biphosphate of magnesia thus obtained indicates the quantity of magnesia in 1000 grains of the water. Every 11.5 grains of the biphosphate contain 2.5 grains of magnesia. If, therefore, we divide the weight of the biphosphate of magnesia by 4.6, the quotient will be the quantity of magnesia contained in it.

Iodine and bromine are best estimated by converting them into iodide and bromide of silver. Let us suppose a mineral water to contain chlorine, iodine, and bromine all at once. To 1000 grains of it previously sufficiently concentrated, add nitrate of silver. The three chlorides precipitate together. Digest the precipitate in caustic ammonia, the chloride and bromide of silver will dissolve; but the iodide will remain unaltered. Wash it and dry it. Every 29.5 of it contain 15.75 of iodine. Hence, if we divide the weight of iodide of silver obtained by 1.873, the quotient will be the weight of iodine contained in 1000 grains of the water.

To the ammoniacal solution add nitric acid in slight excess. The bromide and chloride,

of silver precipitate. Wash this precipitate and put it into a phial with a ground stopper, containing water saturated with chlorine, and agitate frequently for twenty-four hours. Then add some sulphuric ether, and agitate again. When the phial is left at rest, the ether floats on the chlorine liquid, and speedily acquires an orange or reddish colour. This ether may be decanted off and a new portion added. To these ethers introduced into a retort add barytes water, and distil off the ether. Evaporate the residue to dryness. Ignite the dry matter remaining, and digest it in alcohol of the specific gravity 0.810. The bromide of barium alone dissolves. Evaporate to dryness, and weigh the bromide of barium remaining; every 18.5 of it contains 10 of bromine. If, therefore, we divide the weight of the bromide of barium obtained by 1.85, the quotient will give the quantity of bromine contained in 1000 grains of the mineral water.

The silica, which most waters contain, is easily obtained by evaporating a given weight of the water to dryness, and digesting the saline residue, first in a sufficient quantity of water, and afterwards in aqua regia. What remains undissolved is silica.

Such is a sketch of the method of analysing saline waters. The processes are not difficult; but they require either to be performed on a large scale, that is to say, with several gallons of water reduced by evaporation to a manageable quantity; or, if we employ smaller quantities, very great attention must be paid to precision, and the balance used must be capable of weighing with precision to the hundredth of a grain, even when loaded with the small platinum crucibles in which the sediments are contained.

We shall now take a view of the most remarkable saline waters in Great Britain and on the continent.

i. Cheltenham.

Cheltenham is situated in a sandy vale in Gloucestershire, surrounded by hills of a moderate height, in the midst of a fertile and well cultivated country. The mineral waters which it contains were first noticed about a century ago, and gradually attracted the attention of the public. At first only one scanty spring was known, *the old well*; but as the number of visitors increased, it became insufficient to supply them. This led to a farther search, in consequence of which three new wells were discovered in the immediate neighbourhood of the original spa. Between the years 1770 and 1780 the mineral waters of Cheltenham acquired so much reputation that the town became a great place of resort for invalids from all parts of the kingdom. It was soon found that the wells could not supply the additional demand. In the year 1788 a new well was sunk by order of George III., known by the name of the *King's Well*. At first the supply from this well was very abundant, but it afterwards decreased so much that it was often drunk out by the company in half an hour.

In 1806, a gentleman of the name of Thompson, who had purchased a great part of the land in the vicinity of Cheltenham, determined to search for mineral water on his own estate, and to try to supply the deficiency so much complained of. The success which he met with soon induced him to think of turning his discovery to his own advantage; and accordingly a new pump-room was erected, and no exertions were spared till a sufficiency of water was obtained for the supply of whatever company might resort to the room and neighbourhood. Six different wells were discovered by him, to which he gave the following names:—

1. Strong chalybeate saline water.
2. Strong sulphuretted saline water.
3. Weak sulphuretted saline water.
4. Pure saline water.
5. Bitter saline water.
6. Saline chalybeate.

But from the analyses of these waters by Dr. Scudamore, it does not appear that these names are very appropriate.

There is another pump-room, situated between the old well and Thompson's Spa, called the Sherborne Spa. To it are attached four pumps belonging to as many wells, which appear, from Dr. Scudamore's observations, to correspond very closely with the analogous wells at Thompson's Spa. Thus the different wells at present at Cheltenham amount to fourteen. We shall now give the constituents of these different wells so far as they have been determined by analysis.

1. *The original Spa, or Old Well.*—The four springs belonging to this spa were analyzed in 1820 by Dr. Scudamore, assisted by Mr. Garden. They were distinguished by the following names:—

1. Strong aerated chalybeate saline.
2. Strong sulphureous chalybeate.
3. Magnesian saline.
4. Pure saline.

The specific gravities of these waters were as follows:—

1. 1.0091. Taste mildly saline.
2. 1.0089. Taste saline and very slightly chalybeate.
3. 1.0083. Taste saline and chalybeate.
4. 1.0122. Taste strongly saline.

The saline constituents in an imperial gallon of each of these waters, according to the analysis of Dr. Scudamore, are as follows:—

No. 1.

Common salt	561.17 grs.
Chloride of calcium	59.89
Chloride of magnesium	24.49*
Sulphate of soda	140.41

785.96

* The chlorides are given by Dr. Scudamore as muriates. Probably, therefore, the numbers may be in excess; but as no details of the analysis are given, we have not ventured to alter the original numbers of Dr. Scudamore. The same observation applies to all the subsequent analyses of the same gentleman.

No. 2.

Common salt	217·95 grs.
Chloride of calcium	35·49
Chloride of magnesium	49·76
Sulphate of soda	504·57
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	807·77

No. 3.

Chloride of sodium	169·73 grs.
Chloride of calcium	29·70
Chloride of magnesium	31·83
Sulphate of soda	416·62
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	647·83

Oxide of iron, probably a grain in the gallon.

No. 4.

Chloride of sodium	460·98 grs.
Chloride of calcium	41·33
Chloride of magnesium	70·40
Sulphate of soda	570·92
	<hr/>
	1143·63

Oxide of iron, a trace.

The wells belonging to Thompson's Spa were analysed by Messrs. Brande and Parkes in 1817; and the analysis was again repeated by Dr. Scudamore and Mr. Garden in 1820. The results of these two analyses are so different as to occasion considerable surprise. If both be accurate, we must conclude that in the short space of three years these waters have totally altered their saline nature. This is so uncommon a circumstance in the history of mineral waters, that it is very desirable that a new analysis of these waters should be made, that we may be enabled to judge whether the alteration is still going on, or whether one or other of the experimenters has not fallen into mistakes with respect to the conclusions drawn regarding the saline constituents of these waters. The following table exhibits a view of both analyses:—

	1817.	1820.
No. 1. Sp. gr.	1·0092	1·0085
2.	1·0085	1·0065
3.	1·006	1·0067
4.	1·010	1·0077
5.	1·008	1·0065
6.	1·004	1·0098

It appears from this table that in three years the specific gravity of the first, second, fourth, and fifth of these springs has diminished considerably; while that of the sixth well, which is 126 feet in depth, has very much increased. All the other waters are from wells, but much less deep. No. 1 is 48 feet deep; Nos. 2 and 3 (the same well but at different depths) 48 feet; Nos. 4 and 5, each 50 feet. An accurate geological description of the strata through which these wells are sunk, might throw some light upon the alteration in the saline constituents of their waters.

No. 1.

1817.

Imperial gallon.

Common salt	398·30 grs.
Sulphate of soda	221·12
Sulphate of magnesia	57·86
Sulphate of lime	24·11
Carbonate of soda and iron	14·47

715·86

Carbonic acid gas.... 2·5 cubic inches.

1820.

Common salt	535·24 grs.
Chloride of calcium	31·92
Chloride of magnesium	20·45
Sulphate of soda	210·24

797·85

Oxide of iron, a minute portion.

No. 2.

1817.

Common salt	337·54 grs.
Sulphate of soda	206·63
Sulphate of magnesia	48·22
Sulphate of lime	11·57
Oxide of iron	2·89

606·85

Sulphuretted hydrogen gas 24·11 cub. in.

Carbonic acid 14·46

1820.

Common salt	247·85 grs.
Chloride of calcium	31·92
Chloride of magnesium	14·66
Sulphate of soda	209·85

504·23

Oxide of iron, a minute portion.

No. 3.

1817.

Common salt	144·66 grs.
Sulphate of soda	135·02
Sulphate of magnesia	48·22
Sulphate of lime	14·47
Oxide of iron	4·82

347·19

Sulphuretted hydrogen 24·11 cubic inches.

Carbonic acid..... 14·46

1820.

Common salt	298·96 grs.
Chloride of calcium	17·74
Chloride of magnesium	19·77
Sulphate of soda	209·85

546·32

Oxide of iron, a trace.

No. 4.

1817.

Common salt	482·20 grs.
Sulphate of soda	144·66
Sulphate of magnesia	106·08
Sulphate of lime	43·40

776·34

1820.

Common salt	447.48 grs.
Chloride of calcium	29.61
Chloride of magnesium	19.48
Sulphate of soda	276.20
	<hr/>
	772.77

No. 5.

1817.

Sulphate of magnesia	350.81 grs.
Chloride of magnesium	86.80
Common salt	91.62
Sulphate of lime	33.75
Oxide of iron	9.64
	<hr/>
	572.62

1820.

Common salt	226.63
Chloride of calcium	47.35
Chloride of magnesium	34.81
Sulphate of soda	374.19
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	682.98

No. 6.

1817.

Common salt	212.17 grs.
Sulphate of soda	96.44
Oxide of iron	14.47
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	323.08

Carbonic acid 96.44 cubic inches.

1820.

Common salt	734.39 grs.
Chloride of calcium	29.61
Chloride of magnesium	29.12
Sulphate of soda	112.06
	<hr/>
	905.18

Oxide of iron, a minute portion.

Some of the differences in these two sets of analyses are owing to the different modes of estimating the nature of the salts; but there are others for which no such difference can account, and which serve to throw doubts upon the accuracy of the experiments. Thus, the saline constituents of No. 4, by both analyses, amount to nearly the same weight; yet there is a considerable difference in the specific gravity of the two liquids; that analyzed by Brande was 1.01, while that analyzed by Scudamore was only 1.0077. On the contrary, in No. 3 there is a great difference in the weight of the saline contents found by the two analysts, yet the specific gravity of the water was nearly the same.

It is evident from the preceding analysis that the Cheltenham waters possess cathartic properties. The chief salts to which they are indebted for this effect are common salt and sulphate of soda. The first of these in a concentrated solution acts as an emetic; but when more diluted, it possesses the properties of a strong purgative. This is the well-known

effect of sea-water when taken internally. The purgative qualities of sulphate of soda are universally known. The chlorides of calcium and of magnesium, which are also present in small quantities, are powerful purgatives, and when much diluted with water, as they are in the Cheltenham springs, they constitute a very excellent purgative. All these salts in the Cheltenham waters are very much diluted — a circumstance which greatly enhances their virtues by rendering them exceedingly mild, so that they may be persisted in for a length of time without bringing on debility. It is this diluted state that constitutes the chief excellency of saline mineral waters. They can only be imitated by administering a mixture of various purgative salts in a similar state of dilution. It will be found upon trial that when three or four purgative salts are mixed together and administered in a state of great dilution, they may be persisted in for a considerable time without inducing debility; whereas concentrated solutions of the same salts very speedily reduce the strength of the patients.

Cheltenham has been chiefly resorted to by those invalids who have resided long in hot climates, and who labour under a diseased liver. Such persons not unfrequently derive much benefit from a judicious use of Cheltenham water. The individuals who have been in the habit of carrying the pleasures of the table to excess, and whose stomachs are debilitated from being habitually overloaded, likewise derive much benefit from the use of these waters.

II. *Leamington.*

Leamington is situated about two miles east from Warwick, in a flat, but rich, beautiful, and highly cultivated country. Its name is derived from the Leam, a torpid stream, which passes through it. The existence of saline springs in this place was known to Cambden and Speed, who lived about the end of the sixteenth century; but it did not attract much notice till about the year 1786. Since that period it has advanced with almost unexampled celerity, and is now a magnificent watering-place, scarcely inferior to Cheltenham itself. The wells, as at Cheltenham, are situated in the new red sandstone formation, in which, indeed, most of the saline springs in Great Britain take their rise. There are no fewer than eleven springs, all of them saline, but some of them containing, also, iron; and one or two of them slightly impregnated with sulphuretted hydrogen. The first analysis of these waters was made by Dr. Lambe in 1797. He published, in the fifth volume of the Manchester Memoirs, an account of the constituents of two of the springs, under the name of the water of the *old baths*, discovered in 1786, and of the *new baths*, discovered in 1790. Dr. Scudamore, in 1820, published an analysis of eight of the springs; and in 1828, Dr. Loudon, in his *Practical Dissertation on the Waters of Leamington Spa*, gave the analysis of the whole eleven. The saline constituents of these waters were determined by Dr. Thomson of Glasgow, and the gaseous constituents

by Dr. Loudon himself, with the assistance of Mr. Gossage, chemist, of Leamington.

The following table exhibits the specific gravity of these various springs, as determined by Dr. Scudamore in 1820, and Dr. Thomson in 1827.

	<i>Scudamore.</i>	<i>Thomson.</i>
Lord Aylesford's ..	1·0093	1·0098
Mr. Smith's	1·0085	1·01015
Mr. Wise's	1·010	1·01017
Mr. Robbins's	1·0118	1·00825
Mr. Reid's (sul- phureous)	1·00736	
Do. (saline)	1·00995	
Imperial Fount } (chalybeate) .. }	1·0067	1·01114
Do. (saline)	1·0054	1·00858
Do. (sulphureous)	1·011	1·00900
Pump-room (sul- phureous)	1·0042	1·00144
Do. (saline)	1·0119	1·01223

It is obvious from these specific gravities that the water is liable to undergo changes in its strength at different times.

We shall now give the constituents in an imperial gallon of each of these waters as determined by the analyses of Dr. Scudamore and Dr. Thomson. The differences between them are doubtless owing in part to differences in the strength of the waters at different times; though errors in the analysis may also have an effect in rendering the constituents more different than they otherwise would be.

1. Lord Aylesford's.

Scudamore.

	<i>Imperial gallon.</i>
Chloride of sodium	118·14 grs.
Chloride of calcium	272·35
Chloride of magnesium	50·34
Sulphate of soda	317·86
	<hr/>
	758·69

Thomson.

Sulphate of soda	323·19 grs.
Chloride of sodium	326·16
Chloride of calcium	164·49
Chloride of magnesium	26·93
	<hr/>
	840·77

Oxygen gas	0·6 cubic inches.
Azotic	4·296
Carbonic acid	16·830

2. Mr. Smith's.

Scudamore.

Chloride of sodium	219·88 grs.
Chloride of calcium	194·19
Chloride of magnesium	50·34
Sulphate of soda	271·57
	<hr/>
	735·98

Thomson.

Sulphate of soda	321·87 grs.
Chloride of sodium	382·92
Chloride of calcium	158·18
Chloride of magnesium	16·97
	<hr/>
	879·94

Oxygen gas	0·36 cubic inches.
Azotic	5·264
Carbonic acid	20·025
	<hr/>
	25·649

3. Mr. Wise's.

Scudamore.

Chloride of sodium	292·21 grs.
Chloride of calcium	207·54
Chloride of magnesium	50·34
Sulphate of soda	322·50
	<hr/>
	872·59

Thomson.

Sulphate of soda	315·66 grs.
Chloride of sodium	212·88
Chloride of calcium	149·90
Chloride of magnesium	180·74
	<hr/>
	859·18

Oxygen gas	0·704 cubic inches.
Azotic	3·904
Carbonic acid	17·440
	<hr/>
	22·048

4. Mr. Robbins's.

Scudamore.

Chloride of sodium	450·86 grs.
Chloride of calcium	165·88
Chloride of magnesium	—
Sulphate of soda	300·85
	<hr/>
	917·59

Thomson.

Sulphate of soda	228·95 grs.
Chloride of sodium	282·80
Chloride of calcium	188·09
Chloride of magnesium	67·75
	<hr/>
	767·59

Oxygen gas	0·600 cubic inches.
Azotic	4·464
Carbonic acid	18·850
	<hr/>
	23·914

5. Mr. Reid's (sulphureous.)

Thomson.

Sulphate of soda	224·52 grs.
Chloride of sodium	204·84
Chloride of calcium	126·22
Chloride of magnesium	77·56
	<hr/>
	633·14

Oxygen gas	0·200* cubic inches.
Azotic gas	3·400
Carbonic acid	25·250
Sulphuretted hydr. . .	9·152
	<hr/>
	38·002

* There is no doubt a mistake in this statement of oxygen gas, as it is well known that oxygen gas

6th. Mr. Reid's (saline).

Thomson.

Sulphate of soda	244·88 grs.
Chloride of sodium	343·38
Chloride of calcium	143·90
Chloride of magnesium	86·55
Silica	7·78
Peroxide of iron	2·12

828·61

Oxygen gas	0·20 cubic inches.
Azotic	4·52
Carbonic acid	17·30

22·02

7. Imperial Fount (chalybeate.)

Scudamore.

Chloride of sodium	71·17
Chloride of calcium	88·72
Chloride of magnesium	30·19
Sulphate of soda	107·01

297·09

Thomson.

Sulphate of soda	274·35
Chloride of sodium	442·17
Chloride of calcium	200·47
Chloride of magnesium	31·42
Silica	68·64
Peroxide of iron	68·64

1085·69

Oxygen gas	0·60 cubic inches.
Azotic	5·16
Carbonic acid	26·35

32·11

8. Imperial Fount (saline.)

Scudamore.

Chloride of sodium	89·97 grs.
Chloride of calcium	29·61
Chloride of magnesium	65·29
Sulphate of soda	79·47
Oxide of iron	1·00

265·34

Thomson.

Sulphate of soda	275·48
Chloride of sodium	116·27
Chloride of calcium	140·56
Chloride of magnesium	208·40

740·71

Oxygen gas	0·784 cubic inches.
Azotic	6·104
Carbonic acid	25·250

32·138

9. Imperial Fount (sulphureous.)

Scudamore.

Chloride of sodium	144·66 grs.
Chloride of calcium	76·77
Chloride of magnesium	31·82
Sulphate of soda	111·87

365·12

Oxide of iron, a minute portion.

Thomson.

Sulphate of soda	248·90 grs.
Chloride of sodium	58·41
Chloride of calcium	314·44
Chloride of magnesium	155·95
Silica	28·96
Peroxide of iron	4·24*

810·90

Oxygen gas	0·960† cubic inches.
Azotic	4·896
Carbonic acid	28·250
Sulphuretted hydrogen	9·136

43·242

10. Pump-room, (sulphureous.)

Scudamore.

Chloride of sodium	144·66 grs.
Chloride of calcium	76·77
Chloride of magnesium	31·82
Sulphate of soda	111·87

365·12

Thomson.

Sulphate of soda	44·37 grs.
Chloride of sodium	41·15
Chloride of calcium	26·92
Chloride of magnesium	9·25

121·69

Oxygen gas	0·512 cubic inches.
Azotic	3·984
Carbonic acid	25·250
Sulphuretted hydrogen	9·120

38·866

11. Pump-room, (saline.)

Scudamore.

Chloride of sodium	518·36 grs.
Chloride of calcium	276·20
Chloride of magnesium	193·42
Sulphate of soda	75·51

1063·49

* Peroxide of iron being incompatible with sulphuretted hydrogen, it may be requisite to state that the saline contents of the water were determined in Glasgow. The water, when examined, contained no sulphuretted hydrogen, and the peroxide of iron was found combined with the silica. Nothing is predicated respecting the state of the iron in the spring.

† This must be considered as a mistake, as oxygen gas is incompatible with sulphuretted hydrogen.

and sulphuretted hydrogen cannot exist together in the same water. The origin of the azotic gas, so generally found in sulphureous waters, is probably this:—these waters absorb air in the usual proportion; but the sulphuretted hydrogen unites with the oxygen and leaves the azote.

<i>Thomson.</i>	
Sulphate of soda	261·95 grs.
Chloride of sodium	542·26
Chloride of calcium	167·22
Chloride of magnesium	98·91
Silica	8·36
Peroxide of iron	7·65
<hr/>	
1086·35	
Oxygen gas	0·528 cubic inches.
Azotic	4·704
Carbonic acid	23·600
<hr/>	
28·832	

Upon comparing the saline contents of these waters with those of Cheltenham, we cannot avoid observing a striking similarity. Nor is this surprising when we consider that both are situated in the same formation, the new red sandstone or *red marl*, as it is frequently called by British geologists. Sulphuretted hydrogen gas occurs in both waters in small quantity, and the same remark applies to oxide of iron. It is obvious from this that the waters of Leamington will be useful in the same diseases as are cured or alleviated by Cheltenham waters. The two watering places are so nearly on a par that invalids may repair to each with equal advantage. Convenience or caprice, therefore, may be left to decide the difference between them.

III. Scarborough.

The town of Scarborough is situated at the foot of a very high cliff on the Yorkshire coast, overlooking a spacious bay surrounded by lofty rocks. It has been long famous for two mineral springs, which issue from the bottom of a large cliff, about a quarter of a mile south from the town. These springs have been long frequented; and many attempts to analyse them were made before the science of chemistry had advanced sufficiently to enable the experimenters to draw any accurate inferences respecting the true constituents of the water. Simpson's analysis of the Scarborough Spa, published in the reign of Charles II. may be mentioned as an unsuccessful attempt to rectify previous errors. The Scarborough wells are two in number, and are distinguished by the names of the *North* and *South Wells*. They are, to a certain extent, impregnated with iron; but as the protoxide of iron in these waters is held in solution by carbonic acid, they cannot be carried to a distance without losing their chalybeate qualities. They owe their celebrity chiefly to their purging nature, for which they are indebted to their saline contents; and as they are weaker than the purging waters of Cheltenham and Leamington, the town of Scarborough has become less frequented since these places have risen into celebrity.

Of the two Scarborough wells, the South is the strongest. The specific gravity of each, as determined by Dr. Thomson, is as follows:—

North Well ...	1·003354
South Well	1·00349

The following table exhibits the saline con-

tents of an imperial gallon of each as analysed by Dr. Thomson. The analysis was made in Glasgow: the quantity analysed was a wine-bottle full of each, sent for the purpose from Scarborough to Glasgow. Of course neither the quantity of iron which the waters originally contained, nor their gaseous contents, could be determined.

1. North Well.

Sulphate of magnesia	105·94 grs.
Sulphate of lime	47·64
Chloride of calcium	38·00
Common salt	7·23
<hr/>	
198·81	

2. South Well.

Sulphate of magnesia	22·41 grs.
Sulphate of lime	147·12
Chloride of sodium	25·36
Chloride of magnesium	3·88
Carbonate of lime	9·97
<hr/>	
208·74	

But though the South well be most impregnated with salts, as more than three-fourths of these consist of sulphate of lime and carbonate of lime, it is obvious that as a purgative the North well must act much more powerfully. Accordingly it is always stated as the strongest, though both the specific gravity and the quantity of salts are greatest in the water of the South well.

IV. Spital Water.

The village of Spital lies on the south side of the Tweed, very near Tweedmouth, which may be considered as a suburb of Berwick. There is a mineral spring in this village possessing purging qualities, which has been long resorted to by the people in the neighbourhood, and has been found useful in those diseases for which saline waters are had recourse to. The water of this spring rises from the coal formation which constitutes the surface of the earth in that part of the country. It is transparent and colourless, and has a slightly saline and unpleasant taste. Its specific gravity was found to be 1·00312. The saline contents in the imperial gallon, as determined by Dr. Thomson, are as follows:—

Chloride of calcium	71·92 grs.
Sulphate of soda	145·39
Sulphate of lime	31·60
Carbonate of lime	15·87
<hr/>	
264·78	

Carbonic acid

14·3 cubic inches.
The analysis was made in Glasgow. Hence it is probable that the quantity of carbonic acid gas originally contained in the gallon of this water, exceeded 14·3 cubic inches. This was the quantity necessary to keep 15·87 grains of carbonate of lime in solution. Of course it was necessarily present.

v. Pitkathley, Airthrey, and Dunblane.

These three watering-places in Scotland are situated at no great distance from the Ochil Hills, a beautiful range of mountains which

adorn the southern part of Perthshire, and in the neighbourhood of which some of the finest tracts of land in Scotland are situated. It is curious that all the three sets of springs rise in the new red sandstone formation, and in this respect resemble the waters of Cheltenham and Leamington. It is in this formation that the great deposits of common salt occur. It is in it, also, that the gypsum beds are situated, which constitute so abundant a deposit in Germany, though they are almost wanting in England. This makes the origin of these saline waters less remarkable than would otherwise be the case; for almost all the purging salts noticed in these waters are to be found in greater or smaller quantity mixed with common salt, both in the sea and in those beds which occur in the new red sandstone.

Pitkaithley lies near the Earn, a little west of the spot where it discharges itself into the Tay, and distant about four miles from Perth, from the valley of which it is separated by the hill of Moncrief. This mineral water has been longest known; and the locality being provided with suitable and genteel accommodations for visitors, it is better frequented perhaps than any other Scottish watering-place. How long it has been in repute as a medicinal spring we do not know; but the first notice of it which we have seen was by Dr. Donald Monro, in the *Philosophical Transactions* for 1772, page 15. It appears from that notice that Pitkaithley water was well known and much frequented as a mild purging water in the year 1770. Dr. Monro even attempted to determine its saline constituents; but from the imperfect state of analytical chemistry at that period, his results were unsatisfactory. It was analysed by Dr. Murray of Edinburgh about the year 1815, who found its saline contents in the imperial gallon as follows:—

Common salt	128·67 grs.
Chloride of calcium	187·15
Sulphate of lime	8·64
Carbonate of lime	4·80
	<hr/>
	329·26

Dunblane is situated at the western extremity of the Ochils, and not far distant from the Grampians. The saline springs were discovered in 1813, from the frequent resort of a flock of pigeons to the ground where they break out. There are two different springs situated about half a mile north from Dunblane. Nothing has been done by the proprietor for the accommodation of visitors, and no houses have been erected near the spring; yet notwithstanding these discouraging circumstances, such is the celebrity which the water has acquired, and such the opinion entertained of its salutary properties, that many invalids repair to it every summer, being obliged to put up with such accommodations as they can procure in the village of Dunblane. If able, they walk every day to the springs; if too feeble for so long a walk, the water is regularly brought to their

lodgings and used by them as a purgative. The water is saline, with some bitterness. It is transparent and colourless, and destitute of smell as it issues from the ground. There are two springs; the one situated a little to the north of the other, and the most northern is rather the strongest. The specific gravity of these waters, as determined by Dr. Murray, is as follows:—

North spring 1·00475*

South spring 1·00419

We have two analyses of this water. It was first analysed by Dr. Murray in 1814. In 1821 it was a second time subjected to analysis by Dr. Thomson of Glasgow. The following table exhibits the saline constituents in the imperial gallon according to these analyses.

1. North spring.

Murray.

Common salt	231·46 grs.
Chloride of calcium	173·59
Sulphate of lime	33·75
Carbonate of lime	4·82
Oxide of iron	1·64
	<hr/>
	445·26

Thomson.

Common salt	320·96 grs.
Chloride of calcium	174·36
Sulphate of lime	48·55
Chloride of magnesium	2·41
	<hr/>
	546·28

2. South spring.

Murray.

Common salt	216·99 grs.
Chloride of calcium	154·30
Sulphate of lime	22·18
Carbonate of lime	2·89
Oxide of iron	1·45
	<hr/>
	397·81

Airthrey is situated at the bottom of one of the most westerly of the Ochil hills, about two miles north from Stirling, and commands a magnificent prospect of one of the richest districts of Scotland. The view to the west is bounded by the Grampians, which are seen to greater advantage from Stirling and its vicinity than from any other place, forming a vast amphitheatre equally remarkable for the boldness of the outline and the beauty and height of the most prominent mountains. The Ochils bound the prospect on the north, beginning apparently where the Grampians recede from the view, and continuing without interruption to the east as far as the eye can reach. These mountains, though very steep on the south side, are mostly covered with wood or with grass, and present a back ground at once lovely and magnificent,

* Dr. Thomson found it 1·004901.

while they shelter the villages situated at their southern base so effectually that they have been always considered as the warmest spots in Scotland, and resorted to accordingly by the consumptive as a last resource. The Touch mountains on the south-west skirted with wood; the numerous little hills that rise like castles from the carse of Stirling; the Forth flowing majestically through the level ground, and winding in so intricate a manner between Stirling and Alloa that the eye, even in the most favourable situations, cannot trace its course, and spreading out into an extensive frith, which may be followed without interruption till it mingles with the eastern horizon—all these, and a thousand other beautiful, rich, and picturesque objects which it would be vain to attempt to particularize, render the view from Airthrey at once one of the most magnificent and beautiful that Great Britain has to boast of. The roads, during summer, are excellent in every direction. The rides both to the west, east, and south, possess numerous beauties to attract the attention of the man of taste; and being the spots where many of the most eventful actions connected with the history of Scotland were performed, they have claims upon our curiosity of no ordinary nature.

Sir Robert Abercrombie, the proprietor of the wells, had formed the resolution to build a pump-room, and to erect suitable conveniences for the accommodation of the numerous visitors who annually resort to them; but he unfortunately died before he had time to put his plans in execution. His successor, Lord Abercrombie, has unfortunately imbibed a prejudice against the existence of a watering-place so near his park and dwelling-house. The consequence has been that no houses are allowed to be erected at the wells. The visitors are obliged to lodge at the Bridge of Allan, a village about a mile and a half from the mineral spring; yet such is the beauty of the country, and such the opinion entertained of the salutary virtues of the Airthrey mineral waters, that during the greatest part of the summer every lodging-house is crowded, and many visitors are obliged to leave the place for want of accommodation.

The mineral springs at Airthrey are six in number. They all contain the same saline constituents, but differ considerably from each other in their relative strength. They were analyzed by Dr. Thomson of Glasgow in 1827, at the request of Sir Robert Abercrombie. The specific gravity of these springs at that time was as follows:—

Sp. gr.	Sp. gr.
No. 1, 1·00915	No. 4, 1·00346
2, 1·00714	5, 1·00984
3, 1·00611	6, 1·00984

These springs are all transparent, and destitute of smell: their taste is saline and bitter, and they act as purgatives when drunk in sufficient quantity. The following table exhibits the saline contents in an imperial gallon of each as determined by Dr. Thomson.

No. 1.

Common salt	423·843 grs.
Chloride of calcium	411·551
Sulphate of lime.....	50·578
Chloride of magnesium	6·075
	<hr/> 892·047

No. 2.

Common salt	359·616 grs.
Chloride of calcium	329·560
Sulphate of lime.....	18·341
Chloride of magnesium	4·168
	<hr/> 711·685

No. 3.

Common salt	263·948 grs.
Chloride of calcium	185·655
Sulphate of lime.....	29·776
Chloride of magnesium	1·597
	<hr/> 480·976

No. 4.

Common salt	135·792 grs.
Chloride of calcium	122·280
Sulphate of lime.....	9·798
Chloride of magnesium	9·546
	<hr/> 277·416

No. 5.

Common salt	513·060 grs.
Chloride of calcium	253·349
Sulphate of lime.....	28·134
Chloride of magnesium	13·713
	<hr/> 808·256

No. 6.

Common salt	537·567 grs.
Chloride of calcium	282·769
Sulphate of lime	26·084
Chloride of magnesium	2·438
	<hr/> 848·858

Airthrey water is nearly as strongly impregnated with salts as the waters of Cheltenham or Leamington; but the nature of the salts is different. The Airthrey springs contain a great quantity of chloride of calcium, which exists but sparingly in the Cheltenham and Leamington wells; while they are altogether destitute of the sulphate of soda, which constitutes the most important of the purgative salts in the wells of the two English watering places. There can be no doubt that the mineral waters of Pitkaithley, Dunblane, and Airthrey, are equally valuable with those of Cheltenham and Leamington, and may be employed in the same kind of diseases. Pitkaithley is by far the weakest of the three; but this constitutes no valid objection against its use; for the purgative salts which constitute the principal ingredients in these waters,—namely, common salt and chloride of calcium,

require very considerable dilution before they can be used internally with advantage to the patient.

VI.—*Innerleithen.*

This water, situated near the Tweed in the classic country of Scottish song, has of late years become rather a fashionable place of resort to the inhabitants of the south of Scotland. This, we believe, is chiefly owing to Sir Walter Scott's romance of *St. Ronan's Well*, the scene of which is understood to be Innerleithen. It was analyzed by Dr. Fyfe of Edinburgh about ten years ago. There are two springs situated at a little distance from each other. Dr. Fyfe has not given the specific gravity of the water, nor any description of its characters, but the following table exhibits the saline contents found by him in an imperial gallon of each spring.

Strongest spring.

Common salt	150·712 grs.
Chloride of calcium	91·320
Carbonate of magnesia	49·107
	<hr/>
	291·139

Weakest spring.

Common salt	101·787 grs.
Chloride of calcium	45·612
Carbonate of magnesia	25·447
	<hr/>
	172·846

The constituents of these springs are the same as those of Pitkathley, Dunblane, and Airthrey, with the exception of carbonate of magnesia instead of chloride of magnesium and sulphate of lime. But the Innerleithen water is much weaker than the other three. It is probable that the carbonate of magnesia found in it by Dr. Fyfe is in the state of bicarbonate when the springs issue from the ground. If this be the case, about 55·2 cubic inches of carbonic acid must exist in the strongest spring, and about 28·6 cubic inches in the weakest. It is not unlikely, then, that Innerleithen may be a slightly acidulous water; but this can be determined only on the spot.

Innerleithen water will be found useful in the same kind of complaints for which saline waters in general are recommended.

VII. *Sea-water.*

As the ocean surrounds Great Britain, and as no part of the island is at any great distance from the sea, we may without impropriety consider sea-water as one of the saline waters of Great Britain. It is a favourite resort, especially for bathers, and is deservedly considered as beneficial to the health as any saline water whatever.

Sea-water is transparent and colourless; it has a disagreeable bitter taste, and a specific gravity which varies from 1·0269 to 1·032. It has been often subjected to analysis, and its constituents vary somewhat in different places. The Mediterranean contains more salt than the Atlantic in the same latitude; the Baltic, the Black Sea, and the Caspian contain much less.

The specific gravity of the sea-water surrounding Great Britain may be rated at 1·0285. The following table exhibits the constituents in the imperial gallon of it according to the best analyses hitherto made.

Common salt	1915·70 grs.
Sulphate of soda	335·50
Chloride of magnesium	371·06
Chloride of calcium	88·70
Sulphate of potash	36·00
Sulphate of lime, trace	
Sal ammoniac, trace	
	<hr/>
	2746·96

Doubtless many other salts exist in sea-water, though in quantities too minute to be detected. When the sea-water on the west coast of Scotland is sufficiently concentrated, distinct evidence may be obtained that it contains both bromide and iodide of sodium. The great constituent is common salt or chloride of sodium, which constitutes about two-and-a-half per cent of the weight of sea-water.

When sea-water is introduced into the stomach, it acts as a purgative; but the administration of it is disagreeable. Common salt, when in a concentrated solution, acts as an emetic, and was much employed in that way by the ancients; but as an emetic it has been long almost laid aside. It is chiefly as a bath that the use of sea-water proves beneficial to the invalid. (See the article *BATHING*.)

The saline mineral waters hitherto enumerated constitute the most celebrated of those which exist in Great Britain. We think it needless to continue the enumeration, because the constituents and the properties of the remaining saline springs approach very nearly to some one or other of those which have been given. This is our reason for leaving out Epsom, Gilsland, &c. But there are a few foreign saline waters which have acquired so much celebrity that they must be noticed.

VIII.—*Seidlitz.*

Seidlitz is a village in Bohemia in the circle of Elnbogen, about nine miles from Prague. Bohemia abounds in mineral waters, and those of Seidlitz must have been remarked in all ages for the great bitterness of their taste. But they were neglected by the country-people till Hoffmann gave them celebrity about the year 1721.

The springs of Seidlitz are transparent and colourless, destitute of smell, and distinguished by a bitter and saline taste; their temperature is 59°, and their specific gravity, as determined by Hoffmann, 1·016. Like other saline waters they are purgative, and they owe their purgative qualities chiefly to the presence of a notable quantity of sulphate of magnesia. Hence that salt in Germany was frequently termed Seidlitz salt, just as in England it was called Epsom salt. We have no later analysis of this water than that of Bergman. Patissier gives the following as the constituents of an imperial gallon of this water:—

Resinous matter	5·787 grs.
Carbonate of magnesia.....	9·645
Sulphate of magnesia.....	2176·200
Sulphate of soda	53·161
Sulphate of lime	49·700
Carbonate of lime	14·971
	<hr/>
	2300·464

Carbonic acid 19·507 cubic inches.

Seidlitz is much frequented by invalids, especially those who from the delicacy of their constitutions cannot be subjected, though they require evacuations, to a course of more energetic medicines.

IX.—*Seydschutz.*

The town of Seydschutz is situated at a little distance from Seidlitz, and the mineral waters which belong to it possess the same characters, and are considered by Hoffmann as originating from the same source, and as containing the same saline contents as the former. They are of course applied to the same purposes, and require no particular discussion.

II. OF CHALYBEATE MINERAL WATERS.

Chalybeate waters are easily recognized by their inky taste, and by the property which they have of striking a black or a purple when mixed with the infusion of nutgalls or an infusion of tea. They are by far the most abundant of all the classes of mineral waters, doubtless because iron is scattered more profusely through the mineral kingdom than any other metal. These kinds of springs are particularly abundant in coal countries, on account of the pyrites balls which so commonly accompany that mineral, and which mostly undergo spontaneous decomposition when exposed to the air, and thus give origin to the formation of sulphate of iron.* Iron in mineral waters is always in the state of oxide, most commonly, though not always, in the state of protoxide. It is held in solution in the water most frequently by carbonic acid, but sometimes also by sulphuric acid. When the water, by simple exposure to the air or by being heated, is found to deposit the whole of the iron which it contains, we may be sure that it has been held in solution by carbonic acid. The sulphate of iron is not decomposed completely either by exposure to the air or by boiling; but the colour of the water impregnated with it becomes gradually yellow or even red, if the quantity held in solution be considerable.

It is but rarely that chalybeates contain a great quantity of salts in solution; though

there are examples, which will be given afterwards, of waters containing a very great proportion of sulphate of iron, sulphate of alumina, and persulphate of iron.

Mineral waters impregnated with iron possess considerable activity as medicines. They are decidedly tonics. A course of them has a tendency to render all the functions more active, especially digestion, circulation, and absorption. They generally produce a feeling of heat upon the surface of the body, and give an activity and energy to the patient which is sometimes very remarkable.

Chalybeates have the tendency to render the stools of those who drink them black. This is of no consequence in itself; but the patient ought to be warned of it beforehand, because it is apt to produce alarm.

When a mineral water has an inky taste, when the infusion of nutgalls occasions, if mixed with it, a purple cloud which gradually passes into bluish-black, and when a solution of prussiate of potash dropped into it strikes a blue colour, we may be certain that it contains iron.

1. *Tunbridge.*

Tunbridge-Wells, the most celebrated of all the chalybeate waters in England, is situated in Kent, about thirty-six miles south of London, a few miles distant from the village of Tunbridge. It is placed in rather a barren part of the country; but being well wooded, and the surface being hilly, it possesses considerable beauty. The chalybeate rises from the ferruginous sand, which constitutes the lowest of the three beds into which the formation of green sand lying immediately under the chalk is divided. It is well known that the counties of Kent, Sussex, and a portion of Surrey, are nearly surrounded with chalk-hills, and that the central part of these counties constitutes a valley, from which the chalk (supposing it originally deposited) has been removed, and consequently composed of the formations immediately under the chalk.

How long the mineral waters of Tunbridge-Wells have been a fashionable place of resort we do not know; but they are mentioned by the oldest of our writers on mineral waters, and in such terms that it is evident they had been known long before their time.

Many chalybeates exist in this place, but the only one in use rises into a large marble basin; the water overflows through an aperture into a channel connected with a chalybeate cold bath, depositing in its progress a reddish-brown sediment.

The temperature of the water as it issues from the spring is 50°, which is the mean temperature of that part of Kent, showing that the spring issues from a considerable depth below the surface. The supply is not great, and is in some measure dependent on the weather, the smallest supply being about a quart, and the greatest about two gallons and a half per minute, according to the measurement of Sir Charles Scudamore. Its specific gravity, as determined by Dr. Babington in 1792, was 1·0014; but in 1816 it was, according to Sir

* One of the places most remarkable for these pyrites balls is the slate-clay, or shale, which alternates with the only coal-bed wrought at Hurler, about five miles south-west of Glasgow. The pyrites balls undergo spontaneous decomposition when exposed to the air, and have been employed about eighty years in the manufacture of copperas. They are composed of

4 atoms bisulphuret of iron.....	30
1 atom sulphuret of iron.....	5·5
	<hr/>
	35·5
	<hr/>

Charles Seudamore, only 1·0007 at the temperature of 50°.*

The fresh water is perfectly transparent, and does not give out air-bubbles. It has a smell distinctly chalybeate. Its taste is also strongly marked; but it is neither acidulous nor saline. It has an agreeable freshness, and is by no means unpalatable. When heated to 68° it gives out a few air-bubbles, and in about an hour a delicate white pellicle appears on its surface, which gradually thickens and becomes shining, and by degrees an ochrey precipitate falls, and the water loses its chalybeate taste.

The following table exhibits the constituents of an imperial gallon of Tunbridge-Wells water, according to the analysis of Sir Charles Seudamore:—

Common salt	1·5	grs.
Sulphate of soda	1·768	
Chloride of calcium	1·848	
Chloride of magnesium	0·348	
Carbonate of lime	0·328	
Protoxide of iron	2·748	
Manganese, silica, &c.	0·528	
	<hr/>	
	9·068	
Carbonic acid gas.....	9·66	cubic inches.
Oxygen gas	0·60	
Azotic gas.....	5·7	
	<hr/>	
	15·96	

The weight of 9·66 cubic inches of carbonic acid gas is 4·585 grains. Now 2·748 grains of protoxide of iron to keep them in solution would require 3·358 grains, and 0·328 grains of carbonate of lime requires to keep it in solution 0·144 grains of carbonic acid. Thus the whole carbonic acid necessary to keep the protoxide of iron and the lime in solution amounts to 3·502 grains. So that there is a surplus of one grain of carbonic acid.

From the preceding analysis it is evident that the only constituent to which Tunbridge Wells owes its activity as a medicine is the carbonate of iron. The other saline constituents exist in such minute quantity that they must be quite insignificant in a medical point of view. The quantity of iron is also small, not exceeding 0·14 grains in the usual dose of half a wine pint. Yet it has a decidedly stimulant effect, and has been frequently taken with great benefit, especially in dyspepsia, chlorosis, uterine debility, and similar affections. It usually occasions constipation of the bowels, and requires, therefore, to be accompanied by the use of some laxative medicine.

Several of the mineral wells both at Leamington and Cheltenham contain more carbonate of iron than the water of Tunbridge Wells; and as they contain at the same time a notable quantity of purging salts, they are perhaps better adapted for internal use. The analysis

* The specific gravity of the water brought into the village of Tunbridge-Wells for domestic purposes is 1·00023 at 60°.

of these waters has been already given while treating of saline mineral waters.

Many other chalybeates occur in England; but it seems unnecessary to give a description of these, as they are but little employed, and as their nature approaches very nearly to that of Tunbridge.

11. Hartfell Spa.

This mineral water springs from the base of Hartfell, a mountain distant about five miles from Moffat and the highest in the south of Scotland, its summit being elevated about three thousand three hundred feet above the level of the sea. The spring rises at the bottom of a deep and narrow ravine, the sides of which are laid bare to the top, so as to exhibit to the view of the geologist the whole structure of the mountain; the country is transition, and the mineral water originates in a species of alum slate, a black soft slaty rock containing abundance of iron pyrites. Hence, doubtless, the origin of the salts with which the spring is impregnated.

The Hartfell Spa was discovered in 1748 by John Williamson, a farmer in the neighbourhood, and a very eccentric character. He considered it as unlawful to destroy animals for the sake of food, and on that account fed entirely on vegetables. He died in 1769, and was buried in the old churchyard of Moffat.

The Hartfell Spa water is transparent and free from smell. Its taste is sweetish and astringent, and its specific gravity, as determined by Dr. Thomson, 1·0007.

This water was subjected to a chemical analysis by Dr. Garnet in the year 1797, the result of whose experiments is that the imperial gallon of it contains the following salts:—

Sulphate of iron.....	100·8	grs.
Sulphate of alumina	14·4	
	<hr/>	
	115·2	
Azotic gas	6	cubic inches.

It was subjected to a new analysis by Dr. Thomson of Glasgow, about the year 1825. He had only a wine-bottle full of the water to examine, and could not succeed in detecting in it any common salt or any alumina; though Dr. Garnet states sulphate of alumina as one of the constituents. The water contains sulphuric acid and chlorine in very sensible quantities, and exhibits abundant evidence of the presence of protoxide of iron and lime. The result of the examination of Dr. Thomson is that the imperial gallon of this water contains,

Protosulphate of iron	36·747	grs.
Chloride of calcium.....	33·098	
	<hr/>	
	69·845	

both of these salts being considered as anhydrous. Had a gallon of the water been concentrated down to a tenth or twentieth of its bulk, it is not unlikely that common salt might have been discovered. But the quantity

is certainly small, since it cannot be discovered in the unconcentrated water. The apparent excess of sulphate of iron in Dr. Garnet's analysis is partly owing to his giving his salts in a crystallized state; 36·747 grains of anhydrous sulphate are equivalent to 67·2 grains of crystallized sulphate. As Dr. Garnet has neglected to state the specific gravity of this water, we have no means of judging whether it has become weaker since 1797.

This water has been found of considerable service as an astringent in all cases where there is relaxation of the solids, and indeed in every disease connected with general debility.

The dose of it is more limited than that of most other mineral springs. It is proper to begin at first with a very small quantity, and it can scarcely ever be increased to more than an English wine-pint in the course of the day; but this quantity may be continued for a considerable time, not only without injury, but with decided benefit.

III. *Strong Moffat chalybeate.*

This new chalybeate seems to have been discovered about the year 1825. It is said to run down the face of the Hartwell mountain in considerable quantity. It has a red colour and a harsh astringent taste. It reddens vegetable blues. Its specific gravity, as determined by Dr. Thomson, is 1·00965.

Of this water a specimen, amounting only to a wine-bottle full, was sent to Dr. Thomson of Glasgow in 1825, who subjected it to analysis. The saline contents of the imperial gallon, according to this analysis, are as follows:—

Sesquisulphated peroxide of iron	591·025 grs.
Sulphate of alumina	112·726
Uncombined sulphuric acid	5·202
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	708·953

This water is much stronger than the preceding, and contains a notable quantity of sulphate of alumina. It is too strong to be administered internally without dilution, but as an external application it answers well in many cases as an astringent.

IV. *Vicar's Brig chalybeate.*

This extraordinary chalybeate was discovered a few years ago. It occurs in Perthshire on the south side of the Ochil-hills, about two miles east from Dollor, and near Blarngone. It rises in a coal country, and doubtless originates from the decomposition of pyrites balls in the slate clay, which usually accompanies the coal beds. It was accidentally observed running in various little streams near the road. Specimens of it were sent to Dr. Thomson of Glasgow, who subjected it to a chemical analysis. There are different sources of this water, and the probability is that the composition of the water varies in each, though all of them are uncommonly strong.

The specimen sent to Dr. Thomson was transparent, but had a red colour and an exceedingly astringent and harsh taste. Its specific gravity was 1·0100. The saline constituents

of the imperial gallon of this water were found to be—

Common salt	5·87 grs.
Sulphate of soda	170·99
Sulphate of alumina	953·18
Bisulphated peroxide of iron	1753·10
Sulphated peroxide of iron	141·55
Silica	58·70
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	3083·39

Another specimen of water from Vicar's Brig was found by Mr. Connel to have a specific gravity of 1·04893. He subjected it to analysis, and found the saline contents of the imperial gallon to be—

Sulphated protioxide and peroxide of iron	3037·84 grs.
Sulphate of alumina	580·64
Sulphate of magnesia	277·20
Sulphate of lime	43·68
Common salt and chloride of potassium	2·40
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	3941·76

It is obvious, both from the specific gravity and the saline constituents of these two specimens, that they must originate from different sources. Dr. Thomson examined the sample of the water sent to him, in order if possible to detect lime and magnesia in it, but he could discover none; while the sulphate of soda, which exists in a notable quantity in the mineral water examined by Dr. Thomson, is wanting in the water which was analysed by Mr. Connel.

Vicar's Brig water is, perhaps, the strongest chalybeate in existence; at least it is the strongest which we ever met with. It is similar in its nature and properties to the strong Moffat chalybeate, but more than four times as strong. This water might be employed with advantage externally, and indeed is in high reputation with the country people as a remedy for cuts and even bruises. It could scarcely be taken into the stomach unless it were much diluted. In that way it might be employed for the same purposes as the weaker Moffat chalybeate.

We are of opinion that when iron is used as a medicine, the best possible form is that of protoxide. In this state it exists in all those chalybeates in which the iron is held in solution by carbonic acid. In the strong Moffat chalybeate, and in Vicar's Brig mineral water, the iron is in the state of peroxide. We have some reasons for believing that in the tincture of muriate of iron, which is so powerful a remedy in ischuria, the iron is in the state of peroxide, or at least of perchloride, which may be considered as equivalent to the peroxide. It might therefore, perhaps, be worth while to try whether the strong Moffat chalybeate and Vicar's Brig water if it were mixed with alcohol, might not be employed with advantage as a cure for ischuria.

The chalybeates which we have now speci-

fied may be considered as exhibiting a pretty fair specimen of all the different varieties of these waters which occur in such great abundance in different parts of Great Britain; for, so far as we have observed, the iron in chalybeates is either in the state of protoxide or peroxide. When in the state of peroxide, we believe it is always held in solution by sulphuric acid; but when in the state of protoxide, it may be held in solution either by carbonic acid, as in the water of Tunbridge Wells, or by sulphuric acid, as in the Hartwell Spa at Moffat. There are some chalybeate waters on the continent which have acquired so much celebrity that we think it right to notice them.

v. *Spa chalybeate.*

Spa is a village situated in that mountainous tract of Belgium which constitutes a part of the forest of Ardennes. It is about six leagues from Liege, and seventy-five from Paris. The town is situated in a kind of amphitheatre formed by two mountains. It is well built, and crowded annually with the best company in consequence of the celebrity of its mineral waters.

The wells are seven in number, and are all characterized by holding a quantity of protoxide of iron in solution. The solvent of the iron is carbonic acid gas, of which they contain so much that they might without impropriety be placed among the acidulous mineral waters. But as they probably owe much of their value to the iron which they contain, we have thought it better to describe them here.

The fashionable time for visiting Spa is from May to October. The springs are very numerous; but the most celebrated are the following seven:—the Pouhon, the Geronstere, the Sauveniere, the Groesbeck, the two Tonnelets, and the Watroz.

The Pouhon, which is the most celebrated and the most frequented, rises in the middle of the town from a rock of clay slate. In cold dry weather it is transparent and colourless. When first taken out of the well, it scarcely sparkles; but it emits air-bubbles when poured from one vessel to another. Its taste is acidulous and inky, and, like the water of Tunbridge Wells, it gradually lets fall its iron when left exposed to the air. Its specific gravity, according to Bergman, is 1·0010. In 1816 it was analysed by Dr. Godden Jones: according to his analysis, an imperial gallon of this spring contains:—

Sulphate of soda	1·188 grs.
Common salt	1·392
Carbonate of soda.....	2·700
Carbonate of lime.....	11·848
Carbonate of magnesia.....	1·260
Protoxide of iron	6·288
Silica.....	2·712
Alumina	0·348
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	27·736

Carbonic acid gas 314·4 cubic inches.

As the imperial gallon contains 277·274 cubic inches, it is evident that the Pouhon spring

contains 1·13 its volume of carbonic acid. This is rather a larger quantity than water without artificial pressure can dissolve; but the difference is easily accounted for by the quantity of carbonate of lime, carbonate of magnesia, and oxide of iron, which it holds in solution.

The Geronstere is the most celebrated fountain at Spa after the Pouhon. It lies about a mile from the town, on the side of a mountain, and in the middle of a wood. The water rises in a circular pit about three feet in diameter, and very shallow. The constituents of the imperial gallon of this water, according to the analysis of Jones, are as follows:—

Sulphate of soda	0·744 grs.
Common salt.....	0·768
Carbonate of soda.....	1·716
Carbonate of lime.....	6·240
Carbonate of magnesia.....	1·260
Protoxide of iron	1·008
Silica.....	1·680
Alumina	0·228
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	13·644

Carbonic acid gas 201·6 cubic inches.

This water has been stated to contain a little sulphuretted hydrogen gas; but the presence of this gas has not been confirmed by the analysis of Jones.

The Sauveniere is about a mile and a half from Spa, and springs from the side of the same mountain as the Geronstere. It is situated near the great road to Malmedy, in the midst of a wild thicket of trees. The constituents of an imperial gallon of this water, as determined by Jones, are as follows:—

Sulphate of soda.....	0·06 grs.
Common salt	0·30
Carbonate of soda	0·72
Carbonate of lime	4·20
Carbonate of magnesia	0·72
Protoxide of iron.....	2·52
Silica	0·48
Alumina	0·12
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	9·12

Carbonic acid gas 289·2 cubic inches.

Groesbeck bears considerable resemblance to the water of the Sauveniere. Its taste is sharp and agreeable, and it contains less iron than any of the preceding springs. The constituents of an imperial gallon of it, as determined by Jones, are as follows:—

Sulphate of soda.....	0·06 grs.
Common salt	0·18
Carbonate of soda	0·36
Carbonate of lime	2·88
Carbonate of magnesia	0·24
Protoxide of iron.....	1·86
Silica	0·72
Alumina	0·12
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6·42

Carbonic acid gas 318 cubic inches.

This spring contains more carbonic acid than any of the preceding, and being less impregnated with iron, it approaches more nearly to a simple saline spring.

The fountains of Tonnelet are two in number. They both yield a great deal of water, and give out a slight smell of sulphuretted hydrogen gas. The taste of the water is sharp and agreeable, and less ferruginous than most of the other springs. The constituents of the imperial gallon of these two springs, according to the analysis of Godden Jones, are as follows:—

1. *Tonnelet spring.*

Sulphate of soda	0·07grs.
Common salt	0·18
Carbonate of soda	0·24
Carbonate of lime	1·32
Carbonate of magnesia	0·36
Protoxide of iron	3·24
Silica	0·72
Alumina, a trace.	

6·13

Carbonic acid gas 336 cubic inches.

This is the spring which is most impregnated with carbonic acid of all those that occur at Spa.

2. *Tonnelet spring.*

Sulphate of soda, trace	
Common salt, trace	
Carbonate of soda	0·12 grs.
Carbonate of lime	1·08
Carbonate of magnesia	0·24
Protoxide of iron	1·80
Silica	0·78
Alumina, trace	

4·02

Carbonic acid gas 314·4 cubic inches.

The Watroz spring furnishes but little water; its taste is decidedly chalybeate; its temperature is various, and it contains but little gas compared with the other springs. The constituents in the imperial gallon, as determined by Jones, are as follows:—

Sulphate of soda, trace	
Common salt	0·24 grs.
Carbonate of soda	0·12
Carbonate of lime	1·68
Carbonate of magnesia	2·28
Protoxide of iron	3·12
Silica	1·08
Alumina	0·72

9·24

The proportion of carbonic acid gas has not been determined, but it is small.

The use of the Spa waters is said to produce some degree of vertigo, and a kind of intoxication, which continues about half an hour, and is very similar to that produced by spirituous liquors. This effect is doubtless owing to the carbonic acid gas with which these waters are

impregnated. They have a decidedly stimulating property, and may probably promote all the secretions; but their most direct determination is to the kidneys and skin. They are observed to quench thirst better than common water, especially in slight feverish complaints. In short all the remarks made upon Tunbridge Wells water apply to them in a greater degree, because they contain a greater quantity of iron, and the carbonic acid and carbonate of soda which they contain add both to their agreeable taste and their medicinal properties.

vi. *Passy chalybeate.*

Passy is a village near Paris, on the right bank of the Seine, and celebrated for its beautiful situation in the neighbourhood of the *Bois de Boulogne*. There are different mineral springs, which have been divided into two sets, the *old* and the *new*. The old are formed of two springs, which rise very near each other. The new waters are at a small distance from the old, and consist of three springs, which are enclosed in a building. The old springs are limpid, and have a very weak ferruginous taste: the taste of the new is much more decidedly inky and astringent. When these waters are left exposed to the air in an open vessel, they deposit an ochreous sediment, shewing that the iron in them is partly held in solution by carbonic acid. These waters have been often analysed. The imperial gallon of the new springs, according to the analysis of Deyeux, contains the following constituents:—

Sulphate of lime	200 grs.
Sulphate of iron	79·84
Sulphate of magnesia	104·63
Common salt	30·55
Alum.	34·74
Carbonate of iron	3·70
Bituminous matter, trace.....	

453·46

The carbonic acid gas amounted only to 1·95 cubic inch.

This water approaches somewhat to that of the Hartfell spa, only its ferruginous impregnation is not so strong. It differs also by the sulphate of lime and sulphate of magnesia, the last of which may in some measure serve to counteract the astringent tendency of the sulphate of iron. The quantity of carbonate of iron is so small, that, considering the sulphate present, it cannot have great effect upon the patient.

vii. *Bourbon l'Archambault chalybeate.*

Bourbon l'Archambault is a small town in the department of the Allier in France, about six leagues west from Moulins. It lies in a valley surrounded by four hills. The waters are hot, and appear to have been frequented during the time of the Romans. Gaston d'Orleans, brother of Louis XIII. improved the baths, and various ameliorations have been made since, which render these waters the most convenient as bathing-places of any in France.

The waters rise in the middle of the town,

and emit a noise resembling that of boiling. This noise is owing to the rapid disengagement of gas. These waters have a slight smell of sulphuretted hydrogen. The taste is slight and not easily described. The temperature of the water as it issues from the earth is 144°; but it cools as it flows. In the basin which serves for the common use of the inhabitants of the town the temperature is 131°. In the basin for the use of the poor it varies from 100° to 120°. It is said that this water, notwithstanding its heat, is not the least disagreeable when taken into the mouth, nor does it injure the petals of the most delicate rose. The best analysis of these waters has been made by M. Faye. The saline constituents in the imperial gallon, according to his determination, are as follows:—

Chloride of calcium	12·336 grs.
Chloride of magnesium	7·716
Common salt	28·550
Sulphate of soda	10·026
Sulphate of magnesia	14·290
Sulphate of lime	10·803
Carbonate of iron	14·290
Silica	5·031

103·042

Carbonic acid gas 158·50 cubic inches.

Sulphuretted hydrogen gas, a trace.

Vegetable soap, a trace.

This mineral water contains a greater quantity of iron than either Spa or Tunbridge Wells water; but its impregnation of carbonic acid gas is inferior to that of the Spa Wells, though it greatly exceeds that of Tunbridge Wells. If to this we add the temperature of the waters of Bourbon l'Archambault, we must admit that they constitute a very valuable medicine. When used as a bath, probably they derive their chief value from their temperature. When taken into the stomach, doubtless the carbonate of iron and the carbonic acid impregnation give them considerable efficacy as a chalybeate.

VIII. *Rennes chalybeate.*

The mineral waters of Rennes (called formerly the waters of Montferrand) are attached to a small village called *Les Bains*, situated in a narrow valley about seven leagues south from Corcassons, in the south-west of France, not very far from the Pyrenees. As a watering-place it appears to have been frequented in the time of the Romans.

The mineral springs are five in number, three of which are hot and two cold: these are—

1. *Bain de la Reine*, the least hot of the warm springs, is situated on the left bank of the Salz, about 500 paces from the village. The waters rise directly from the rock, and are received into a large covered basin, from which they are conducted by pipes into the various baths, erected for the use of the invalids. The temperature of this water is 89° 5' of Fahrenheit.

2. *Bain doux* or *les Ladres*. The spring to which this name is given rises from the same level as the Allet. It is received into three large basins; one destined for women, and the

two others for men. Very recently separate bathing-places have been established. The temperature of this spring is 90° 5'.

3. *Bain Fort* is situated in the middle of the village in an ancient inn, which has been lately restored by M.M. de Fleury. The water rises from the level of the river Salz, and is received into a small basin. In this place a vapour-bath has been established. The temperature of the *Bain Fort* is about 106°.

4. *Source du Cercle* is situated about 300 yards above the Salz. It rises from below a huge rock, and winds its way into a reservoir, in which it does not remain. Both this spring and the following one are cold, or have merely the mean temperature of that part of the earth where they rise.

5. *Source du Pont* lies about 100 yards north from the *Bain de la Reine*. It runs above the Salz and upon the left bank of that river. This is the spring most frequently used by the invalids who frequent the place.

These five springs are transparent and colourless, and never freeze. They are hottest during summer, and coldest during winter. The water of the *Cercle* has a strong ferruginous odour; the *Bain doux* exhales an hepatic smell, which is most sensible when the basins are emptied. The other three have no smell. The water of the *Cercle*, when exposed to the air, lets fall some carbonate of lime. They have all a slightly bitter taste.

The saline constituents in the imperial gallon of each of these waters are, according to the analysis of M.M. Julier and Rebouhl, as follows:—

1. *Bain de la Reine.*

Chloride of magnesium	53·707 grs.
Chloride of calcium	23·150
Common salt	55·560
Sulphate of lime	67·133
Carbonate of magnesia	41·669
Carbonate of lime	18·520
Carbonate of iron	52·243

311·982

2. *Bain doux.*

Chloride of calcium	106·49 grs.
Chloride of magnesium	46·30
Common salt	37·04
Sulphate of lime	39·35
Carbonate of lime	10·19
Carbonate of magnesia	3·50
Carbonate of iron	13·89
Silica	0·93
Sulphuretted hydrogen gas, trace.	

257·69

3. *Bain Fort.*

Chloride of magnesium	123·15 grs.
Chloride of calcium	23·15
Common salt	11·57
Sulphate of lime	50·93
Carbonate of magnesia	43·98
Carbonate of lime	37·97
Carbonate of iron	20·83

311·58

Carbonic acid 364½ cubic inches.

4. *Source du Cercle.*

Chloride of magnesium	23·15 grs.
Chloride of calcium	11·57
Common salt	32·41
Sulphate of magnesia	16·21
Sulphate of lime	20·83
Sulphated peroxide of iron.....	9·26
Carbonate of magnesia	13·89
Carbonate of lime	13·89
Carbonate of iron	13·89
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	155·10

5. *Source du Pont.*

Chloride of calcium	24·54 grs.
Common salt	12·04
Sulphate of magnesia	18·52
Sulphate of lime	9·26
Carbonate of magnesia	18·52
Carbonate of lime	6·94
Carbonate of iron	11·57
	<hr/>
	101·39

The first of these mineral springs is used as a bath in nervous affections, in œdema following acute diseases, in glandular obstructions, chlorosis, and in calculous diseases when they have resisted the Bain Doux. It probably owes its value as a bath to its temperature.

The Bain Doux has received its name from a kind of oily feeling which it communicates to those who are immersed in it. It is said to have the property of preserving the skin soft and flexible. It is employed as a bath in herpetic eruptions, and also in gout. Its efficacy in the former of these diseases is probably owing to the sulphuretted hydrogen which it contains, and in the latter to its temperature.

The waters of the Bain Fort are used in chronic rheumatism, paralysis, and chronic ulcers. Undoubtedly its value as a bath in these diseases is owing to its temperature.

The waters of the Cercle have some resemblance to those of Spa, except that they are cold. They are chiefly used as a drink, and produce the effects of chalybeate waters in general.

The waters of the Pont, besides being chalybeates, are slightly purgative in consequence of the salts with which they are impregnated. Hence they are used in cases of indigestion. It is customary to drink this water for two or three days before beginning to use the waters of the Cercle.

ix. *Tongres Chalybeate.*

Tongres is a town situated on an eminence near the little river Geer, and about a league from Maestricht in the Low Countries. There are several mineral springs in the neighbourhood of this town; but two of these are chiefly distinguished. The first, called the Fountain of St. Giles, and known to the inhabitants by the name of Fountain of Pliny, is situated in a valley surrounded on all sides by low sand-hills. The spring is copious, and is received into a basin composed of large limestones. It is limpid and colourless, has a chalybeate taste, and its temperature is 59°. It deposits

on standing some ochre, shewing that it contains carbonate of iron.

The second fountain is about eight hundred yards distant from the first, just on the north side of the little hill of Fer. The water of this fountain is always muddy. There is an iridescent pellicle on the surface, and it has a stronger inky taste than the other fountain. Its temperature is 61½°. The saline constituents in the imperial gallon of these fountains, according to the analysis of M. Payssé, are as follows:—

First Fountain.

Carbonate of iron	7·957 grs.
Carbonate of magnesia	11·991
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	19·948

Second Fountain.

Carbonate of iron	10·254 grs.
Carbonate of magnesia.....	10·624
	<hr/>
	20·878

The presence of iron in water is easily known by the inky taste and by the property which such water has of striking a purple colour with the infusion of nutgalls, or with an infusion of tea. Prussiate of potash strikes a blue, and sulphocyanate of potash strikes a red with peroxide of iron, but produces no sensible action on the protoxide. By means of this reagent we can easily determine whether the iron be in the state of protoxide, or whether the water does not also contain peroxide.

If the whole iron precipitates when the water is exposed to the air, or when it is boiled, we may be sure that it is in the state of carbonate, and therefore all protoxide. If it only precipitates partially on exposure to the air, part of it is in the state of carbonate and part of it in the state of sulphate.

To determine the quantity of iron in a chalybeate, we may have recourse to various processes. One of the easiest is to mix a determinate quantity of the water (previously concentrated if necessary) with sulphohydrate of ammonia. The iron precipitates in the state of sulphuret, and its quantity might be determined by drying and weighing that sulphuret. For the iron constitutes 7·11ths of the weight of the sulphuret, supposing it pure. But it will be more accurate to dissolve the sulphuret in nitra-muriatic acid, and after neutralizing the solution, to throw down the iron by caustic ammonia: when washed and dried, it is in the state of peroxide. Let its weight be *a*. To reduce it to protoxide, multiply by 4·5 and divide by 5, or the weight of protoxide of iron is $\frac{9}{10}a$.

If the mineral water contains no other constituent which can be thrown down by caustic ammonia but iron, the easiest method of proceeding is to peroxidize the iron by heating a certain portion of the concentrated water with nitric acid. Let the liquid be then neutralized, and the peroxide of iron precipitated by ammonia. Its quantity in the state of peroxide may be estimated as

above. Should alumina be also present, as is the case with Moffat Strong Chalybeate and with Vicar Brig water, we must digest the recently precipitated peroxide of iron with a sufficient quantity of caustic potash ley to dissolve out the alumina. The residual peroxide of iron is to be separated, washed, and estimated as above directed. Saturate the potash ley with muriatic acid, and throw down the alumina by means of carbonate of ammonia. When washed, ignited, and weighed, if we deduct its weight from that of the mixture of peroxide of iron and alumina at first thrown down, we have the weight of the peroxide of iron which the given quantity of the mineral water contains.

III. OF SULPHUREOUS MINERAL WATERS.

Sulphureous mineral waters have been so named from the sulphuretted hydrogen gas with which they are impregnated. They are easily distinguished by the peculiar smell which they exhale, similar in some respects to the smell of rotten eggs; by the property which they have of blackening silver and of giving a dark-coloured precipitate when mixed with a solution of acetate of lead. The greater number of sulphureous waters have a kind of unctuous feel and give a softness to the skin. They lose their peculiar smell and characteristic properties by exposure to the air, or by being heated in an open vessel. All the sulphureous mineral waters in Great Britain are cold; but the greater number of those that occur on the Continent are hot.

Sulphureous mineral waters have been always highly esteemed on account of their medicinal properties. When employed as a bath, they are particularly efficacious in herpetic eruptions on the skin. Indeed, in diseases of the skin in general, and in cases of old, callous, fistulous ulcers, which have resisted medical treatment, they have been frequently found of immense benefit.

When taken internally, they are found to be stimulating. They have been often recommended as useful in cases of want of appetite and heartburn. They have been considered as highly valuable in cases of amenorrhœa, and in diseases of the breast. They have been reckoned capable of even dissipating those tubercles in the lungs which are the usual forerunners of consumption, and many cases are upon record in which they have been of undoubted utility in the early stages of that deplorable disease.

The use of sulphureous waters is considered as injurious to those who labour under plethora, or are affected with inflammatory fever.

The most celebrated of the sulphureous waters in England is Harrogate in Yorkshire. In Scotland two of these waters have been resorted to by invalids for a considerable time; these are Moffat and Strathpeffer, the former in the south and the latter in the north of Scotland. A new sulphureous water has been lately discovered near Rothesay in the Isle of Bute. We shall in the first place give a short account of these four mineral waters, comprehending the principal sulphureous springs in

Great Britain. We shall then notice a few of the most celebrated sulphureous waters on the continent.

1. Harrogate water.

Harrogate lies in Yorkshire near the southwest extremity of an extensive plain, about twenty miles from York and fifteen from Leeds. It is situated on a bed of shale, which covers the mountain limestone, and is itself covered by magnesian limestone. It is from this shale that the mineral waters of Harrogate all rise. It seems to be all the substitute which exists in this part of the country for the coal-beds, so abundant at the distance of fifteen or twenty miles. Harrogate of late years has increased very much, chiefly on account of the celebrity of its wells.

At present there are no fewer than fourteen different wells at Harrogate, all of which are more or less resorted to on account of their medicinal properties. The longest known among these is the *Tewit Spa*, so called from the lapwings which still frequent the spot. It was accidentally discovered in the year 1571 by William Slingsby, Esq. Having travelled in Germany and used the celebrated chalybeate waters at Spa, he was struck with its great resemblance to the Sauveniere fountain. He was induced to use it, and to prefer it to the Spa waters as more agreeable and more valuable, and thus brought it into a certain degree of celebrity. This reputation has been ever since augmenting, and has no doubt been promoted by the gradual discovery of the other mineral wells which are now so numerous.

Numerous books have appeared professing to give a medical and chemical account of these waters. The first was by Dr. Deane in 1626; Dr. Stanhope published a work on the subject in 1632; Dr. French gave another treatise on these waters to the public in 1651. The work of Dr. Neal of Leeds, though drawn up in 1656, was not published till 1734, when it was incorporated with the work of Dr. Short, of Sheffield, on Mineral Waters. Dr. Higgins gave an analysis of them in 1780; Dr. Garnet's treatise on them appeared in 1791. Sir Charles Scudamore in 1820 gave a chemical analysis of several of the Harrogate wells, in his chemical and medical report of the properties of various mineral waters. The last and most complete account of these springs was published by Dr. Adam Hunter, of Leeds, in 1830, under the title of *A Treatise on the Mineral Waters of Harrogate and its vicinity*.

The springs at Harrogate are not all of the same class, though it will be most convenient to give an account of them all in this place. Six of them are impregnated with sulphuretted hydrogen gas, and therefore are entitled to the name of sulphureous springs. Five of them are pure chalybeates; one is a saline chalybeate; and two may be considered as simply saline, since they contain little iron, and are destitute of sulphuretted hydrogen. Indeed, besides the fourteen springs which we mean to describe, many others might be added, for the neighbourhood of Harrogate abounds in mineral impregnations. But the resemblance of

those left out to some one or other of those which we mean to introduce is so great, that were we to describe them all, we should be merely lengthening out the article by a needless repetition.

Class I. *Sulphureous springs.*

1. The *old sulphur* or *drinking well* issues from the base of a considerable ascent inclining to the south-west, and is encircled with rising grounds which are partly covered with buildings. The water rises into a circular stone basin, covered with a large leaded dome, supported by pillars. The water is transparent and colourless, and very sparkling: its temperature is 49°, which is doubtless the mean temperature of that part of Yorkshire. The smell is strongly hepatic, the taste saline, with an impression of sulphur: it loses its colour by standing or by boiling, and a white matter is deposited: its specific gravity as determined by Dr. Garnet was 1·0064; Sir Charles Scudamore found it 1·0101 at 60°, and Dr. A. Hunter found it 1·0110 at 61°.

The saline contents of the imperial gallon, according to the analysis of Dr. A. Hunter, are as follows:—

Chloride of sodium	867 grs.
Chloride of calcium	87
Chloride of magnesium	42·5
Bicarbonate of soda	20
	<hr/>
	1016·5
Sulphuretted hydrogen gas..	15·64 cub.in.
Carbonic acid gas	2·72
Carburetted hydrogen....	6·80
Azotic gas	8·84
	<hr/>
Total	34·00

2. *Thackwray's garden spring* or *Crown spa* is about two hundred yards from the old sulphur well, nearly on a line with it, and in the lowest part of the valley, in the garden at the east-end of the Crown hotel. It was discovered in 1810, and was long used as a bath. A small Chinese temple has been placed over this spring, and the garden and some surrounding land has been converted into pleasure ground. Its properties are so nearly similar to those of the old sulphur well that a particular description is needless. Its specific gravity at 58° was found by Dr. A. Hunter to be 1·0105.

The saline constituents of the imperial gallon of this water, according to the analysis of the same gentleman, are as follows:—

Chloride of sodium	802 grs.
Chloride of calcium	77·5
Chloride of magnesium	38·6
Bicarbonate of soda	28·0
	<hr/>
	946·1
Sulphuretted hydrogen gas..	21·6 cub.in.
Carbonic acid gas	4·32
Carburetted hydrogen....	5·76
Azotic gas	4·32
	<hr/>
	36·00

3. The *Crescent new pump* is situated in the garden immediately to the west of the promenade room, and about a hundred yards from the old well. It is more strongly impregnated with salts than any of the springs, except the preceding ones. Its specific gravity, according to Dr. A. Hunter, is 1·0051 at 59°: its constituents by the analysis of the same gentleman, in the imperial gallon, are as follows:—

Chloride of sodium	462 grs.
Sulphate of soda	14
Chloride of calcium	47·2
Chloride of magnesium	21·8
Bicarbonate of soda	11·0
	<hr/>
	556·0
Sulphuretted hydrogen gas..	5·75 cub.in.
Carbonic acid gas	3·35
Carburetted hydrogen....	4·80
Azotic gas	10·10
	<hr/>
	24·00

4. The *Crescent house pump* is placed in one of the back-rooms of the Crescent hotel, and has been almost confined to its use as a bath. It was first analysed by Dr. A. Hunter. Its specific gravity at 58° is 1·0029. The saline constituents in an imperial gallon of this water, according to the analysis of Dr. A. Hunter, are as follows:—

Chloride of sodium.....	280 grs.
Chloride of calcium	23·25
Chloride of magnesium	17·25
Bicarbonate of soda	4·00
	<hr/>
	324·5

Sulphuretted hydrogen gas....	3 cub.in.
Carbonic acid gas	3
Carburetted hydrogen.....	2
Azotic gas	12
	<hr/>
	20

5. *Knaresbrough* or *Starbeck spa*, though the weakest, is, however, of considerable importance. It is the only sulphur spring not at or immediately adjoining Low Harrogate. It is situated in the township of Knaresbrough, and at nearly an equal distance from Knaresbrough and Harrogate. It seems to have been the first sulphur well discovered at Harrogate, but was gradually neglected as the others increased in celebrity. It was at last altogether destroyed and the ground ploughed over; but it made its way again to the surface, and some individuals, finding it useful as a bath, formed a pond for leading away the water as occasion required. It then became a subject of dispute between Knaresbrough and Harrogate. By the enclosure act it was awarded to Knaresbrough, and in 1822 it was enclosed by subscription in an elegant fabric. A neat cottage with shrubberies, and a garden with hot and cold baths at a moderate price, together with a chalybeate spring, complete the establishment of the Knaresbrough spa. It is an excellent pure light water, which sits

easily on the stomach, and is less disagreeable to the palate than the stronger sulphur waters. It is peculiarly recommended as a bath in cutaneous diseases. Its specific gravity at 58° is 1·0026. The saline constituents in the imperial gallon of this water, according to the analysis of Dr. A. Hunter, are as follows:—

Chloride of sodium	122	grs.
Sulphate of soda	2·5	
Chloride of calcium	10	
Chloride of magnesium	8·25	
Bicarbonate of soda	3	
	145·75	

Sulphuretted hydrogen gas ..	5	cub.in.
Carbonic acid	8·3	
Azotic gas	11·7	
	25·0	

6. *The Hospital well* is situated in the moss or bog from which, in the opinion of some, all the sulphureous springs in Harrogate originate. It is one of the springs which supplies the hospital, built upon the edge of the bog. Its specific gravity at 58°, as determined by Dr. A. Hunter, is 1·0039. The saline constituents in the imperial gallon, according to the analysis of the same gentleman, are as follows:—

Chloride of sodium	329	grs.
Sulphate of soda	6	
Chloride of calcium	27·6	
Chloride of magnesium	16·8	
Bicarbonate of soda	3·0	
	382·4	

Sulphuretted hydrogen gas ..	4·5	cub.in.
Carbonic acid gas	5·4	
Azotic	8·1	
	18·0	

Class II. *Pure chalybeates.*

These springs are five in number. The following table shows the specific gravity of each according to the determination of Dr. A. Hunter.

1. Oddy's pure chalybeate	1·0007	at 58°
2. Old spa	1·0003	at 56°
3. Tewit well	1·0003	at 56°
4. St. George's well	1·0005	at 59°
5. Starbeck chalybeate ..	1·0005	at 57°

Oddy's chalybeate was discovered in the year 1818. It was first subjected to analysis by Dr. A. Hunter, who found the saline contents of the imperial gallon as follows:—

Protoxide of iron	1·8	grs.
Common salt	5·0	
Sulphate of soda	3·5	
Chloride of calcium	6·0	
Chloride of magnesium	4·0	
	20·3	

Carbonic acid gas	5	cub.in.
Azotic gas	8	
Oxygen gas	1	
	14	

The *Old spa* or *sweet spa* was discovered by Dr. Michael Stanhope in 1631. It is situated on the common of High Harrogate, near the Granby hotel, and adjoining the Knaresborough road. For many years it has been the principal Harrogate chalybeate. The saline contents in the imperial gallon of this water, as determined by Dr. A. Hunter, are the following:—

Protoxide of iron	2·5	grs.
Carbonate of lime	7·5	
	10	

Carbonic acid gas	5·25	cub.in.
Azotic gas	6·0	
Oxygen gas	0·5	
	11·75	

The iron is kept in solution by carbonic acid.

The *Tewit well* was the first mineral spring discovered in Harrogate, and was much frequented almost three centuries ago. Many volumes have been published on its medical virtues, and the most exaggerated accounts have been given of the surprising cures which it performed. To it Harrogate is indebted for its rise and celebrity; yet this spring, though possessed of all the virtues which it ever had, is now almost entirely neglected, and even its situation unknown to many of the inhabitants of the place. It is situated at the extreme eastern corner of the common near the Leeds and Harrogate road, in a rough and swampy piece of ground. Dr. A. Hunter subjected it to an imperfect chemical analysis. From the imperial gallon of the Tewit spring, he obtained:—

Protoxide of iron	2	grs.
Earthy salts	8	
	10	

Carbonic acid gas	5	cub.in.
Azotic gas	5·75	
Oxygen gas	0·75	
	11·5	

Hence it would appear not to differ much from the *Old spa*.

St. George's well is about fifty yards from Oddy's chalybeate, on the outside of the fence and close to the road. It is entirely neglected, and has not even a stone-basin to receive the water, which is pure and light, though it contains less iron than any of the preceding chalybeates. The saline constituents in the imperial gallon are, according to Dr. A. Hunter, as follows:—

Protoxide of iron	1 gr.	Carbonic acid gas.....	5.75 cub.in.
Earthy salts	9	Azotic gas.....	7.75
	10		13.5
Carbonic acid gas	5.25 cub.in.		
Azotic gas	5.5		
Oxygen gas	1		
	11.75		

Starbeck chalybeate is very near the sulphureous spring of the same name. In its general properties it coincides with the other chalybeates; but it is kept with so much neatness, and is so bright and so clear when taken from the well, that it is generally preferred by the visitors, though the weakest of all the chalybeates. The saline constituents in the imperial gallon are, according to Dr. A. Hunter, as follows:—

Protoxide of iron	0.75 grs.
Common salt with some earthy salts	17.25
	18.00
Carbonic acid gas	3 cub.in.
Azotic gas	8
Oxygen gas	1
	12

Class III. *Saline chalybeates.*

To this class there belongs only one spring, namely, *Oddy's saline chalybeate* or *Cheltenham spring*, which is so important in its nature and effects, and differs so much from all the rest, that it is entitled to a place by itself. It is situated about two hundred yards from the promenade-room, in a field adjoining the Leeds and Ripon road. It was discovered in 1818, while boring in search of sulphur water to supply the increasing demand for the baths. Water was found at the depth of eight yards in the lowest part of the narrow valley, and a few yards from the fence adjoining the road. The alluvial earth being removed, a layer of clay was found, beneath which was a bed of sand covering a dark bluish stratum of shale, from under which the water issued. A cistern was afterwards prepared for its reception, and when the value of the water became known, a neat pump-room was built and other suitable improvements effected. The specific gravity of this water, as determined by Sir Charles Scudamore, is 1.0046 at 60°. Dr. A. Hunter found it 1.0076 at 59°. This last gentleman from the imperial gallon of this water obtained the following quantity of saline constituents:—

Carbonate of iron	5.3 grs.
Common salt	576.5
Chloride of calcium	43.5
Chloride of magnesium	9.65
	634.95

This water is not only impregnated with a considerable proportion of carbonate of iron, but from the quantity of purging salts which it contains, counteracts the binding effect of the iron, and may therefore be persisted in without injury for a longer time than *Tunbridge Wells* or any pure chalybeate, unless the effects of the iron in these waters on the intestines be counteracted by the administration of purgatives. It may be taken, with proper management, either as a tonic, an alterative, or aperient. It is, therefore, a valuable medicine in derangement of the liver and debility of the stomach. Indeed it may be considered as in some measure uniting together the virtues of the spring at *Tunbridge Wells*, and some of those at *Cheltenham*. It is, therefore, a valuable water to *Harrogate*, because it saves the invalid from the necessity of being obliged to repair to *Cheltenham* or *Leamington* after having exhausted the virtues of the sulphur water.

Class IV. *Saline springs.*

These waters contain more or less of purgative salts, but they are destitute of iron and of sulphuretted hydrogen. There are two such at *Harrogate*, namely, *Crescent old well* and *Knaresborough dropping well*.

The specific gravity of these two wells as determined by Dr. A. Hunter is as follows:—

<i>Crescent old well</i>	1.0033 at 52°
<i>Dropping well</i>	1.0032 at 55°

The *Crescent old well* is situated in the garden behind the *Crescent Inn*, and immediately adjoining the promenade-room. It was first analysed by Dr. Garnet, who bestowed very high encomiums on its virtues. But it would appear to have considerably deteriorated since his time. It seems at one time to have contained a notable quantity of sulphuretted hydrogen; but in 1829 no trace of that gas or of iron could be detected. The saline contents in the imperial gallon of this water are, according to the analysis of Dr. A. Hunter, as follows:—

Common salt	107 grs.
Sulphate of soda	27
Chloride of calcium.....	10.1
Chloride of magnesium	7.4
Carbonate of lime	4.0
	155.5

Carbonic acid gas	6 cub.in.
Azotic gas	8
	14

Knaresborough dropping well has been long famous on account of its petrifying powers. It is mentioned in *Leland's Itinerary*, who, after describing its properties, adds, "There was once a conduit of stone made to convey

water from this well over Nid to the Priory of Knaresborough; but this was decayed afore the dissolution of the house."

The water of the dropping well rises in a deep narrow dell, about fifty yards from a rock, over the projecting ledge of which it trickles and falls from a height of ten feet, giving a good idea of a natural shower-bath. It is over against the castle on the south-side and near the edge of the river Nid. The saline constituents in the imperial gallon of this water, according to the analysis of Dr. A. Hunter, are as follows:—

Carbonate of soda	6 grs.
Sulphate of lime.....	132
Sulphate of magnesia.....	11
Carbonate of lime	23

	172

Carbonic acid gas	7 cub.in.
Azotic gas	8
Oxygen gas	1

	16

II. Moffat sulphureous spring.

This is the most celebrated sulphureous spring in the south of Scotland. The village of Moffat lies at the bottom of a range of transition mountains, which stretch with little interruption from St. Abb's Head, the south-eastern extremity of the frith of Forth, to the western coast of Scotland, where they lose themselves in the sea on the north side of Loch Ryan, in Galloway. The situation is fine, owing chiefly to the contrast between the bleak and green mountains constituting the back-ground, and the finely wooded little hills and fertile fields in the immediate vicinity of the village. There is an extensive view to the south, over the valley of Annandale, bounded only by the distant mountains of Cumberland and Galloway. The mountains behind Moffat are composed of grey-wacke, transition greenstone, and transition slate: whether alum-slate be present is doubtful. The well is about a mile and a half from the village, and is said by Dr. Garnet to take its rise in a bog; but the writer of this article, after some pains in examining the spot, could not satisfy himself of the accuracy of this statement.

The sulphureous well at Moffat has been resorted to by invalids for many years. An analysis of it was published by Mr. Matthew Mackail, of Edinburgh, in 1659. Sir Robert Sibbald describes it in his *Nuncius Scoto-Britannus*, published in 1683. A short treatise on it appeared in the first volume of the *Edinburgh Medical Essays* in 1746, written by Mr. George Milligan, at that time a surgeon in Moffat. Dr. Johnston, who long practised medicine at Moffat, drew up an account of it, which was published by Dr. Garnet, in his tour through Scotland, about the end of the last century. Dr. Garnet spent a summer at Moffat during the year 1797. He made an analysis of the water, and ob-

tained from a wine-gallon of it the following constituents:—

Common salt 36 grains.

Sulphuretted hydrogen gas	10 cub.in.
Azotic gas	4
Carbonic acid gas	5

	19

Dr. Thomson of Glasgow analysed it in the year 1823. He found its specific gravity 1·00255. The water as it issues from the pipe is transparent and colourless; but when kept for some time, it becomes opal-coloured, as is the case with water impregnated with sulphuretted hydrogen gas. It has the well-known odour of this gas, and a slightly sweetish taste. The constituents in the imperial gallon of this water, according to the analysis of Dr. Thomson, are as follows:—

Common salt.....	176·569 grs.
Sulphate of soda.	16·562
Sulphate of lime.....	11·579
Sulphate of magnesia.....	5·474

210·184

Sulphuretted hydrogen gas 21·29 cub. in.

The quantity of this gas was determined by a small quantity of sulphate of copper having been put into a bottle of the water upon the spot at the instant of filling it. The precipitate (sulphuret of copper) was dissolved in nitric acid, and the sulphuric acid formed was precipitated by chloride of barium. 4·27ths of the precipitate gives the amount of the sulphur in the quantity of water employed. Two grains of sulphur are equivalent to 5·841 cubic inches of sulphuretted hydrogen gas. Hence, to find the quantity of this gas in cubic inches in the volume of water analysed, multiply the weight of sulphur found by 2·92; the product will be the number of cubic inches required. This is a much more accurate method than extricating the gaseous contents of the water by boiling and analysing them by absorption; because sulphuretted hydrogen gas is so soluble in water, that a portion of it must always disappear during the process; whereas sulphate of copper throws down the whole sulphur present in the water, and this sulphur is wholly converted into sulphuric acid when the sulphuret is dissolved in nitric acid. Acetate of lead cannot be used, because the lead would be thrown down not only by the sulphur, but also by the sulphuric acid contained in the water.

III. Strathpeffer sulphuretted water.

This mineral water is situated in the valley of Strathpeffer, a few miles west from Dingwall, the county-town of Ross-shire, in the north of Scotland. The situation is romantic, and the neighbouring country fertile and exceedingly beautiful. The wells seem to rise in the new red sandstone of which the country is composed, and are at no great distance from the lofty mountain of Ben Wevis,

so conspicuous in the north of Scotland. These wells had been long known as medicinal, and an imperfect analysis of them was published by Dr. Donald Monro in the *Philosophical Transactions* for 1772. They were brought into considerable celebrity by Dr. Morris, an Aberdeenshire gentleman, who built a pump-room, and was enthusiastically attached to these waters, which he affirmed to be the strongest and most salubrious in Great Britain. This gentleman died in 1824, and thus the wells were deprived of his valuable patronage.

There are two wells at a little distance from each other. Their temperature was found by Dr. Thompson, on the 24th of June, 1824, to be $39^{\circ}75'$, that of the air at the time being 60° . The day happened to be rainy. The specific gravity of these wells was found at the same time to be as follows :—

Upper well	1·00193
Lower well	1·00091*

It is the lower well which is supplied with a pump-room. It is obviously the weaker of the two.

An imperial gallon of the lower spring, according to the analysis of Dr. Thomson of Glasgow, contains the following constituents.

Sulphate of soda	52·710 grs.
Sulphate of lime	30·686
Common salt	19·233
Sulphate of magnesia	4·855

107·484

Sulphuretted hydrogen gas 13·659 cub. in.

An imperial gallon of the upper spring was found to contain—

Sulphate of soda	67·770
Sulphate of lime	39·454
Common salt	24·728
Sulphate of magnesia	6·242

138·194

Sulphuretted hydrogen gas 26·167 cub. in.

iv. *Rothsay sulphuretted water.*

This spring was discovered in 1831 by Mr. Richmond. It lies about half a mile east from Rothsay, the county town of Bute. The situation is magnificent. The town forms a kind of amphitheatre, lining as it were a semicircular bay. From this bay, the sea, divided by the point of Towart, the southernmost extremity of Cowal, forms what appears to the eye two magnificent rivers. The first of these, constituting the Kyles of Bute, about a mile wide, and gradually narrowing to little more than half a mile, separates the island of Bute from Argyleshire to the north west of Rothsay. The other, about six miles wide,

* The specific gravity of two other specimens was found in 1828 as follows :—

Upper well	1·0022
Lower well	1·0015

Hence their strength obviously varies with the weather.

passes to the north, dividing the county of Argyll from Ayrshire and Renfrew, and gradually narrowing into the river Clyde. This division proceeds southwards, and after passing by Bute and Arran with its beautiful mountains, gradually widens to at least 80 miles. The banks on both sides of this frith are of the boldest and most romantic description, and want nothing capable of constituting one of the most splendid pieces of sea scenery that Great Britain can any where exhibit.

This water, as it rises from the sand, (for it is situated very near the shore,) is transparent and colourless. Its taste is disagreeably salt, and its smell that of sulphuretted hydrogen gas. Its specific gravity as determined by Dr. Thomson is 1·0228.

This spring rose a few feet distant from an old quarry-hole filled with stagnant water, which contained no sulphuretted hydrogen gas, and its specific gravity was considerably less than that of the spring. The Marquis of Bute, to whom this part of the island belongs, employed a number of workmen, during the summer of 1831, to drain the quarry, in order to trace the source of this mineral spring; but before they had completed their object, a high tide made its way to the quarry-hole, and filling up the cavity with water, destroyed the undertaking, and it was not again renewed. In consequence of this injudicious attempt, the sulphureous spring ceased to flow; but it has again broken out a few feet nearer the sea, and probably were the quarry drained and deepened, and a wall built to keep off the sea, a regular sulphur spring might be obtained from which the sea water would be excluded.

The saline constituents in the imperial gallon of this water, as determined in the winter 1830-1 by Dr. Thomson, are as follows :—

Common salt	1860·73 grs.
Sulphate of lime	125·20
Sulphate of soda	129·77
Chloride of magnesium	32·80
Silica	14·39

2162·89

Sulphuretted hydrogen gas 17·4 cubic inches.

From the nature of these constituents, we think there can be little doubt that the sulphur spring had been contaminated with sea-water. Indeed it was situated so near the sea that it must have been overflowed at high spring-tides. Of course, before the real nature of this water (with the exception of the sulphuretted hydrogen gas which it contains) could be accurately known, it would be necessary to exclude the sea completely, and then to analyze it again, after all the sea-water had been removed.

v. *Enghien mineral water.*

Enghien, or Montmorency, is a small town not far from the right bank of the Seine, about four miles from St. Denis, and twelve miles from Paris. The mineral water of this place

has been known for about a century, and has not been much frequented on account of the want of the requisite accommodations for visitors. Its taste is bitter and sulphureous. Its specific gravity is 1·00069; its temperature 59°, and it reddens paper rendered blue by litmus. When boiled, it lets sulphuretted hydrogen gas escape for a long time. It becomes first greenish, then milky, and deposits flocks of a vegeto-animal matter.

Its constituents in the imperial gallon, as determined by M. Henry, junior, are as follows:—

Common salt.....	3·54 grs.
Chloride of magnesium.....	7·08
Sulphate of magnesia.....	7·43
Sulphate of lime.....	3·54
Subcarbonate of magnesia....	2·69
Carbonate of lime.....	2·33
Silica.....	0·28
Sulpho-hydrate of lime and magnesia.....	3·94
Vegeto-animal matter, trace.	

30·83

Azotic gas.....	3·88 cub. in.
Carbonic acid gas.....	33·94
Sulphuretted hydrogen gas..	5·00

From this it appears that Enghien water is very weak, so far as the impregnation of sulphuretted hydrogen gas communicates medical virtue.

vi. *Baréges sulphureous water.*

Baréges lies in the department of the *Hautes Pyrénées*. It is situated in a small valley surrounded with high mountains. Formerly it was nearly inaccessible, but of late years a good road has been made to it. It is covered with snow during a considerable part of the year, and is only a pleasant residence during a few months in summer.

The mineral waters of Baréges were known to Cæsar and Sertorius. Marguerite, sister of Francis I. and queen of Navarre, in some measure restored them to the splendour which they exhibited in ancient times. Henry IV. frequented them a great deal during his youth. They were visited by Montaigne, and their celebrity was much increased in consequence of a visit paid them by Madame Maintenon in company with the Duc de Maine. Louis XV. built a military hospital at Baréges, which became celebrated for the numerous cures which were wrought in it by the use of the waters.

There are three springs: 1. the hot spring, which is very abundant; 2. the temperate spring, which is colder and not so copious; 3. the lukewarm, which is still colder and more scanty than either of the other two. There are five baths.

The waters are clear and limpid; they give out the smell of sulphuretted hydrogen: their taste is sweet and rather unpleasant. Their surface is covered with a pellicle, which gives them an oily appearance. The temperature of these waters, according to Lomet, is as follows:—

First spring 113 degrees.

Second spring..... 100

Third spring 88½

They are always colder in spring and summer than during winter. This is owing to the infiltration of melted snow. The specific gravity of these waters has not been stated, but it exceeds that of distilled water very little. Their saline contents are very small in quantity, not exceeding, according to Longchamp, 1-3400th part of the weight of the water. They have been analyzed by M. Poumier, who obtained from the imperial gallon of the royal spring, the oldest and most renowned, the following saline constituents:—

Chloride of magnesium.....	2·26 grs.
Common salt.....	2·46
Sulphate of magnesia.....	5·90
Sulphate of lime.....	9·52
Carbonate of lime.....	4·08
Sulphur.....	10·68
Silica.....	0·90
Vegeto-animal matter, trace.	

25·80

Sulphuretted hydrogen gas 1·615 cubic inch.

If this analysis be near the truth, the water of Baréges is one of the weakest of the whole class of sulphureous waters. We have an account of this water by M. Longchamp, who informs us that it leaves 1-3400th of its weight of saline residue composed of the subcarbonate, muriate, sulphate and hyposulphate of soda, of a little subcarbonate of lime and magnesia, of a small quantity of silica, and of an animal matter to which he gives the name of *barégin*. He says that the sulphuretted hydrogen gas does not exceed 28-1000000 of the bulk of the water, which is a still smaller quantity than that deduced from the analysis of M. Poumier.

vii. *Aix.*

Aix is a small town, about twelve leagues from Geneva, and two and a half from Chambery. Its hot baths were frequented during the time of the Romans. They were repaired at the expense of the emperor Gratian; they are frequented from the month of May to the middle of September, when the season breaks up. The months of July and August are the most fashionable.

There are two wells; one called the *alum well*, or the *well of St. Paul*; the other called the *sulphur well*. These two springs are distant from each other about one hundred paces. They pass into leaden pipes, and are conducted into very large receivers. The principal building encloses the sulphur spring. It is called *Batiment Royal*. It is divided into a series of baths of different kinds.

The temperature of these waters is the same all the year round, except during the melting of the snow and during the equinoctial rains, when it is slightly diminished. The usual heat is 113°; that of the air in the baths is about 83° 75. The water is transparent, has an unctuous feel and a strong smell of sulphuretted hydrogen, which is dissipated by

exposure to the air. The taste is sweetish and earthy. The *alum water* has a slightly bitter styptic taste, which the sulphureous water wants.

According to the analysis of M. Socquet, the imperial gallon of the sulphur spring contains the following saline ingredients:—

Animal extract	0·135 grs.
Sulphate of soda	2·24
Sulphate of magnesia	1·97
Sulphate of lime	4·88
Common salt	0·61
Chloride of magnesium	2·10
Carbonate of lime	7·32
Carbonate of magnesia	4·00

23·255

Sulphuretted hydrogen gas 2·22 cubic inches.

Carbonic acid gas 3·14

5·36

From this analysis it appears that the sulphureous spring at Aix is very slightly impregnated with sulphuretted hydrogen, and that it contains but an insignificant quantity of salts. The *alum spring* is stronger, though also very weak. It does not contain a particle of alum notwithstanding its name, but minute quantities of the following salts, according to the analysis of M. Socquet,—sulphate of soda, sulphate of lime, sulphate of magnesia, common salt, chloride of magnesium, carbonate of lime, carbonate of magnesia, and animal matter. The sulphuretted hydrogen gas is about two-fifths of that contained in the sulphur well, while the carbonic acid is about one-and-a-half times as much.

VIII. *Aix-la-Chapelle.*

Aix-la-Chapelle is a considerable town about twelve leagues west from Cologne and seven from Spa. It is situated in a beautiful and fertile valley, surrounded by well-wooded hills, and has been long celebrated for the salubrity of its air. The hot springs which it possesses were frequented by the Romans, and after having been long abandoned and forgotten, they were again restored by Charlemagne, who was so delighted with the baths of this place that he made it his residence, and was in the habit of holding his court in them.

The fundamental rock in the neighbourhood of Aix-la-Chapelle is calcareous. Over this lies a bed of micaceous sandstone, seemingly connected with the coal-beds, being often replaced by coal or slate clay. Three principal springs have been observed. The first, called the great spring, is situated on the east side of the town-house. The second is placed in the principal street of the town, called the *Grande Rue*, where we find the fountain set apart for the drinkers. The third spring is situated south-east from the first. These springs, which are copious, unite together, and are enclosed in vaulted reservoirs; the waters run out of different aqueducts of stone, wood, or lead in the houses where there are baths. These exist to

the number of four in the old town, namely, the emperor's bath, the little bath, St. Quirinus's bath, and the new bath. There are six in the new town, namely, Charles's bath, the bath of St. Corneille, two large baths called *bains des seigneurs*, the bath of the rose, and the bath of the poor.

The waters are clear and transparent; they have the smell of sulphuretted hydrogen gas, and an alkaline, saline, and hepatic taste. When allowed to cool, they lose their smell, taste, and transparency, and become milky. The temperature of the emperor's bath is 135½°; but as it issues from the ground, it is as high as 144°. The heat of Quirinus's bath is 120°; that of Cornelius's bath 119°. The specific gravity, before boiling, is 1·012; after boiling, it becomes as high as 1·016.

The saline constituents of the imperial gallon of the water of the emperor's bath, according to the analysis of MM. Reumont and Monheim, are as follows:—

Carbonate of soda	35·343 grs.
Common salt	210·520
Sulphate of soda	18·694
Carbonate of lime	9·244
Carbonate of magnesia	3·119
Silica	4·997

281·917

From the experiments of Monheim in 1812, it appears that 100 cubic inches of the gases disengaged from this water are composed of

Azotic gas	51·25 cubic inch.
Carbonic acid gas	28·26
Sulphuretted hydrogen gas	20·49

100·00

But he does not determine the absolute quantity of these gases, which is the most interesting point. If any confidence can be put in the analysis of Kortum, the imperial gallon contains about 133 cubic inches of sulphuretted hydrogen gas. It is therefore much more strongly impregnated with this gas than any of the other sulphuretted springs which we have hitherto noticed.

The waters of Aix-la-Chapelle are more celebrated in a medicinal point of view than any other sulphuretted water whatever. They act with considerable energy, and are particularly valuable in all chronic diseases of the skin, in scrofulous sores, and in chronic rheumatism and gout. They have been recommended also in diseases of the liver, in diseases of the bones, in colics from metallic poisons—in short, in diseases to which sulphur or its compounds are considered as applicable. When taken internally, the patient should drink them cautiously, and should scarcely take more than a couple of glasses at a time. When taken to the extent of a couple of quarts, they become purgative. They are at first disagreeable on account of the smell; but the patient soon becomes reconciled to their use. As a bath, they are particularly valuable in all cutaneous affections, and indeed in chronic ulcers in general.

IX. *Loeche or Leuk.*

Leuk is a small town in the Valais, six leagues distant from Sion, built upon the right bank of the Rhone, in a valley, the bottom of which has been channelled by torrents. The waters of Leuk are celebrated for the energy with which they act, and are not a little frequented, although the place does not afford all the conveniences to strangers that could be wished. These waters are known in the Valais by the name of *Baden*, (the baths.) Within a circuit of about half a league there are eleven or twelve hot springs, most of which flow into the Dala. They issue from the bottom of a mountain covered at the summit with perpetual snow. The great spring issues from a place situated between the inn and the buildings of the baths. It constitutes a considerable rivulet, and furnishes water to various baths. It is unnecessary to describe the particular situations of the other springs.

The temperature of the great spring is $125\frac{1}{2}^{\circ}$, and that of the coldest of the whole is $115\frac{1}{2}^{\circ}$. About two hundred paces from the baths there rises a spring, which is always very cold, and which flows only from May to September.

The water of the baths exhales a slight odour of sulphuretted hydrogen gas. It is perfectly limpid, and has no peculiar taste. Pieces of silver left in it for a few days acquire a yellow colour, which is permanent. We are not in possession of any recent analysis of this water; but from the analysis of Morell it follows that an imperial gallon of it contains the following saline constituents:—

Common salt, with a little sulphate of magnesia	13·33 grs.
Sulphate of lime	175·00
Carbonate of magnesia	13·88
Carbonic acid gas	8·53
Protoxide of iron	4·28
	<hr/>
	215·02

But no great confidence can be put in this analysis.

IV. OF ACIDULOUS WATERS.

The mineral waters of this class are characterised by the notable quantity of carbonic acid gas which they contain, and which gives them an acidulous and sharp taste somewhat resembling that of brisk beer, which they lose when left for some time exposed to the atmosphere. Air-bubbles are continually rising through them and breaking at the surface of the liquid, which gives it the appearance of boiling. By exposure to the air or to a gentle heat, they lose the carbonic acid upon which their principal peculiarities depend.

These acidulous waters are easily known by their taste and briskness, and by the property which they have of reddening (slightly but sensibly) paper stained blue by litmus. When the litmus paper is exposed to the air, the red tinge is gradually destroyed by the evaporation of the carbonic acid, and the original blue colour restored. Lime-water occasions a precipitate when mixed with a portion of acidulous

water; this precipitate is carbonate of lime. Should the quantity of carbonic acid present be great, and the quantity of lime-water used small, it might happen that the original precipitate produced by the addition of lime-water might be again dissolved. But should this take place, we have only to leave the mixture for some time exposed to the atmosphere, and the precipitate will again appear.

These springs have always attracted a great deal of attention. The cold acidulous waters are much used in bilious affections, and in fevers, whether putrid or malignant, as an agreeable drink. Even in chronic cases they are not without utility. They are considered as having a peculiar action on the stomach and intestines. Probably their virtues depend in some measure on the mechanical action of the carbonic acid which they contain. When strongly impregnated with carbonic acid gas, they sometimes affect the head of those that use them too liberally, producing a species of temporary intoxication, similar to that occasioned by the use of brisk beer or champagne wine. It is obvious that they must be injurious to those who are troubled with habitual flatulence, indicating a bad tone of the stomach or an imperfect digestion. In such cases considerable quantities of carbonic acid are apt to be generated in the stomach, and the addition of liquids charged with that gas would be only increasing the quantity of a substance which is already producing inconvenience.

The easiest method of determining the quantity of carbonic acid gas in a mineral water, is to put a certain portion of it into a flask, from the mouth of which there passes a glass tube which plunges into a Wolfe's bottle filled with lime-water, or, what is better, with barytes water. The Wolfe's bottle should be filled with the liquid in question, and a bent tube from one of the mouths of the phial passes into a pneumatic trough to collect the other gases which the water may contain. The carbonic acid gas is absorbed by the barytes or lime-water, and precipitated in the state of carbonate of barytes or of lime. This carbonate, when the process is finished, is to be separated from the liquid, and after being carefully washed and dried, is to be weighed. 1·225 grains of carbonate of barytes indicate 2·75 grains of carbonic acid. Hence, if we multiply the weight of carbonate of barytes obtained by 0·2245, the product will be the weight of carbonic acid gas contained in the volume of the acidulous water subjected to examination. And as 100 cubic inches of carbonic acid gas under the mean pressure and temperature weigh 47·4691 grains, it is easy from the weight thus found to deduce the number of cubic inches of the gas.

When we use lime-water, 6·25 grains of the precipitated carbonate of lime contain 2·75 grains of carbonic acid. Hence, if we multiply the weight of carbonate of lime which we get by 0·44, the product is the weight of carbonic acid gas in the portion of the water which we have subjected to examination.

We have only one acidulous water in Great Britain. On the Continent there occur more than one variety of these waters, some of which have acquired considerable celebrity. On that account we shall notice a few of the most remarkable in this place.

I. *Ilkeston water.*

This water, situated near the old market-town of Ilkeston in Derbyshire, about eight miles from Nottingham, has lately acquired considerable celebrity, and deserves on that account, and because it is the only acidulous water at present known to exist in Great Britain, to be noticed in this article.

The history of its discovery, as it has been stated to us by a Nottingham gentleman, is as follows. The Rutland colliery being very much annoyed by an immense body of water accumulated in the waste workings of the old Ilkeston coal-field, an engine was erected on one of the level pits of the latter to assist in draining the works. Close to the engine was made a reservoir, partly to supply the boiler, and partly to be used as a warm bath. The water had been observed to have the smell of sulphuretted hydrogen, and it irritated the hands of the workmen who put down the pumping apparatus and kept it in order. These circumstances led to the suspicion that it contained ingredients different from those in common water, and the engineer was ordered, when he next emptied the boiler, to put it into a tub, from an expectation that the concentrated water might deposit its contents, and thus betray their nature. The consequence of this was the deposition of a crop of beautiful crystals, which were found to act as aperients. This discovery led to the extensive use of the water, both as a bath or external application, and as an internal remedy, both in its natural and concentrated state.

The beds in this part of the country consist of the usual coal metals which dip to the north-east. The grand subterranean reservoir is formed by the excavations made in getting the bed of hard coal, and the water doubtless acquires its mineral impregnation as it soaks through the different coal metals from the surface.

The Ilkeston water was analysed by Dr. Fyfe of Edinburgh, Dr. Calvert of Derby, and Mr. Greeves of Nottingham. But we have not seen the results obtained by any of these gentlemen except the last. He obtained from the wine pint of this water the following constituents:—

Carbonic acid.....	0·4189 grs.
Sulphuric acid	1·3
Muriatic acid	1·1678
Lime	1·3323
Magnesia	0·5700
Soda	0·5860
	<hr/>
	5·3750

These he considered as existing in the water under the form of the following crystallized salts:—

Carbonate of lime.....	0·34375 grs.
Carbonate of soda	2·0000
Muriate of lime.....	4·8000
Sulphate of magnesia	2·5900
Sulphate of soda	0·5905
	<hr/>
	10·32425

Mr. Greeves informs us that he found also in the water a large quantity of uncombined carbonic acid gas, a considerable portion of sulphuretted hydrogen gas, and a little iron. If we abstract the water of crystallization from the preceding salts, they will be reduced to the following quantities:—

Carbonate of lime.....	0·34375 grs.
Carbonate of soda	0·7500
Muriate of lime	2·2590
Sulphate of magnesia	1·2630
Sulphate of soda	0·2624
	<hr/>
	4·87815

Now as 4·87815 grains is much less than 5·375 grains, the weight of the constituents stated by Mr. Greeves to have been extracted by him from a pint of the Ilkeston water, it is obvious that he has committed some mistake in his calculations.

In the month of November, 1832, a young Nottingham gentleman, a student of medicine in the college of Glasgow, brought to Dr. Thomson, professor of chemistry in that university, two wine bottles of the Ilkeston water, and a wine bottle of the concentrated water. It was subjected to a chemical examination, as minute as was consistent with the small quantity of water to be operated upon. We shall now relate the result of that examination.

The water was transparent and colourless, destitute of smell, and without any sensible saline taste. Its specific gravity was 1·00049. It rendered cudbear paper violet, and therefore contained an alkali. 9726 grains of it being evaporated to dryness with the requisite care to avoid loss, left a saline residue weighing 4·85 grains.

From some previous trials on another portion of the water, it was found to contain sulphuric acid, chlorine, and carbonic acid, together with soda, lime, and a little magnesia. It was the knowledge of these circumstances which regulated the analysis of the 4·85 grains of saline residue.

Being digested in water, it left undissolved 1·65 grains of sulphate of lime. The portion dissolved yielded the following substances when minutely analysed:—

Sulphuric acid	0·71 grs.
Chlorine	0·74
Lime.....	0·311
Magnesia	0·035
Soda.....	1·11
Silica.....	0·059

The 1·65 grains of sulphate of lime were composed of,

Sulphuric acid	0·97 grs.
Lime.....	0·68
	<hr/>
	1·65
	<hr/>
Hence, the whole sulphuric acid	1·68 grs.
Lime.....	0·991

A portion of the soda was in the state of carbonate, and the carbonic acid with which this portion was united was found by calculation to be 0·207 grains. Thus the whole constituents extracted from the 4·85 grains of saline residue were 4·763 grains. There was, therefore, a loss of 0·087 grains. There was found besides a trace of oxide of iron and a little silica. But both of these certainly did not exceed 0·02 grains. The loss, 0·067 grains, therefore, was probably owing to the presence of a minute quantity of something not discovered, for the analysis was so conducted that there could scarcely be any loss. These constituents were probably combined in the mineral water so as to constitute the following salts:—

Sulphate of lime	1·650 grs.
Sulphate of magnesia	0·105
Sulphate of soda	1·280
Chloride of calcium	0·722
Common salt	0·568
Carbonate of soda	0·4008
	<hr/>
	4·7258

Hence the imperial gallon must contain—

Sulphate of lime	11·883 grs.
Sulphate of soda	10·704
Sulphate of magnesia	0·756
Chloride of calcium	5·200
Common salt	4·091
Carbonate of soda.....	3·355*
Silica	0·455
	<hr/>
	36·444

The sulphuretted hydrogen and carbonic acid gas had made their escape during the conveyance of the water to Glasgow, and could not therefore be ascertained.

The bottle marked concentrated Ilkeston water had a pretty deep reddish brown colour, a saline and bitter taste, and gave a deep violet colour to cudbear paper. When an acid was dropped into it, a pretty brisk effervescence took place, shewing clearly the presence of an alkaline carbonate. The specific gravity was 1·04107. This liquid was not precipitated by oxalate of ammonia, nor did prussiate of potash produce any alteration in its colour. The colouring matter was found to be a vegetable substance; but it was present in too small quantity to permit its nature to be determined.

Five hundred grains of this water being evaporated to dryness, left 24·6 grains of saline residue in two different trials. These

24·6 grains being subjected to analysis, were found to consist of,

Sulphate of soda	8·676 grs.
Common salt	2·483
Carbonate of soda.....	13·855
	<hr/>
	25·014

Besides a trace of lime, oxide of iron and oxide of copper. There is an excess in this analysis amounting to 0·414 grains. It is owing, we believe, to the sulphate of soda, into which the whole salt was ultimately converted, not having been long enough heated to drive off every trace of moisture.

The constituents of the imperial gallon, according to this analysis, are,

Sulphate of soda	1264·80 grs.
Common salt	361·96
Carbonate of soda	2015·80
	<hr/>
	3642·56

The difference between the saline constituents of the concentrated and unconcentrated water is so great, that it cannot be explained on any other supposition than that various kinds of springs exist at Ilkeston, and that a very different water has been concentrated from that which was brought under the name of unconcentrated water. Even the supposition that carbonate of soda had been added on purpose to the concentrated water would not account for the anomaly, as the sulphuric acid and chlorine bear very different ratios to each other in the unconcentrated and concentrated water.

II. *Pyrmont water.*

Pyrmont is situated near the river Weser, about four leagues from Hamelet in Westphalia. The springs rise in a beautiful and fertile valley, and amount to about six. These are—
1. The *sacred fountain*, which issues from the ground with a remarkable noise. It supplies the water which the patients drink. 2. The bathing spring, distinguished by the name of the *boiling fountain*. 3. The *augenbrunnen*,* (*eye fountain*,) which, like the preceding spring, contains carbonate of iron. 4. The *new spring* only recently brought into notice, and situated about a mile from Pyrmont; the other two springs are called the *salt well* and the *new salt well*.

The characters of these springs vary somewhat. The waters of the *sacred fountain* are limpid and colourless. They are covered as they issue from the ground with an atmosphere of carbonic acid gas, which is much more preceptible in winter than in summer. The temperature is always about 58 $\frac{1}{2}$ °. The specific gravity has been stated to be 1·0024. The *boiling spring* is not so clear and transparent as the preceding one, and it is constantly emitting numerous bubbles of carbonic acid gas. The *new spring* is remarkable for its agreeable flavour. It is the fashion to drink it mixed with

* This is made up by supposing the loss to have been carbonate of soda, as it undoubtedly was.

* So called because it is used as an application to the eyes.

wine. The *augenbrunnen* is weaker than the others, but possesses the same characters.

We have no modern analysis of these springs; but Westrumb, who was remarkable for his accuracy, has left us an analysis of them all, which is probably very nearly correct. According to him an imperial gallon of the *sacred fountain* contains the following saline constituents:—

Sulphate of soda	28·9 grs.
Common salt	12·2
Sulphate of lime	83·4
Carbonate of lime	34·8
Sulphate of magnesia	54·7
Chloride of magnesium	13·4
Carbonate of magnesia	38·9
Resinous matter	0·9
Protoxide of iron	10·5

277·7

Carbonic acid gas 300 cubic inches.

He states the saline contents of the imperial gallon of the *boiling fountain* as follows:—

Sulphate of soda	37 grs.
Common salt	17·5
Sulphate of lime	97·5
Carbonate of lime	68·0
Sulphate of magnesia	60·1
Chloride of magnesium	15·0
Carbonate of magnesia	12·5
Silica	3·0
Resin	1·0
Protoxide of iron	9·0

320·6

Carbonic acid gas 225 cubic inches.

This fountain is richer in saline constituents than the former, but contains less carbonic acid gas. The constituents of the *augenbrunnen* are as follows:—

Sulphate of soda	11 grs.
Common salt	5·5
Sulphate of lime	61·2
Carbonate of lime	38·0
Sulphate of magnesia	18·0
Carbonate of magnesia	11·0
Resin	1·0
Protoxide of iron	4·0

149·7

Carbonic acid gas 135 cubic inches.

The saline contents of the imperial gallon of the *new spring* are as follows:—

Common salt	76·36 grs.
Carbonate of lime	72·73
Sulphate of magnesia	33·63
Chloride of magnesium	45·45
Carbonate of magnesia	23·63
Silica	2·73
Resin and extractive	5·45
Sulphate of iron	8·18
Protoxide of iron	7·26

275·42

Carbonic acid gas 200 cubic inches.

The saline contents of the imperial gallon of the *salt spring* are as follows:—

Sulphate of soda	170 grs.
Common salt	704·4
Sulphate of lime	69·6
Chloride of calcium	28·4
Carbonate of lime	36·4
Chloride of magnesium	32·4
Carbonate of magnesia	59·2
Alumina	7·6
Resin	2·0

1110·0

Carbonic acid gas 236 cubic inches.

We perceive that this well is much more impregnated with common salt than any of the preceding.

The saline contents of the imperial gallon of the *new salt well*, according to the analysis of the same chemist, is as follows:—

Sulphate of soda	63 grs.
Common salt	532·4
Sulphate of lime	37·3
Carbonate of lime	64·8
Sulphate of magnesia	5·2
Chloride of magnesium	113·5
Carbonate of magnesia	3·0
Alumina	9·5
Resin	8·0

836·7

Carbonic acid gas 230 cubic inches.

It is rather weaker than the preceding, though it differs but little in the proportion of carbonic acid gas.

III. Seltzer water.

Seltzer, (or, as the Germans write it, *Selter*), is a small town on the Rhine, about ten miles from Frankfort and thirty-six from Coblenz. This part of the country has been long known for its beauty, and it abounds in mineral springs. Those of Seltzer issue out of the earth about two hundred paces from the town, in a long narrow valley. The place is frequented by visitors during the summer season, and the water is sent in stone bottles, closely corked and sealed, to different parts of Europe.

Seltzer water is transparent and colourless, and sparkles much when poured into a glass. Its taste is slightly pungent, with a saline and decidedly alkaline flavour. If left exposed to the air, it soon loses its pungency, and its saline and alkaline taste becomes stronger.

As a medicine, this water has been in high repute ever since the days of Hoffmann, who recommended it as aperient and highly diuretic. It has been found useful in all those diseases for which acidulous waters are recommended, and at one time it was considered as almost a specific in calculous diseases, whether in the kidney or the bladder.

The most accurate analysis is probably that of Westrumb, who found the saline constituents of the imperial gallon of this water as follows:—

Common salt	185·5 grs.
Crystals of carbonate of soda	167·7*
Carbonate of lime.....	27·2
Carbonate of magnesia.....	15·7
Carbonate of iron.....	1·2
Silica.....	2·4

399 7

Carbonic acid gas 343·8 cubic inches.

So that 100 cubic inches of this water contain 124 cubic inches of carbonic acid gas. It is obvious from this that it has been saturated with gas under a certain degree of pressure. It is the richest in carbonic acid of any mineral water with which we are acquainted, excepting the waters of Geilenau, to be noticed afterwards.

iv. Pougues.

Pougues is a town situated on the great road from Paris to Lyons, distant about nine miles from Nevers. The country is fertile, and exhibits numerous little hills which add considerably to the beauty of the district. The principal mineral spring acquired great celebrity during the sixteenth century, having been visited by the prince of Mantua, Henry III. of France, Catharine de Medicis, Henry IV. Louis XIV. and many other eminent personages. The prince de Conti embellished the environs of the spring by planting trees around it. It lies in a limestone country, and is situated in a meadow about four hundred paces from the town and six hundred from the nearest limestone hill. The water is abundant at all seasons of the year. It is limpid and colourless. Its taste is pungent, and it is destitute of smell. When left in an open vessel, it deposits a small quantity of oxide of iron.

We are not aware that any later analysis of this water has been made than that of Hassenfratz in 1789, at a time when chemists were not in possession of such accurate methods as at present. The saline constituents of the imperial gallon, according to his experiments, are as follows:—

Carbonate of lime	112·96 grs.
Carbonate of soda	96·30
Common salt	20·37
Carbonate of magnesia	11·11
Alumina	3·24
Silica with protoxide of iron	29·63

273·61

Carbonic acid gas 325·9 cubic inches.

If any confidence can be put in this analysis, the quantity of carbonic acid in the waters of Pougues does not fall far short of that which exists in Seltzer water. It must answer all the purposes of Seltzer water, and be equally ap-

plicable to all the diseases for which that water is considered as a remedy.

v. Mont d'or.

Auvergne, in which the small village of Mont d'Or is situated, abounds in acidulous waters. The hot mineral springs of Mont d'Or were known and frequented by the Romans, who have left monuments of their residence, several of which still remain. The village is situated in an elevated country about twenty-four miles from Clermont. The Monts d'Or, as they are called, are covered with snow during seven months of the year. It is only from May to September that they afford an agreeable residence. Indeed the accommodations are not very good.

The springs are four in number, which all rise at the bottom of the mountain L'Angle. They are very near each other, and situated in a straight line, and traverse the village from north to south-west. The highest of these springs is distinguished by the name of St. Marguerite. Its waters are received in an open basin composed of cut stones. Near this basin, and a little to the right of it, is another spring, whose waters are of the same nature as those of St. Marguerite. The noise which it makes in issuing out of the ground has induced the inhabitants to give it the name of *the drum*. The second spring is called *Cæsar's bath*, or *balneum cryptæ*. It is about fifty feet below St. Marguerite's spring. Its waters are enclosed in a very ancient edifice. There are two holes in the floor, through which the waters issue as if they were boiling. The third spring is called the *great bath*, or the *bath of St. John*, and is about twenty feet below the second. It is enclosed in a square gothic building. Within it is a rectangular basin divided into four parts, and three baths of tinned copper. The fourth spring, called the *Magdeline fountain*, is situated at the foot of Mount L'Angle; its waters flow into a square building in the centre of the *Pantheon Place*.

The waters of these four springs possess different properties. Those of the Magdeline are transparent and free from smell, and have an acidulous and saline taste. Their temperature is 107° 5. The surface is covered with a very thin iridescent pellicle. The specific gravity is 1·0015.

The properties of *Cæsar's bath* are analogous; but its temperature is 113°. It furnishes 2441 cubic inches of water per minute, which is not much less than nine imperial gallons.

The waters of the *great bath* have a slight taste. The temperature is about 108°. The waters of St. Marguerite are clear and limpid, and let fall no deposit in their channel. Their taste is acidulous and slightly styptic. Their temperature is about 40° or 42°. They are much used to dilute wine for drinking.

For the best analysis of these waters we are indebted to M. Bertrand, who published an excellent treatise on them. According to him the saline contents of the imperial gallon of these waters are as follows:—

* Equivalent to 62·88 grains of anhydrous carbonate of soda.

Carbonate of soda	33·07 grs.
Sulphate of soda	9·97
Common salt	25·37
Alumina	10·85
Carbonate of lime	20·30
Protoxide of iron	1·92
Carbonate of magnesia	6·65

108·13

Carbonic acid gas4·79 cubic inches.

The waters of *Cæsar's bath*, according to M. Bertrand, are similar in their constitution to those of the Magdelaine.

The saline constituents in the imperial gallon of the waters of the *great bath* are, according to the same physician, as follows:—

Carbonate of soda	35·00 grs.
Common salt	25·72
Sulphate of soda	8·50
Carbonate of lime	24·15
Carbonate of magnesia	8·22
Protoxide of iron	0·70
Alumina	6·82
Silica	5·25

114·36

Carbonic acid gas23·95 cubic inches.

These springs are considerably weaker in carbonic acid than some of the preceding, owing, probably, to their temperature.

v. Vichi.

Vichi is a small and very old town on the right bank of the Allier, situated nearly in the centre of France, in what was formerly the Bourbonnois. It lies in a valley from which the hills rise in an amphitheatre, and being covered with vineyards and orchards present a rich and agreeable landscape. The town is but poorly built, and the streets are narrow and disagreeable; but the springs are detached from it, and there are several excellent hotels and walks in their immediate neighbourhood. These springs amount to seven. 1. The *great grille*, so called because it is surrounded by a railing of iron. 2. The *little puitcarré*, which is enclosed. 3. The *great puitcarré*. Both of these are used only to supply water for the baths. 4. The *little boulet*, distant about one hundred paces from the *great grille*. 5. *Lucas's* spring, situated very near the *little boulet*. 6. The *great boulet*, which is in the neighbourhood of the hospital. These three last springs are enclosed in a cylindrical reservoir and surrounded with a wall, through which passes a tube to allow the waste water to escape. The advantage of this is that the drinkers get the water before any of its gaseous contents have escaped. 7. The fountain of the *Celestines* or of *the rock* is at the bottom of a hill, situated at the end of the town, and its approach is not very good.

The waters of the *great grille* and of the *puitcarré*, as they issue out of the ground, give out great bubbles of gas, which break upon the surface and exhibit the appearance of ebullition. The taste of the six first springs is acidu-

lous and alkaline. They have a slightly sulphureous taste, and the waters of the great boulet and of Lucas's spring seem to be most impregnated with sulphuretted hydrogen gas. The water of the *Celestines* is pungent, and its surface is covered with small bubbles of gas.

These waters deposit a sediment consisting of carbonates of lime and magnesia and a little oxide of iron.

Cattle are particularly fond of these waters, and after having drunk them once, they endeavour to get at them if possible, and even cross the river Allier to reach them. The temperature of these different springs is as follows:—

Great grille	91½°
Great puitcarré	97
Little puitcarré	97½
Great boulet	86
Little boulet	73½
Fountain of the Celestines	63½

For the most recent analysis of these waters we are indebted to M. Mossier. The following tables exhibit the saline contents of the imperial gallon of these waters, according to the analysis of this gentleman:—

1. *Great Grille*.

Carbonate of lime	14·91 grs.
Carbonate of magnesia	2·78
Carbonate of iron	0·74
Carbonate of soda	320·46
Sulphate of soda	51·57
Common salt	21·17

411·63

Carbonic acid gas ..132·84 cubic inches.

2. *Great Puitcarré*.

Carbonate of lime	15·74 grs.
Carbonate of magnesia	2·78
Carbonate of iron	1·39
Carbonate of soda	300·00
Sulphate of soda	63·98
Common salt	35·93

419·82

3. *Little Puitcarré*.

Carbonate of lime	21·29 grs.
Carbonate of magnesia	2·78
Carbonate of iron, trace.....	
Carbonate of soda	336·11
Sulphate of soda	65·28
Common salt	24·44

449·90

4. *Great Boulet*.

Carbonate of lime	22·68 grs.
Carbonate of magnesia	2·50
Carbonate of iron	3·33
Carbonate of soda	310·37
Sulphate of soda	58·05
Common salt	10·18

407·11

5. *Little Boulet.*

Carbonate of lime	30.46 grs.
Carbonate of magnesia	3.24
Carbonate of iron	3.24
Carbonate of soda	395.37
Sulphate of soda	28.12
Common salt	4.25
	<hr/>
	464.78

6. *Fountain of Lucas.*

Carbonate of lime	31.57 grs.
Carbonate of magnesia	3.79
Carbonate of iron	1.57
Carbonate of soda	264.44
Sulphate of soda	60.09
Common salt	67.68
	<hr/>
	429.14

VII. *Geilenau.*

The village of Geilenau is situated in the grand duchy of Nassau, at no great distance from the city of Frankfort. Its waters are acidulous, and have been long and deservedly held in high estimation; for they are perhaps the most strongly impregnated with that gas of any mineral waters in Europe. The water is clear and transparent, and sparkling. Its taste is pungent and acidulous, without any saline flavour. According to the analysis of Dr. Bischoff of Bonn, who published a treatise on the mineral waters of Germany and France in 1826, the saline contents of the imperial gallon of this water are as follows:—

Carbonate of soda	56 grs.
Sulphate of soda	0.84
Phosphate of soda	2.52
Common salt	2.73
Carbonate of lime	18.10
Carbonate of magnesia	20.37
Carbonate of iron	1.47
Silica	0.98
	<hr/>
	103.01

Carbonic acid gas .. 452.51 cubic inches.

Here the carbonic acid gas amounts to 1.6322 times its volume.

The mineral spring of Fachungen lies likewise in the duchy of Nassau, and at no great distance from that of Geilenau. It has also been analysed by Bischoff, who found the saline constituents in the imperial gallon of this water as follows:—

Carbonate of soda	149.89 grs.
Sulphate of soda	1.54
Phosphate of soda	0.007
Common salt	39.28
Carbonate of lime	22.75
Carbonate of magnesia	15.77
Carbonate of iron	0.84
Silica	0.77
	<hr/>
	230.847

Carbonic acid gas .. 373.86 cubic inches.

This water, though not so strongly impregnated with carbonic acid as the preceding, is yet well charged with it. It contains 1.3485 times its bulk of it.

VIII. *Eger.*

Egerland constitutes a wide valley at the western extremity of Bohemia, surrounded on all sides by eminences. It seems originally to have been a lake which burst its barriers between Culm and Konigsberg, and nothing of which remains but the river Eger, which flows through the valley, passes through a gorge between Culm and Konigsberg, and makes its way to the Elbe. The principal town in this district is Eger. In this valley there are several acidulous springs, which have acquired considerable celebrity. The spring which has been longest known, and which is most frequented, has received the name of *Franzensbrunnen*, from the name of one of the emperors of Austria, to whom it is indebted for much of the accommodations which it possesses. It was analysed by Reuss in 1792, by Trommsdorf in 1820, and by Berzelius in 1825. According to this last chemist, the constituents in the imperial gallon are as follows:

Sulphate of soda	222.44 grs.
Common salt	84.15
Carbonate of soda	47.29
Carbonate of lithia	0.34
Carbonate of lime	16.41
Carbonate of strontian	0.028
Carbonate of magnesia	6.125
Carbonate of manganese	0.392
Carbonate of iron	2.142
Phosphate of lime	0.210
Subphosphate of alumina	0.112
Silica	4.312
	<hr/>
	383.931

According to Reuss, the imperial gallon of this water contains 446.17 cubic inches of carbonic acid gas. If this statement be correct, 100 cubic inches of the water must contain 160 cubic inches of this gas.

Berzelius has given us the fixed constituents of three other mineral springs in this district. They are all acidulous; but as the water which he analysed was concentrated on the spot, and sent to a distance to be analysed, the gaseous contents could not be determined. It will be sufficient if we give, in the following table, the constituents obtained by Berzelius from the imperial gallon of each of these springs.

	Salt Spring.	Ferdinand's Spring.	The cross Spring.
	Grains.	Grains.	Grains.
Sulphate of soda	196.154	205.408	347.410
Common salt	79.933	81.998	123.627
Carbonate of soda	47.467	55.874	65.016
Carbonate of lithia	0.245	0.616	1.043
Carbonate of lime	12.936	36.561	35.861
Carbonate of strontian ..	trace	0.049	0.035
Carbonate of magnesia ..	7.273	27.790	24.780
Carbonate of manganese ..	0.112	0.960	0.350
Carbonate of iron	0.624	3.640	1.603
Phosphate of lime	0.224	0.049	0.028
Subphosphate of alumina	4.473	6.104	3.535
Silica	—	trace	trace
Fluoric acid	—	trace?	—
Iodine	—	—	—
	<hr/>	<hr/>	<hr/>
	349.461	419.049	603.288

Specific gravity of Franzensbrunn. 1·005387
 " " salt spring . . . 1·004883
 That of the other two springs is not stated.

ix. Ems.

The celebrated mineral waters of Ems are situated on the north bank of the river Lahn, not far from Darmstadt and Nassau-Dietz, in the duchy of Nassau, and about two hours' journey from Coblenz on the Rhine.

The mineral waters of this place have a temperature of 90°. Their taste is saline and bitter. They are considered by medical men as possessing virtues similar to those of Bath-water in England. They have been frequented for nearly three centuries, and employed both for bathing and internal use. Two springs have been set apart for baths, and two for drinking. We are not aware of any modern analysis of these springs. Many years ago they were examined by Cartheuser, who detected in them soda, lime, and iron; but when he lived, the art of chemical analysis had made so little progress that it was not in his power to determine the weight of these constituents.

V. OF HOT SPRINGS.

This division, though not natural, is at least convenient. It is obvious, from the preceding part of this article, that both sulphureous and acidulous and chalybeate waters may be hot as well as cold; for we have described several of each of these in the preceding sections. The saline springs are frequently hot also as well as cold. We have reserved several of these for this section. The reason which induced us to give a separate section to the consideration of hot springs, is that there are several of them in this country which are possessed of a high reputation, and which have been long celebrated for the numerous cures which they perform, and frequented accordingly. Thus Buxton enjoys a high reputation for curing chronic rheumatism, while Bristol hot-well is equally celebrated for its salutary effects on consumptive patients. Now these waters contain so little saline matter, or indeed foreign matter of any kind, that we cannot avoid ascribing their medicinal properties chiefly at least to their temperature. Hence, considered in a medicinal point of view, such waters ought not to be overlooked, as they point out the particular temperature at which waters, when used as a bath, are most beneficial in removing certain complaints.

1. Matlock water.

The situation of the village of Matlock is perhaps the finest in England. It lies in a mountainous part of Derbyshire, half way down a pretty steep limestone hill, at the foot of which flows the clear and rapid stream of the Derwent, the steep banks of which are covered with a thick clothing of woods. The view is not extensive, but it is rich and picturesque in the highest degree. A number of springs issue from the limestone rock, all of them possessing the clearness and purity which characterize mountain streams. Many of them are of the mean temperature of that part of England, while there are others whose tem-

perature is always steadily above that point. All the tepid springs arise from fifteen to thirty yards above the level of the Derwent, while those situated either above or below that level are cold. The supply of tepid water is very copious, and the temperature, as determined by Dr. Percival, is always very nearly 66°; according to Scudamore 68°.

In its sensible properties, this water scarcely differs from common good spring-water. It is beautifully clear, and has no peculiar taste or smell by which it can be distinguished. When it first issues from the ground, it is said to curdle soap, owing, probably, to its containing carbonate of lime in solution; but this property it loses when left for a few days standing exposed to the air. Its specific gravity, as determined by Sir Charles Scudamore, is 1·0003.

This water has not been subjected to a regular analysis, but from the effects of tests upon it we learn that it contains some carbonic acid gas and some carbonate of lime. There are present, also, sulphuric and muriatic acids in minute proportions. It contains also a little magnesia, and, probably, common salt; but from the specific gravity and sensible properties of this water, it is obvious that the saline constituents must be very minute in quantity.

As an internal remedy, it may doubtless be used with advantage in all cases where water as a diluent is advantageous. On this account its internal use may doubtless be advisable in dyspepsia and gravel. But it is as a bath that it is chiefly useful. Its temperature being 66°, it occasions but little shock on immersion, and is therefore peculiarly fitted for those delicate habits that cannot exert sufficient reaction to overcome the effects of the ordinary cold bath, and on which the benefits which it produces chiefly depend.

11. Bristol hot well.

This spring, formerly one of the most celebrated in England, is situated at the bottom and southern extremity of St. Vincent rock, a lofty cliff on the banks of the Avon, on the Gloucestershire side, about a mile below the city of Bristol, and four from the Bristol Channel, where the Avon flows into the sea. The country is exceedingly beautiful, and this beauty is owing in a considerable degree to the bold banks of the Avon, the hilly nature of the country, and the rich clothing of wood with which it is adorned. St. Vincent rock is composed of limestone, employed both as a building stone, and to be converted into quicklime.

The Hotwell spring is a very fine clear water, discharging at the rate of about forty gallons in a minute. It has no smell, but is limpid and sparkling, and gives out air-bubbles when poured into a glass. It is very agreeable to the palate, and is, in fact, without any peculiar taste, and so pure, that it is employed by the inhabitants in preference for making tea or coffee. Its specific gravity is 1·00077. Its average temperature is 74°. It is slightly affected by the spring tides, which rise to an immense height in the Severn and Avon. It becomes somewhat turbid, and during these

periods it is not used till by two hours pumping the water returns to its original purity.

It has been repeatedly analysed, though not by modern chemists. The latest analysis which we have seen is by Dr. Carrick, published in the year 1797. The saline constituents in the imperial gallon of this water, according to his analysis, are as follows:—

Chloride of magnesium	8·7 grs.
Common salt	4·8
Sulphate of soda	13·5
Sulphate of lime	14·1
Carbonate of lime	16·2

57·3

Carbonic acid gas.....	36 cubic inches.
Oxygen and azotic gases	3·6

39·6

These salts are purgative; but their quantity is so trifling, not exceeding six grains in the wine-pint, that they can scarcely be supposed to produce any sensible effect. The carbonic acid gas rather exceeds one-ninth of the bulk. Its medicinal virtues, therefore, must be ascribed to its temperature chiefly.

When taken warm and fresh from the spring, it is said to produce a gentle glow in the stomach, sometimes succeeded by slight head-ach and giddiness. A continued use of it usually produces an increased flow of urine, while the skin is kept moist and perspirable; and the appetite and general health are usually improved by a residence at the Hotwells. These effects, we doubt not, would be equally derived from the use of any other pure water raised to the same temperature.

III. *Buxton water.*

The tepid springs of Buxton have been long known and resorted to; indeed, it is probable that they were frequented during the time of the Romans. In the year 1572, a treatise on their virtues was written by Dr. Jones of Derby, from which we learn that at that time they were crowded with visitors from the neighbouring counties. They were examined in 1784 by Dr. Pearson, and in 1820 they were subjected to a chemical analysis by Sir Charles Scadamore and Mr. Garden.

Buxton is situated at the north-western extremity of the county of Derby, on the borders of Cheshire, in a narrow valley surrounded on all sides by hills. The whole of this part of Derbyshire is mountainous and thinly inhabited. The hills are composed of mountain limestone, a well known rock lying immediately under the coal beds. Some of the hills at a little distance, as Mam Tor, are composed of sandstone, perhaps belonging to the coal formation. The mountain limestone of this district is distinguished for the numerous caverns which it contains, the most remarkable of which are Pool's Hole and the Peak Cavern.

The climate of this part of Derbyshire is cold and rainy; but the soil is of so dry a nature, that the moisture immediately runs off.

Hence it happens that the shortest interval of good weather may be taken advantage of by the invalid. The high winds, though too often bleak and unpleasant, yet obviate all the inconveniences which attend stagnation. Much has been done by the Duke of Devonshire to embellish the place. The crescent in particular has a grand effect, when we descend towards it from the neighbouring hills.

The warm springs of Buxton rise into day through numerous small fissures in the limestone rock, and the supply of water is amply sufficient for the numerous baths and other purposes to which it is applied. The original and most ancient fountain is St. Anne's well, which is enclosed in an elegant stone building. It is appropriated for drinking. The other springs are employed for the baths.

Buxton water is clear and transparent, and does not sparkle. It has no smell and no taste by which it can be distinguished from common water of the same temperature. Its temperature as it issues from the earth is 82°, but in the basin its temperature is no higher than 77°. It gives out, soon after it issues to the day, no inconsiderable proportion of azotic gas, as was first ascertained by Dr. Pearson. Its specific gravity, when cooled down to 60° of Fahrenheit, is 1·0006.

Dr. Pearson was the first who attempted to analyse this water. From a wine gallon of it he extracted the following salts.

Carbonate of lime	11·5 grs.
Sulphate of lime	2·5
Common salt	1·75

15·75

The analysis of Scudamore and Garden in 1820 gives us the following as the saline constituents in the imperial gallon of Buxton water.

Sulphate of soda	0·76 grs.
Chloride of calcium	0·62
Common salt.....	2·16
Chloride of magnesium.....	0·70
Carbonate of lime	12·48
Extractive, &c.....	1·44

18·16

Carbonic acid gas	1·8 cubic inches.
Azotic gas	5·57

7·37

The existence of azotic gas in this water, without any trace of oxygen, is not easily accounted for. In general, the azotic gas contained in mineral waters is merely what is imbibed from the atmosphere. It is accordingly mixed with oxygen gas; and as oxygen gas is more absorbable than azotic gas, the gas extricated from water by boiling is richer in oxygen gas than common air. When a water contains an impregnation of sulphuretted hydrogen gas, all the oxygen gas which it may have absorbed is of necessity abstracted. Water in such a case may contain carbonic

acid gas, and it may also contain azotic gas; but here we have a water deprived of all its oxygen gas, without containing a trace of sulphuretted hydrogen gas. The quantity of azotic gas present is precisely what ought to be contained in Buxton water, on the supposition that it was imbibed from the atmosphere. But what has become of the oxygen gas? The imperial gallon should contain $1\frac{1}{2}$ cubic inch of it. We suspect strongly that it would be found were the water properly examined. For example, if a drop or two of newly dissolved sulphate of iron were dropped into a glass of Buxton water, and afterwards a drop of caustic potash added, it would be easy to see whether the water contained oxygen gas. If it did, the iron would be precipitated yellow; if it did not, it would be thrown down of a dirty green, which would not alter its appearance.

The great reputation of Buxton water depends upon its use as a bath. St. Anne's spring, however, is taken internally by invalids while enjoying the benefit of the baths. When taken internally, it is said to be inconveniently stimulating to some persons of a sanguineous temperament and full habit of body. It is said to produce headach, giddiness, and flushing of the face. It is not easy to account for these effects from its saline constituents. We are disposed to ascribe them, so far as they are not fanciful, to the temperature of the water. Nor have we any doubts that temperature enters as a most important ingredient in the effects which water produces when taken into the stomach.

But it is as a bath that the value of Buxton water is to be chiefly appreciated. It is to persons labouring under chronic rheumatism that it is most useful. The baths are highly convenient, and provided with everything requisite for the convenience and accommodation of the bather. It is said in the first place to aggravate the symptoms; so that a patient is congratulated, when, upon first having recourse to it, his pains are augmented. Gouty patients are also benefitted by the use of these baths; but they are considered as injurious to those who are labouring under a gouty paroxysm.

The best time for bathing is before breakfast, and it is better to plunge in at once than to step slowly in. At the instant of immersion a slight sense of chilliness is perceived; but this is speedily followed by a moderate degree of warmth and an agreeable sensation, which the patient compares to immersion in cream. At first he should not remain more than a few minutes in the bath. The proof that it agrees with the patient is that he derives an agreeable refreshment and a general increase of elasticity. It acts unfavourably when it occasions feelings of chilliness, lassitude, and a languid appetite.

Besides the tepid springs, Buxton possesses also a chalybeate spring, which rises (according to Sir C. Scudamore) from a bed of shale, on the north side of the river, near the George Inn. It is weakly impregnated with carbonate of iron, and contains very little saline matter. Its specific gravity is only 1·0003,

and its temperature as determined by Scudamore is 54°.

IV. Bath waters.

The city of Bath undoubtedly owes its existence, as it does its name, to the use of the warm springs in which it abounds. From the remains of Roman baths which have been discovered in it, we cannot doubt that these springs were noticed by the Romans, and employed by them to supply the luxury of a warm-bath. It continued to be more or less frequented during every period of English history; but it was not till the reign of Charles II. that it became a fashionable resort to the gay and the idle, as well as the invalid.

Bath is situated in a deep narrow valley in the county of Somerset, distant one hundred and seven miles from London, and twelve from Bristol. It was originally confined to the valley, and occupied a space amounting to about fifty acres. But the celebrity which it acquired induced the inhabitants to extend it in all directions, and it has gradually crept up the hills with which it was originally surrounded. The elegant magnificence of its circuses and crescents is too well known to be dwelt on here. The view is not extensive, but it is rich and beautiful, while the city itself has no parallel for splendour in any part of England. It is situated in the great oolite formation, and the oolitic limestone of the neighbourhood is used as a building stone. It is this circumstance chiefly which has given Bath such a superiority of appearance over the brick-built houses of the other towns of England.

The climate is mild but rainy; and the new town from its exposed situation is open to the west and south-west winds, which are the most frequent and most violent.

The hot springs in Bath are three in number, namely, the King's-bath, the Cross-bath, and the Hot-bath. These springs all rise at a short distance from each other at the lower part of the town, and not far from the Avon, into which the hot-water flows after having supplied the several baths. The water is so abundant that all the reservoirs used for bathing are filled every evening with water fresh from the respective fountains. According to Mr. Phillips, the temperature of the three springs is as follows:—

Hot-bath	117°
King's-bath	114°
Cross-bath	109°*

Their specific gravities at 60°, as determined by Scudamore and Children, are as follows:—

Hot-bath	1·00245
King's-bath	1·00238
Cross-bath	1·00231

The water when first drawn is quite clear and colourless, and not the least brisk or sparkling. When left for some hours exposed to the air, it becomes muddy and lets fall a pale yellow ochre. The taste of the water while hot is chalybeate without any flavour distinctly saline;

* According to Dr. Falconer the temperature of the King's-bath is 116° and that of the Cross-bath 112°.

but if it be allowed to cool, the chalybeate taste vanishes, and you can hardly distinguish Bath-water from any other common water.

Bath-water has been frequently analysed. Dr. Lucas, Dr. Charlton, Dr. Falconer, and Dr. Gibbs published experiments on it in succession; but by far the best and most satisfactory analysis is that of Mr. Phillips, published in 1806.* According to his experiments the saline contents of an imperial gallon of this water are as follows :—

Sulphate of lime.....	86·41 grs.
Common salt	31·68
Sulphate of soda.....	14·40
Carbonate of lime	7·68
Silica	1·92
Protoxide of iron	0·02

142·11

Carbonic acid gas 11·52 cub.in.

Through the water in the King's-bath, bubbles of gas are perpetually rising in considerable numbers. Mr. Phillips collected a portion of this gas and examined it: he found it a mixture of

5 volumes carbonic acid gas
95 volumes azotic gas

100

We have here, therefore, the same phenomenon as at Buxton, namely, azotic gas escaping from the water without any mixture of oxygen gas whatever. Is this absence of oxygen gas to be ascribed to any thing connected with the temperature of the water? or is it connected with the small proportion of iron which it contains?

When Bath-water is newly drawn from the spring, it strikes a purple with the infusion of nut-galls, and a blue with a solution of prussiate of potash; but after remaining sometime exposed to the air, neither of these reagents is capable of indicating the presence of iron. Mr. Phillips has shown that this alteration is owing to the presence of carbonate of lime in the water, and to the conversion of the iron by the action of the air from protoxide to peroxide. Carbonate of lime promotes the action of these two reagents on solutions of protoxide of iron, but it almost destroys their action in peroxide of iron.

Sir Charles Scudamore made a set of experiments upon Bath-water in 1820. From these experiments compared with those of Mr. Phillips, he considers the saline constituents in the imperial gallon to be as follows :—

Chloride of calcium.....	11·52 grs.
Chloride of magnesium	15·36
Sulphate of lime	91·24
Sulphate of soda	8·64
Silica.....	1·92
Protoxide of iron	0·02

128·70

The differences between these two results are owing chiefly to the mode of considering the constituents. Mr. Phillips evaporated the water to dryness and analysed the residue. Scudamore determined the weight of the constituents by precipitation, and then supposed them combined so as to constitute the most soluble salts. Both of these modes of proceeding are liable to objections; but we have made some remarks on the subject in a previous part of this article. The presence of magnesia in Bath-water was discovered by Scudamore.

So much has been written upon the medical properties of the Bath water, that it may seem superfluous to touch upon the subject. As a bath, its value doubtless depends in a great measure on its temperature. It contains (if the last view of its saline constituents be taken) several salts which possess purgative qualities; and although the impregnation be not considerable, there can be no doubt that if a person continue the use of the water, they will at last produce a certain effect, especially the chlorides of calcium and magnesium, which act with considerable energy upon the living body.

The proportion of iron is small, and it exists in the water in the state of carbonate. But iron is so active a medicine even when administered in small quantities, that the iron in Bath water cannot be without its effect upon the system.

Bath water has been recommended by medical men as a remedy of no small efficacy in chlorosis, visceral obstruction, palsy, gout, rheumatism, colica pictonum, hypochondriasis, St. Vitus's dance, and lepra. These diseases are of so opposite a character, and require so very different treatment, that it is difficult to understand how Bath water can be applicable to them all. As a bath, its temperature may render it valuable in gout, rheumatism, and lepra, and even in St. Vitus's dance. The ferruginous constituent might give it some value when taken internally as a remedy in chlorosis, while the saline constituents, joined to the temperature, might be conceived to give it some value as an internal medium in visceral obstructions, hypochondriasis, colica pictonum, and even palsy. But if we consider the very small quantity of iron present, and even of purgative salts, we can scarcely doubt that the principal benefits derived from the use of this water arise from its temperature.

The internal use of this water in cases of inflammation has been interdicted by medical men; and this prohibition is founded upon its stimulating qualities. We cannot avoid thinking that much of the benefit resulting from the use of mineral waters is owing to the mode of living with which the employment of such waters is accompanied. If a person who has been in the habit of living fully, and indulging in the pleasures of the table without restraint, be suddenly removed from the centre of the metropolis, and placed in one of the parades or crescents of Bath, and if he be prevailed upon to enter upon a course of Bath water, and to take the air and exercise with which such a

* Phil. Mag. vol. xxiv. p. 342.

course is accompanied, it is obvious that his general health will be greatly improved, and that improvement will be ascribed to the use of the waters, whereas in reality it is owing to the alteration in the mode of living—to the additional air and exercise, and the substitution, in part at least, of water for wine.

In gout the greatest benefit is derived from Bath water in those cases where it produces anomalous affections of the head, stomach, and bowels. The principal advantage here is to be able to bring by warmth that active local inflammation in any limb which relieves all the other troublesome and dangerous symptoms. Hence it is commonly said that Bath water produces the gout; by which is meant that when persons have a gouty affection shifting from place to place, and thereby disordering the system, the use of Bath water will soon bring on a general increase of action, indicated by a flushing of the face, fulness in the circulating vessels, and relief of the dyspeptic symptoms; and the whole disorder will terminate in a regular fit of the gout in the extremities, which is the crisis always to be wished for.* Scudamore considers their use as inadmissible when an active state of gouty diathesis is present, and likewise when the constitution is undermined by the long continuance of gout accompanied by irregularity of living. The reason of this restriction is too obvious to require any illustration. We refer the reader to Dr Saunders's Treatise on Mineral Waters for some very judicious remarks on the use of Bath waters.

v. Carlsbad waters.

The village of Carlsbad (Bath of the Emperor Charles) lies at the south-west side of the kingdom of Bohemia in a narrow and dark valley, very near the hollow through which the river Eger runs. A brook, called the *Teipel*, flows through the middle of this small valley, and numerous hot springs rise on both sides of this brook at a little distance from each other. The number of these springs is very great; but five or six of them have been distinguished by names and chiefly used for the baths. These are the *sprudel* or furious spring, the *muhlbrunnen* or millspring, the *neubrunnen* or new spring, *Theresienbrunnen* or Theresa's spring, and *Bernardsbrunnen* or Bernard's spring. The springs rise through openings in a limestone-bed, over which conduits are erected, up which the waters are forced a certain way by the internal pressure, so as to suit the purposes of the bathers. This limestone-bed has been deposited by the waters themselves. It was broken through by the waters in 1713 and 1727, and the hot stream flowed directly into the *Teipel*. This induced the proprietors to pierce the limestone-bed in order to discover the cause of this alteration and to prevent it from happening again. As soon as they made a hole in the upper bed, the water issued with violence, and various cavities of different sizes were observed filled with the water. The bottom of these cavities

consisted of another bed of limestone, which was also pierced, and below it other cavities were observed from which the water rushed with still greater force. The bottom of these cavities consisted of a third bed of limestone. This being also pierced, a great reservoir of water was discovered which received the name of *sprudelkessel*, or cauldron of the sprudel. The thickness of each of the beds of limestone thus pierced was between one and two feet, and consisted of a white stone with brown bands, to which the name of *sprudelstein* (sprudel stone) has been given. These three beds are not concentric with each other. They constitute unequal spaces separated by partitions, as if hemispheric vases were placed reversed upon each other. The water in this reservoir was boiling with violence: its depth varied from three to four yards, and in one direction no bottom could be found with poles tied to each other to the length of thirty fathoms. It was from this place that the waters seemed to flow. This reservoir is of vast extent. We come upon the calcareous crust that covers it, if we dig down in almost any part of the village of Carlsbad, and when this crust is pierced, the hot-water rushes through it with violence.

Carbonic acid gas issues in such quantities from the crevices in this crust, that the cellars of the houses are filled it, and from that part of the *Teipel* which is near the *sprudel*, we see bubbles of carbonic acid gas rise in great numbers.

The opening thus artificially made was shut up with mason-work, the joints of which soon became covered with *sprudelstein*. Thus the water was kept in its basin and obliged to rise by the ordinary openings, and to flow out from their mouths. These openings are gradually filled with *sprudelstein* deposited from the water, and this deposition takes place so rapidly that they require to be cleared out four times a year.

What is called the *sprudel* is an opening in the basin through which the water is driven out at intervals; for the water and gas rush out alternately. The upper parts of the basin become filled with carbonic acid disengaged from the hot-water, in consequence of the diminution of pressure as the water rises towards the surface of the earth. This gas, accumulating in the upper part of the basin, presses upon the surface of the water, and at last issues out instead of it at the opening. In this way the water and gas alternate about eighteen or nineteen times per minute.

The quantity of hot-water is immense. According to the measurements of Reuss, Fuhrmann, Damm, and Mitterbacher, the *sprudel* alone gives 192½ millions of cubic feet of hot-water per day.

All the springs at Carlsbad have the same specific gravity, namely, 1.004975 at the temperature of 64½°. While under the earth they are all boiling hot; but their temperatures as they issue out of the ground are different, depending upon the degree that they have been cooled while passing from the *sprudelkessel* to

* Saunders on Mineral Waters, p. 187.

the surface. The temperatures of the principal springs have been stated by Becher, a physician who resided on the spot and paid particular attention to Carlsbad water, as follows:—

Sprudel	164°·75
Neubrunnen	144·5
Muhlbrunnen	133·7
Theresienbrunnen	133·7
Schlossbrunnen	122·6

It was analysed with much accuracy by Becher in 1771, who obtained from 1000 parts of the water 5·5 of saline constituents, consisting of the following salts:—

Sulphate of soda	2·52
Carbonate of soda	1·54
Common salt	0·87
Carbonate of lime	0·56
Protoxide of iron	0·06
	<hr/>
	5·55

He found that the water of the sprudel contained 0·39 of its volume of carbonic acid gas.

Klaproth analysed it in 1789, and obtained nearly the same results as Becher. From a thousand parts of the water he extracted the following constituents:—

Sulphate of soda	2·431 grs.
Carbonate of soda	1·345
Common salt	1·198
Carbonate of lime	0·414
Silica	0·086
Protoxide of iron	0·004
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	5·478

Dr. Reuss examined them again in the year 1812. 1000 parts of the sprudel water contain, according to his analysis:—

Sulphate of soda	2·405 grs.
Carbonate of soda	1·302
Common salt	1·163
Carbonate of lime	0·447
Carbonate of iron	0·004
Silica	0·080
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	5·401

Berzelius subjected them to another examination in 1822, and discovered in it some magnesia, which preceding chemists had overlooked. From 625·4 grammes (9651·8 grains) of the water he obtained:—

Sulphate of soda	1·618 grammes.
Carbonate of soda	0·790
Common salt	0·649
Carbonate of lime	0·195
Magnesia	0·054
Protoxide of iron	0·004
Silica	0·046
	<hr/>
	3·356

During his analysis of the water, he met with several substances in minute quantities which had not hitherto been discovered in mineral

waters; but he was able to determine their nature by analysing the calcareous deposit from the water, which yielded these new substances in appreciable quantities. The following table exhibits the saline constituents in the imperial gallon of Carlsbad water, according to his analysis:—

Sulphate of soda	182·00 grs.
Carbonate of soda	88·81
Common salt	73·06
Carbonate of lime	21·71
Fluate of lime	0·225
Phosphate of lime	0·015
Carbonate of strontian	0·067
Magnesia	12·540
Subphosphate of alumina	0·022
Protoxide of iron	0·254
Protoxide of manganese	0·059
Silica	5·286
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	384·048

The carbonic acid gas in the imperial gallon, according to Dr. Reuss, amounts to 124·06 cubic inches. Doubtless the waters, before they issue from the earth, contain their own volume of carbonic acid at the temperature of 212°.

The waters of Carlsbad were accidentally discovered in 1358 by the emperor Charles IV. while hunting. The country all around would appear to be of volcanic origin. This may, perhaps, in some measure account for the heat of the water. With respect to its saline impregnation it is not possible to form any rational conjecture. From Berzelius's examination, the gas which this water contains is mixed with about one per cent in volume of azotic gas without any trace of oxygen gas; so that we have the difficulty to account for the absence of this gas which occurred in the case of Buxton and Bath waters.

These waters, besides their high temperature, which fits them admirably for a bath when sufficiently cooled down, possess a notable quantity of purgative salts, sulphate of soda, carbonate of soda, common salt, and carbonate of magnesia. Hence they act upon the bowels when taken to a considerable extent. The secretions of urine, perspiration, and saliva, are also increased by the internal use of these waters. It is said to exhibit the effects of a general stimulant by increasing the pulse and heat, and even sometimes by inducing headach in plethoric and irritable habits. It is said also occasionally to bring on a kind of cedema in the feet, which continues for a day or two after using it as a bath. Some other symptoms are enumerated, rather proceeding from the too high temperature of the water than from any thing else.

The diseases for which these celebrated hot springs have been recommended are of the most various and opposite kind. It has been found of great use in dyspepsia and other derangements of the healthy action of the stomach. It is no less noted for its services in obstructions of the abdominal viscera, not connected

with great organic disease, and in defect or deprivation of the biliary secretions. They have been long celebrated for their efficacy in those calculous diseases in which the patient is in the habit of passing gravel. No doubt the carbonate of soda is the ingredient which renders them useful in these cases, when there is an excess of uric acid, and a disposition to deposit it from the urine.

The small quantity of carbonate of iron which these waters contain, is probably the cause of their being recommended in derangements of the uterine system, and particularly in cases of sterility, which they are said to have a tendency to remove. In short these waters may be considered as in some measure combining the virtues of saline, chalybeate, acidulous, and hot-springs.

VI. Plombières hot spring.

The village of Plombières lies in the department of the Vosges, in the ancient province of Lorraine. It is situated to the west of the Vosges mountains, in a deep valley, through which runs the small rivulet called Eau Gronne. The village is small, containing about 1200 inhabitants, but well-built, and the neighbourhood is beautiful and furnishes many delightful walks.

The hot springs for which this village is celebrated were known to the Romans, and for many years they have been frequented by invalids from different countries. The course prescribed to the patients is to continue the use of the waters for three weeks. If, at the end of this period, the patient is not cured, he gives up the use of the waters for a fortnight, and then begins another course, which continues as long as the first. The country is sandy and quite destitute of limestone.

The baths are four in number, supplied by different springs. 1. The *great bath* situated in the middle of the principal street, just behind the Arcades. It is divided into three parts, which are supplied from two different springs. 2. The *new bath*, supplied by three springs. 3. The *bath of the Capuchins*, immediately behind the new bath. 4. The *ladies' bath*, situated at the eastern extremity of the principal street of Plombières.

The waters of Plombières are limpid and colourless, and have no peculiar taste. They emit an odour slightly fetid and sulphureous. Their specific gravity, according to Vauquelin, does not differ from that of river water in general. The temperature of the different springs, as determined by M. Martinet, is as follows:—

1st spring of the great bath	144° 5
2d spring of the great bath	131
Poor's bath.....	99° 5
New bath	90° 5
Capuchins' bath	104° to 95°
Ladies' bath	99° 5 to 95
Spring of the crucifix	122

The constituents of these waters were determined by Vauquelin. From his analysis it

appears that the saline contents of the imperial gallon are as follows:—

Carbonate of soda	10·03 grs.
Sulphate of soda.....	10·80
Common salt	5·79
Silica	6·17
Carbonate of lime	2·31
Animal matter	5·01

40·11

The gaseous contents have not been determined.

These waters contain so little saline matter, that their efficacy in all probability depends upon their temperature. The carbonate of soda may give them some diuretic powers, and may render them useful in some cases of calculous diseases.

VII. Wiesbaden.

Wiesbaden is situated in Germany, about two leagues from Mayence and seven from Frankfort. It lies in a hollow, surrounded on all sides with mountains, except to the north, where there is an opening through which the Sulzbach finds a passage to the Rhine. The temperature, owing to the sheltered situation of the place, is very mild. Snow seldom lies, and even frost is, comparatively speaking, rare.

This place has been long celebrated for its hot springs, and has been very much frequented by the Germans for ages. It constitutes another of the numerous examples of mineral waters in the neighbourhood of Frankfort, which have been already given in this article.

There are fourteen springs employed by those who frequent the place. Two of these are open to the day; the rest are built over. These springs are of two kinds, namely, hot and cold. The hot are saline and acidulous; the cold contain sulphuretted hydrogen gas. The temperature of the hot springs varies from 117° to 151° in different springs: that of the sulphureous spring, which is called Wielbach, is 65° 75.

The constituents of the hot springs, according to the analysis made of them, are as follows, for the imperial gallon:—

Sulphate of soda.....	6·56 grs.
Common salt	441·51
Sulphate of lime.....	4·18
Chloride of calcium	49·31
Carbonate of lime	11·40
Chloride of magnesium	6·86
Carbonate of magnesia	4·56
Alumina	6·86
Extractive matter	23·43
Protoxide of iron	1·02

555·69

Carbonic acid gas 50·67 cubic inches.

The saline constituents of the Weilbach spring, as determined by Dr. Creve, are as follows for the imperial gallon:—

Carbonate of lime	32.00 grs.
Magnesia	11.88
Carbonate of soda	42.75
Chloride of magnesium	8.89
Common salt	7.13
Sulphate of soda ..	10.68
Sulphur resin	3.56
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	116.89
	<hr/>
Sulphuretted hydrogen gas	85.51 cubic inches.
Carbonic acid gas	38.00
	<hr/>
	123.51
	<hr/>

VIII. *Baden in Switzerland.*

Baden lies on the banks of the Limmat, about twelve miles from Zurich in Switzerland, and is one of the most ancient towns in Switzerland. The hot springs are five in number, and rise in a plain to the north of the town. Three of these are employed in furnishing water to the public baths. The other two supply about thirty private baths with the requisite quantity of warm water. The most abundant and interesting of these springs is called *Sainte Verenne*. It rises out of a reservoir situated in the *Place Publique*. These baths were used during the time of the Romans, and Tacitus informs us that it was to them that the town was indebted for its celebrity.

These waters as they issue from the springs are nearly at the boiling temperature. The bath requires to be prepared seven or eight hours before it is used, that it may have time to cool sufficiently. When this water is put into a glass, it is transparent and colourless, but viewed in the reservoir it appears opal. It has a slight smell of sulphuretted hydrogen, and a slightly disagreeable taste. According to the analysis of Morell, the saline contents of the imperial gallon of this water are as follows:—

Sulphate of soda	98.34 grs.
Sulphate of magnesia.....	6.97
Sulphate of lime.....	90.27
Chloride of magnesium.....	24.43
Carbonate of magnesia	29.18
Carbonate of lime	8.36
Protoxide of iron	0.36
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	257.91
	<hr/>

Carbonic acid gas...32.57 cubic inches.

Sulphuretted hydrogen gas, a small quantity.

The reputation of the hot waters of Baden is so great, that they are had recourse to by the inhabitants of the country as a remedy for almost every kind of disease. It is chiefly upon their qualities as a hot bath that their real value depends. In chronic rheumatism, and in some other chronic diseases of an analogous nature, they are very useful. They are not much employed as an internal remedy. The principal salts which they contain are of the purgative kind; but the impregnation is not strong. Their chalybeate ingredient is very small, though it considerably exceeds the iron in Bath water, which gets credit for performing many remarkable cures.

IX. *St. Nectaire hot wells.*

St. Nectaire is a large village built upon a rock at the bottom of a barren glen, on the left bank of the Couze. It lies on the south side of the great plain which constitutes the boundary of Limagne on the west. It is situated in Auvergne, and is at the foot of the enormous volcanic mass called Mont D'Or. The whole of this country is primary, but covered in a great measure with extinct volcanic rocks. The hot springs of St. Nectaire were known to the ancients and employed by the Romans as baths. The remains of Roman baths have actually been found upon the spot; but after the destruction of the western empire, they had been covered over with rubbish and forgotten, till they were accidentally discovered in 1812, while digging round a small spring in the neighbourhood. The neighbouring peasants repaired thither and used the newly discovered spring as a bath. This induced the French government to appoint a commission to repair to the place and examine the merits of the water. The report being favourable, Dr. Marcon was appointed as medical inspector of the waters. He applied himself to the examination of the different waters, carried M. Berthier to the spot, and prevailed on him to make an accurate analysis of them. Berthier found the specific gravity and saline contents of all the different springs the same.

There are a great many springs at St. Nectaire, but six only of these deserve particular notice. These are,

1. The *great spring* or *Gros Bouillon*, which was discovered in 1812, while digging a cellar. It seems to have been obstructed by the calcareous deposits which it had gradually formed. Its temperature is 104°. A kind of basin has been dug in the calcareous deposits, which all those that frequent these waters use promiscuously as a bath.

2. The *old spring*, distant about ten paces from the preceding, and rising from the centre of a small basin which appears to be very old. Its temperature is 97½°.

3. The *spring of the vault*. It lies very near, but a little higher up than the old spring. It is covered by a small building open to all the world. Its temperature is only 74° 75.

4. The *road spring* was discovered by M. Marcon during the formation of the great road to Mont D'Or. It is a few hundred yards from the great spring. Its temperature, like that of the preceding, is only 74° 75.

5. The *border spring* (*source de la Côte*) is situated about half way between the bath house and the village of St. Nectaire, on the right bank of the rivulet. Its temperature is 92° 75.

6. The *village spring* lies at the bottom of the road which rises from St. Nectaire, a little way above the rivulet. Its temperature is scarcely above that of the cold springs in the neighbourhood. It is very scanty in its supply.

The saline contents of the imperial gallon of this water, according to the result of M. Berthier's analysis, are as follows:—

Bicarbonate of soda	198·30 grs.
Common salt	169·40
Sulphate of soda.....	10·91
Carbonate of lime	30·80
Carbonate of magnesia	16·80
Silica	7·00
Protoxide of iron	0·98

	434·19

Carbonic acid gas ..108·51 cubic inches.

From the large quantity of bicarbonate of soda contained in these waters, it is evident that they must act with considerable energy when taken into the stomach. To a certain extent they may be considered as analogous to soda water, and might doubtless be of considerable service in those calculous habits in which there is a tendency to deposit uric acid.

If we reckon the soda in the state of carbonate instead of bicarbonate, as has been done with the carbonates of lime and magnesia, then the carbonic acid gas in the imperial gallon of this water will amount to 229·43 cubic inches or 108·91 grains. Of this the quantity required by the different bases to bring them into the state of bicarbonates is as follows:—

Carbonate of soda	57·4 grs.
Carbonate of lime	13·55
Carbonate of magnesia	8·80
Carbonate of iron	1·10

	80·85

There is, therefore, an excess of 28·06 grains of carbonic acid gas more than is requisite to keep the carbonates in solution. This amounts to 59·11 cubic inches.

It would be easy to extend the list of hot springs almost indefinitely; but those which we have described include almost every variety at present known to exist. Were we to continue our descriptions, we should be only repeating and applying to other springs the remarks which have been already made.

(*Thomas Thomson.*)

WORMS.—It seems to be a principle of nature, says a distinguished physiologist, that every situation capable of supporting living organized bodies should be peopled with them. All animals seem destined to be preyed on by others, not only after their dissolution, but even during their life. The latter part of this assertion is exemplified, at least in a limited sense, in the relation which exists between intestinal worms and many of the other classes of creation.

The frequency of worms in the bodies of men, as well as of the lower animals; their obviousness to the senses; their situation, in most instances, in those portions of the body opening externally, and permitting their occasional expulsion by the efforts of nature alone, and thus, as it were, forcing them on the observation, together with their very common connexion with debilitated and morbid states of the animal economy, all tended to render

them an object of interest from the remotest periods. Yet, though so long and so frequently investigated, there is perhaps no subject in the whole range of medical science around which a greater number of errors, whether of observation or theory, were till very lately accumulated; and though within the last half century an immense progress has been made in the study of helminthology, this, it must be confessed, bears reference rather to the anatomy and physiology, or, in general, to the natural history of worms, than to those questions in human pathology and therapeutics to which they give rise.

The history of helminthology, and that of the various opinions entertained of the influence of worms in the production of diseases and in the exasperation of their symptoms—opinions which maintained their ground even through the greater part of the seventeenth century, would require more space than could be assigned to them in the present article, consistently with a due attention to the more practical parts of the subject. There is scarcely any disease which has not at one time or another been attributed to worms; and any one who will take the trouble cautiously to weigh the opinions of some of the most distinguished practical writers, or, what is better, to examine the various well authenticated facts on record, cannot fail to be convinced that worms do occasionally induce most serious symptoms, and, in some cases, extremely rare it is true, even fatal consequences. We proceed, however, without dwelling on this part of the subject at present, to the

CLASSIFICATION OF THE ENTOZOA.

The term entozoa (from the Greek *εντος*, *within*, and *ζωον*, *an animal*), was introduced into the language of natural history by Rudolphi, now many years ago, and is already very generally adopted both by the French and German physiologists. It includes all those creatures which naturally and permanently inhabit the intestines or any other internal part of animal bodies. By this definition the larvæ of insects, as they exist only accidentally in the alimentary canal, or at most only for a limited period, and evidently originate in all cases from without, are excluded; as likewise those animalculæ, or microscopic zoophytes, which have been detected in certain of the fluids of animal bodies, and the structure of which is so simple or so minute, that no internal organization has yet been detected in them. The entozoa, on the contrary, though likewise occupying a very humble place in the scale of being, yet possess in general obvious vessels, serving for the purposes of nutrition and generation, and in many instances have also evident muscular fibres. The distinguished physiologist mentioned above originally introduced into his definition of the entozoa the negative character of wanting nerves; but as this is a disputed point, it is better omitted.

These parasites are found in all classes of animals, even in the invertebrate, and may exist either in the cavities of the body or in

the parenchymatous substance of the organs. Hence they have been divided by some naturalists into "vermes intestinales" and "vermes viscerales;" whilst others have, with greater propriety, preferred an arrangement founded on their external form, or on their internal structure: thus Bloch, from their form, divided them into the long and the broad; and on this division Lamarck, adopting the same principle, has since improved. Linnæus, without separating them from other worms, arranged some of them under the head of *animalia intestina*, embracing the gordius, ascaris, and fasciola; and the remainder, hydatids and tenia, under *zoophyta*. Goeze was satisfied with dividing them into genera, as were likewise Müller and Schrank. Zeder laid the first foundation of a good classification of these animals, dividing them into five classes, subsequently called families, at Rudolphi's suggestion; and these were again subdivided into genera and species. Duméril, separating them altogether from the class Vermes of other naturalists, which comprised along with them those occurring on the earth and in the water, has made of them, under the title *helminthes*, a separate family or group of the class Zoophytes, and afterwards, somewhat after the manner of Lamarck, he divides them into the flat, the round, and the vesicular. Brera has formed out of the intestinal worms of man alone five orders, which contain, in all, twelve genera and twenty-six species; just double the number recognized by Bremser as genuine intestinal worms. In the "Système des Animaux sans Vertèbres" of Lamarck, the intestinal worms all fall under the fifth class, of which they constitute the two first orders, under the names of "vers molasses" and "vers rigides;" the first of which are subdivided into the "vésiculaires," "planulaires," and "hétéromorphes," and the second into interior worms (such as the strongle, ascaris, filaria, &c.) and the exterior (dragonneau or dracunculus, &c.) In Cuvier's arrangement, these animals constitute the second class of zoophytes, and have many external species mixed up with them. Availing himself of a difference in their internal organization, Cuvier has divided them into the "cavitaires," or those which have an abdominal cavity and a distinct intestinal canal within it, and the "parenchymateux," or those in which no proper intestinal tube is traceable, and which, for the most part, consist throughout of an homogeneous structure. The former of these divisions is equivalent to the Nematoidea of Rudolphi, and includes filaria, hamularia, trichocephalus, oxyuris, ascaris, strongylus, &c.; and the latter coincides in extent with Rudolphi's four last orders, and includes tenia, ligula, hydatids, &c. This classification of Cuvier's is, however, any thing but a natural one, as worms the most dissimilar in their general appearance, round, flat, and globular, are here promiscuously congregated together. M. de Blainville, recognizing in intestinal worms very dissimilar degrees of organization, has consequently located

them in very different situations in his general system of zoology.

Rudolphi doubts the possibility of ever reducing all the species of entozoa to absolutely natural and well defined families; but as Zeder's system (of which the first hint was furnished by Goeze) makes the nearest approximation to a perfect natural classification, he has adopted it as his own, with the substitution of classical names for the original German ones. According to this arrangement, the entozoa are divided into five orders or families, viz. the nematoidea, acanthocephala, trematoda, cestoides, and cystica.

I. NEMATODEA (*νημα*, a thread, and *ειδος*, form); vermes teretes; rundwürmer of Zeder. They constitute a very natural order, having a cylindrical and elastic body, a very complicated structure, a digestive apparatus with its two orifices, of which the mouth, by its varieties, affords generic characters. The sexes are distinct; the females, which are longer than the males, being for the most part oviparous. This family is divided into eleven genera.

1. Genus *Filaria*: of nearly an equal thickness throughout their whole length, mouth orbicular, male organ a single or double spicula, occurs not only in all parts of the *vertebrata*, (chiefly in the cellular membrane,) but even in insects and their larvæ. The filaria *Medinensis* occurs in the cellular membrane of man.

2. *Trichosoma*: on its anterior extremity, which is very thin, is the mouth, resembling a minute point. It occurs only in the lower animals, mammalia, birds, and amphibia, between the coats of the stomach, in the intestines, or urinary bladder.

3. *Trichocephalus*: capillary in front and swelling out suddenly behind, mouth orbicular, penis simple and contained in a sheath; occurs in the cæcum of the mammalia. *Trichocephalus dispar* in man; *trichocephalus depressiusculus* in the dog.

4. *Oxyuris*: subulate posteriorly, mouth orbicular, penis in a sheath. *Oxyuris vermicularis*, placed in Ascaris by Rudolphi; occurs in the large intestines of man.

5. *Cucullanus*: attenuated posteriorly, head with an orbicular mouth and striated hood, penis simple; occurs in the intestines and abdomen of reptiles and fishes.

6. *Spiroptera*: attenuated at each end, orbicular mouth, penis comes out between the lateral alæ of the spiral tail; occurs under the nictitating membrane of birds, in the œsophagus and in the stomach of fish, or in tubercles in this organ, in their intestines and swimming-bladder: said to have been also found in the urinary bladder of man.

7. *Physaloptera*: attenuated at both extremities, mouth orbicular, tail of the male bent downwards, winged and furnished below with a sort of bladder, penis coming out of a tubercle; occurs in the stomach of mammalia, birds, and reptiles.

8. *Strongylus*: attenuated at both ends, mouth orbicular or angular, the tail of the male

terminates in what Rudolphi calls a bursa, and through this the penis passes out; it occurs frequently in the three first classes of vertebrate animals, in the tympanum, trachea, bronchi, œsophagus, lungs, heart, intestines, liver, kidneys, and in aneurismal tumours of the mesenteric and other great arteries. *Strongylus gigas* in the kidneys of man, the dog, horse, &c.; *strongylus filaria* in the trachea and bronchia of sheep.

9. *Ascaris*: attenuated at the extremities, mouth with three valves, penis double. The most numerous genus of the intestinal worms; occurs in almost every part of the bodies of vertebrate animals, the œsophagus, bronchi, lungs, stomach, but especially in the intestines, in their membranes, and in tubercles therein; in the abdomen, liver, spleen, mesentery, &c. Eighty species have already been determined. *Ascaris lumbricoides* in the intestines of man and many of the mammiferæ. (*Ascaris vermicularis*, head with lateral floating processes or alæ, found in the large intestines of man, is placed in this genus by Rudolphi; with Bremser it forms a separate genus—*oxyuris*.)

10. *Ophiostoma*: attenuated at extremities, mouth with two lips, a superior and inferior; occurs in the intestines of mammalia and fishes.

11. *Liorhynchus*: mouth at the end of a sort of erectile and polished tube; occurs in the stomach or intestines of some of the mammalia and of many fishes.

II. ACANTHOCEPHALA (*ακανθα*, a thorn, and *κεφαλή*, the head); vermes uncinanti; hakenwürmer of Zeder. This is also a natural order. The body is roundish, utricular, terminated anteriorly by a retractile proboscis furnished with hooks, or spiculæ, arranged in rows; no intestinal canal; they have distinct genital organs and a separation of sexes. There is but one genus—the *echynorhynchus*.

12. *Echynorhynchus*: generic definition same as that of the order. Numerous species; occurs in all classes of vertebrate animals, in the hog, various birds and fishes, &c. generally in the intestinal canal infixed between its membranes, and occasionally found even in the peritoneal cavity: has also been found in the neck under the skin.

III. TREMATODA (*τεννια*, a foramen); vermes suctorii; saugwürmer of Zeder. Body flattish, soft, of various forms, often tending to oval; one or more pores on its under surface, and these furnish the grounds of their subdivision into genera. They have no intestinal canal, and the organs of generation of the two sexes co-exist in the same individual.

13. *Monostoma*: a single anterior pore; it occurs in mammalia, birds, reptiles, and fishes, between the muscles, in the thorax, the lungs, the intestines, and the abdomen.

14. *Amphistoma*: two pores, one anterior and one posterior; found in the stomach, intestines, and abdomen, and in the hydatids of the viscera of mammalia, birds, and reptiles.

15. *Distoma*: two pores, an anterior and a ventral. Above one hundred and forty species known; occurs in mammalia, birds, fishes, &c.

Distoma hepaticum in man; in several of the rodentia: also in the horse, hog, and almost all ruminant animals.

16. *Tristoma*: three pores, the anterior simple, the posterior radiated; found fixed in the gills of a species of fish.

17. *Pentastoma*: the mouth between two pores on each side, through which a spicular process comes out; occurs in the frontal sinuses, lungs, and surface of the liver of the mammalia (dog, horse, wolf,) and in reptiles.

18. *Polystoma*: six anterior pores, besides a ventral and posterior one; occurs in the throat and in the branchiæ of fishes and bladder of frogs. *Polystoma pingucola* found once attached to the ovary of a woman.

IV. CESTOIDEA (*κεστος*, a band, and *ειδος*, form); vermes teniaeformes; bandwürmer of Zeder. Body elongated, soft, and flat like a riband; in some continuous, in others articulated; has lateral or marginal pores and erectile papillæ passing through them (*lemnisci*), supposed to be the male organ of generation. The head is generally marked by two or four depressions, or suckers: but the head is so dissimilar in different genera, and their form varies so much, that they do not constitute a very natural family. There is no trace of intestinal canal, unless the vessels proceeding from the suckers be considered as such. In some, nutrient vessels and ovaries are to be seen (*tenia*). Like the third order, they are all androgynous; but the sexual organs are not well understood.

19. *Caryophyllæus*: body flat, continuous, head dilated, divided into flattish processes, furnished with an upper and under lip; occurs in the intestines of fishes (carp, &c.)

20. *Scolex*: body flat, continuous, head has four fossæ on it; occurs in the intestines and abdomen of fishes, sepia, &c.

21. *Gymnorhynchus*: body flat, continuous, very long, with a globular receptacle at the neck; head with two opposite fossæ, and four naked retractile probosces; occurs in the muscular substance of many fish.

22. *Tetrarhynchus*: body flat, continuous, head with four fossæ and four retractile probosces furnished with recurvated spicular processes; occurs in reptiles, fishes, molluscæ—in the muscles, branchiæ, stomach and its membranes, the liver and peritoneum.

23. *Ligula*: in its first stage of development, body elongated with a longitudinal fissure, without any appearance of head or of organs of generation. In its perfect state, a simple fossa on each side of the head, the ovaries and processes (*lemnisci*) forming a single or double row along the median line; occurs very frequently in birds and fishes, very rarely in the mammalia.

24. *Trienophorus*: body elongated, flat, subarticulated, mouth bilabiate and furnished on each side with two tricuspid acicular processes; occurs in the intestines of fishes, in cysts of the mesentery and liver (perch, pike, salmon, &c.)

25. *Bothriocephalus*: body long, flat, articulated, head subtetragonal and furnished with

two or four opposite fossæ; occurs very frequently in fishes and birds, in the branchiæ, œsophagus, pyloric appendices, intestines and abdominal cavity; they occur also, but more rarely, in the mammalia. *Bothriocephalus latus*, vel *tania lata*, in the intestines of man in Switzerland, Russia, parts of France, &c.

26. *Tania*: body flat, long, articulated, four suckers on the head; occurs in the intestines, biliary ducts, gall-bladder, and liver of vertebrate animals. *Tania solium*, vel *curbitina*, occurs in the human intestines in Great Britain, Germany, the north of Europe, Holland, part of France, and in Egypt, &c.

V. *CYSTICA* (κυστις, a bladder); vermes vesiculares; blasenwürmer of Zeder. Body flattish or rounded, and terminating posteriorly in a transparent bladder-like cyst filled with a pellucid fluid, and appropriated in some genera to a single individual, whilst in others it is the joint property of several. The head, which is retractile, exhibits two or four fossæ or depressions, or four suckers with a coronet of humular processes, and four probosces. The organs of generation and nutrition are almost, or entirely unknown. The worms are in some instances extremely small, and occupy the inner surface of the cyst or bladder, and in others again they float at large in the fluid in its interior. They are for the most part encysted in the organ in which they occur. This is not a natural order; thus the *ecchinococcus*, or granular hydatid, though referred to it, is not hollow.

27. *Anthocephalus*: body long, flat, terminated behind by a caudal vesicle, and in front by a head with two or four fossæ and four probosces furnished with spicular processes. Each exists solitarily in a double bladder, of which the outer layer is hard and elastic, the inner more thin and delicate; it occurs in fish, in the liver, mesentery, and peritoneum, and within hydatids in the viscera.

28. *Cysticercus*: body roundish or flat, terminated by a caudal vesicle, the head with four suckers and a rostrum furnished with recurved processes or hooks. Exists solitarily within a simple bladder; occurs between the muscles, in the fat, the brain, thorax, pleuræ, heart, liver, mesentery, and peritoneum in fishes. *Cysticercus cellulosus* in man, the monkey, hog, &c.

29. *Cœnurus*: body elongated, flattish, wrinkled, head furnished with a rostrum on which there are hooks and suckers, adhering in greater or less number to the internal surface of a bladder filled with fluid. *Cœnurus cerebralis* in the brain of sheep, oxen, &c.

The above brief view of the orders and genera of intestinal worms, disposed according to the scientific arrangement at present most in repute, will suffice to enable the physician to refer any species he may chance to meet with in man to its true place in the system. For practical purposes it will be advantageous to follow a somewhat different order; dividing intestinal worms into those strictly so called, as occurring in the intestinal tube, and into those whose natural situation is in other parts

of the body, and out of this canal: arranging them also somewhat in the order of the frequency with which they present themselves to us in practice, and prefixing those appellations which are as yet most familiar to the great body of the profession in this country.

The order in which we mean to treat of them is adapted, with some very trifling variations, from Bremser, and is as follows:—

Worms belonging to the intestinal canal.

1. *Ascaris lumbricoides*, or “common round worm” of the intestines, very generally, but improperly, called the *lumbricus*; a term appropriated by Linnæus and other naturalists to the earth-worm.

2. *Ascaris vermicularis*: this species of worm is commonly called “the *ascarides*,” “thread-worms,” or “maw-worms.”

3. *Trichocephalus dispar*, or “the long thread-worm.”

4. *Tania solium*, or common tape-worm of these countries.

5. *Tania lata*, or *bothriocephalus* of Bremser: broad tape-worm.

Worms occurring in other parts of the body than the intestinal canal.

6. *Filaria Medinensis*, or Guinea-worm.

7. *Hamularia*.

8. *Strongylus gigas*.

9. *Distoma hepaticum*, or liver-fluke.

10. *Polystoma pinguiculum*, or *hexathyridium* of Treutler and Brera.

11. *Cysticercus cellulosus*: hydatid of the cellular membrane of the hog, &c.

12. *Ecchinococcus hominis*, or many-headed hydatid of the Germans.

The pseudo-helminthes or spurious worms.

1. *Ditrachyceros rudis*.

2. *Ascaris stephanostoma*.

3. *Ascaris conosoma*.

4. *Cercosoma*.

5. *Hexathyridium venarum*.

6. *Diacanthos polycephalus*.

7. Larvæ of insects in various animals introduced from without.

8. Fictitious worms of the teeth.

1. *Ascaris lumbricoides*. Syn. *Lumbricus teres* or “common round-worm of the intestines.” *Ascaride lumbricoide* of the French. *Rundwurm* or *spulwurm* of the Germans. *Lombrico* of the Italians.

General character. Body cylindrical, elastic, attenuated at both extremities: head trivalvular; the male organ a double spiculum.

Specific character. The head without alæ or floating processes.

The length of this worm is from five or six inches to about a foot, and its thickness about two lines; but young ones of about only one inch and a half long are occasionally met with. The colour is of a reddish brown with somewhat of a yellow tinge. A shallow groove or darkish line runs down along each side of the body, a white and smaller line being also visible all along the upper and under surface. The animal is moreover encompassed from the head to the tail with close-set transverse circular striæ.

The male is smaller and much rarer than the female, and is readily distinguishable by the

end of the tail being somewhat more curved, as well as by the double penis occasionally seen projecting. For some time after they are voided, they are sufficiently transparent to enable us to see the internal organs. The valves or tubercles about the mouth are visible to the naked eye.

The *lumbricoides*, when examined anatomically, is found to consist of integuments, muscles, digestive apparatus, and genital organs, in addition to which some have thought they could discover traces of a nervous and circulatory system. The organs of digestion and generation are bathed in a kind of mucous fluid secreted by the interior of the great containing cavity, in which in the greater part of their extent they float free, or only very slightly supported by delicate cellular adhesions. In the upper third of its extent, however, the digestive tube is enveloped in a closer cellular, or somewhat parenchymatous structure. On the lower portions a very delicate membrane analogous to the peritoneum is discoverable. The muscular system forms two layers of fibres; the one circular or transverse, the other longitudinal and adhering closely to the integument. The digestive tube is straight, and from its contents generally of a greenish brown colour. The upper orifice or mouth is triangular, surrounded by three tubercles, and lined internally with minute granulations, probably glands. The anterior part of the canal, or the œsophagus, is succeeded by a rather wider portion, which may be called the stomach, and this narrows slightly into the intestine, which, after running a straight course, terminates about a line from the tail in a transverse fissure or anus. From the external surface of the intestinal tube come off numerous filaments, which soon swell out into culs-de-sac, of which the use is not certainly known: in all probability they serve for the distribution of the nutritive fluid elaborated in the alimentary canal.

The genital apparatus fills a great part of the animal, especially in the female, and consists of an intricate interlacement of apparently innumerable whitish filaments, which are easily seen through the integuments, or escape on making an incision into the great abdominal cavity. In the male a penis, vas deferens, seminal reservoir, and a portion of the seminal tube analogous to a testicle, are discoverable. The male organ, which is double, about a line in length and close to the anus, is occasionally found protruded. A canal leads from it to what is considered to be the testicle, namely, a tube of extreme tenuity, about three feet long, very flexuous, forming a set of entangled meshes, and finally terminating in a cul-de-sac, which floats unattached in the abdomen. The female organs commence externally by a fissure, at the distance of about the third of the animal's length from the head, where there is a slight contraction of the worm, as if a string had been tied tightly around it. The vagina leads to the uterus, which soon divides into two long horns, each of which forms a convoluted canal of extreme delicacy and great length, which may be supposed to

represent the ovary. This minute tube of each side is found, on being unravelled, to be continuous with its fellow of the opposite side, their combined length being variously stated at from eight to twelve feet. The uterus and its two prolongations are usually found full of eggs, the worm being oviparous.

M. Jules Cloquet supposes that the two whitish lines running, the one along the abdominal, and the other along the dorsal surface of the worm, consisting of knotted and variously interwoven filaments, are rudiments of a nervous system; and he conceives, moreover, as well as Laennec, that the two lateral lines distinguishable by being somewhat coloured, are vessels in which the sanguineous fluid oscillates. The latter were by Hooper thought to be ligaments for the attachment of the transverse or circular muscles. For a fuller account of the anatomy of this worm, the reader is referred to the works of Werner and Rudolphi, Hooper, Laennec, and Jules Cloquet.

The *ascaris lumbricoides*, if accurately examined, is found to differ very much from the common earth-worm or *lumbricus*, with which it was long confounded. Tyson pointed out, a century and a half ago, many remarkable grounds of distinction between them; but his observations seem to have been unknown to, or undervalued by, many subsequent writers. Externally the *lumbricoides*, as mentioned by Dr. Baillie, is more pointed at both extremities; its triangular and terminal mouth surrounded by three tubercles is very different from that of the earth-worm, which consists of a small longitudinal fissure, situated on the under surface of the small rounded head. Upon the under-surface of the earth-worm, there is a semilunar fold of skin, into which the head can be retracted, which is wanting in the intestinal worm. The anus of the *lumbricoides* opens upon the under-surface of the worm near its extremity, by a transverse curved fissure; that of the earth-worm is an oval terminal aperture. The transverse wrinkles in the integuments of the former are less strongly marked, and the broad yellowish elevated band generally seen to encircle the body of the earth-worm is wanting; whilst in place of it we have, on the contrary, a depressed one, as we have already seen.

The *lumbricoides* is marked by four parallel longitudinal lines, the two lateral ones, as mentioned above, being very obvious from their brownish colour. The earth-worm has three very faint lines on its upper surface. The *lumbricoides* has nothing corresponding to feet; the earth-worm has on each side a quadruple row of bristle-like processes on its under-surface, serving apparently the purposes of locomotion. The large and complex stomach of the earth-worm consisting of two cavities, the sacculated intestines, the coexistence of the male and female organs of generation in the same individual, and the appearance of these organs, form additional marks of distinction; as do likewise its more decidedly red colour, the nature of its food, (for it seems to live upon earth,) its power of alternate elongation and

contraction, and, finally, its mode of progression, in which the motion is propagated continuously from ring to ring; whereas the *ascaris lumbricoides* moves in a serpentine manner, the head being sent forward by the worm curling itself into circles, and then suddenly protruding it with considerable force to some distance.

This worm has been supposed to feed on the chyle or mucus in the intestines, and the three tubercles around the mouth are thought to be muscular, and to serve in the suction of their food, or in their attempts to adhere to the intestines; though of such adhesion, or at least of its frequency, the best writers express considerable doubts. Thus Bremser has invariably found them involved in mucus, and unattached. M. Fortassin, however, is said to have once found one adhering so strongly to the inside of a phial, that its forcible detachment caused an audible noise. At all events they do not appear to possess any organs capable of doing injury to the tunics of the bowels, so that the stories of their perforating them are worthy of little credit, and are perhaps all attributable to the existence of ulceration or gangrene, and to these animals having subsequently made their escape through the apertures so caused.

Their natural place of abode is the small intestines. When they either ascend into the stomach, or descend into the great intestines, they are for the most part speedily expelled. They have been known to make their way into the œsophagus, exciting cough, or to creep into the posterior nares, or even into the larynx, trachea, or bronchi. We have seen the biliary ducts of the liver stuffed full of them, and they are said to have been found in the gall-bladder, pancreatic ducts, appendix cæci, &c. Laennec says he once found in a child, whose stomach contained a great number of *lumbricoides*, the biliary pores distended and the tissue of the liver gnawed, as it were, in several points by them. In such a case it is conceivable that the parietes of the biliary vessels may have been burst by the distention produced by the worms, and that the soft hepatic tissue thus denuded may have easily yielded to the influence of their organs of suction, as the narrator suggests. They have been known to pass through ulcerated or fistulous openings into the abdominal cavity, the bladder, or vagina, and to make their appearance through the parietes of the abdomen, where an inflamed and gangrenous incarcerated hernia opened them a passage.

The number of these worms which may co-exist is very considerable. Dall'Olio tells us that he threw up in the course of a fortnight four hundred and fifty of them, and Marteau de Grandvilliers knew a soldier of twenty-three years of age who passed three hundred and sixty-seven within six days. Dr. Hooper speaks of a girl of eight years old, who voided upwards of two hundred in one week. Frank knew of a case where eighty of them rolled up into a mass were expelled in a fever, and alludes to another in which the whole intestinal tract, both great and small guts, was stuffed full of them. Guersent has found above fifty

or sixty in one subject on dissection. Sometimes, however, only one or two exist, so that even the passing of a *lumbricoides* is not by any means a demonstrative proof of the patient being still infested by worms.

2. *Ascaris vermicularis*. Syn. *Oxyuris vermicularis* of Lamarck and Bremser. *Ascaride vermiculaire* of Cuvier. *Pfriemenschwanz*, *mast darmwurm* or *maden-wurm* of the Germans. The *maw-worm*, thread-worm, or *ascarides*.

The body is round and elastic, the mouth orbicular, the male organ in a sheath. The anterior extremity is rather obtuse, with a bladder-like transparent membrane on both sides; the tail of the male spiral and obtuse; that of the female tubulate and straight.

Bremser has separated them from the genus *Ascaris*, and placed them under *Oxyuris*, because they want the three tubercles around the mouth, and differ in other respects, which he has pointed out. The male is about a line and a half in length, very thin, and of a white colour. Its internal structure bears a considerable resemblance to that of the *A. lumbricoides*. The female is much the larger of the two, being about half an inch long, and its tail is extremely attenuated. The body is sufficiently transparent to enable us to see the convoluted organs of generation. The vulva, according to Goeze, is found about one third of the length of the animal from the head. The author just named, as well as Hooper, thought them viviparous, but probably mistook the filiform ovaries or the oscillatory motion of the ova for their young, as both Rudolphi and Bremser are, on the contrary, satisfied that they are oviparous. The minuteness of these worms has thrown a great difficulty in the way of examining their internal structure. Their head is in constant motion. From their restlessness and activity they get their name (from *ασκαρίζειν*, to leap). They are supposed to have been named *maw* worms from the uneasiness of stomach which they seem sometimes to occasion. Their abode is the large intestines, and especially the rectum, where they occur often in great quantities, particularly in young children, though they are not absolutely confined to any period of life. Bloch speaks of finding them in a cyst in the walls of the stomach, and Brera asserts that he met with them in considerable number in the œsophagus of a woman who died of a slow nervous fever. They sometimes make their way into the vagina, where they cause intolerable itching; and Frank has found them in the urethra. In the intestines they often exist in very great numbers, thousands perhaps, and are sometimes expelled matted together in the form of balls.

Lister says that he had seen this species of worm in a well; and Dr. Barry* has related a case where a whole family with their servants and guests became affected with them, and where, upon examination, they were thought to have been traced to a well from which the inmates of the house, which was situated in the

* Trans. of the King and Queen's Coll. of Phys. in Ireland, vol. ii.

country, were supplied with water, as there was discovered therein an immense multitude of minute worms resembling ascarides in all but their colour, which was somewhat darkish. On changing their abode, the sufferers became in the lapse of a few years in some degree freed from their tormenters, though not entirely: the observation is, however, we think, very far from being conclusive in regard to the identity of the worms, or the reality of their external origin, as it does not appear that any very satisfactory microscopic examination of their internal structure was made.

3. *Trichocephalus dispar*.—*Trichuris* of Røderer and Wagler, and of Lamarck. *Ascaris trichuris* of Werner. *Trichocéphale* of most French writers, (from $\theta\rho\iota\chi\iota$, a hair, and $\kappa\epsilon\phi\alpha\lambda\eta$, the head.) *Peitschen wurm*, or, *haarkopf* of the Germans. *The long thread-worm*, Bradley.

This genus is characterized by the cylindrical and elastic body, which is capillary in front, and enlarges suddenly behind; the mouth is orbicular; the male organ simple and contained in a sheath. In this particular species the capillary portion is very long, the head attenuated and indistinct; the body of the male rolled up into a spiral form; that of the female approaches to straight. It is from an inch and a half to two inches long, the delicate capillary portion, which dilates abruptly into the comparatively thick body, constituting two-thirds of the whole length; it is white, unless coloured by the food which it happens to contain. The male is the smallest, and so thin towards the head that the mouth is seen with difficulty. The alimentary canal runs in a straight line down through the anterior capillary portion, which is striated; and thence it extends into the posterior and thicker part of the worm, which, as just stated, is somewhat spiral. In the latter portion, likewise, are seen the contorted spermatic vessels terminating near the end of the tail in a small transparent tube, through which the penis passes out. The female is distinguishable from the male by the greater length of the anterior capillary portion, and by the posterior end being only very slightly curved. In the latter are situated the oviducts with their elliptic shaped ova, and at the extremity is a small opening answering at once for anus and vulva.

It is one of the commonest species of worm, being discoverable in the bodies of almost all individuals. The large intestines, and especially the cæcum, are their natural situation, where they often exist in great numbers, and yet do not seem to produce any inconvenience. Both Werner and Rudolphi have occasionally found them in the small intestines. The same genus of worms occurs in the dog, the fox, the ape, and many other mammiferous animals.

These worms were at one time erroneously supposed to be a distinguishing symptom of the morbus macosus, a species of low fever, described by Røderer and Wagler, and characterized by inflammation of the follicular glands of the intestines, and a superabundant secretion of mucus into the digestive tube; but Wrisberg, who subsequently described them, asserts with truth that they occur in almost every individual,

even when there is no trace of this disease. They were observed in the winter of 1760 for the first time in Germany, in the cæcum of a girl of five years old, by one of the students in the anatomical theatre at Göttingen, and shewn to Wagler, the prosector, who mistook them for ascarides of a larger size than ordinary; but on being submitted to Røderer, and subsequently to Buttner, they agreed in considering them a new species of worm, and the latter bestowed on them the name *Trichurides* (from $\theta\rho\iota\chi\iota$, a hair, and $\sigma\upsilon\rho\alpha$, the tail) on account of the threadlike prolongation which he erroneously conceived to be the tail. About the same time the mucous epidemic happening to take place, the intestines of all the subjects who had died of it were carefully examined, and these worms being always found in great numbers, Røderer was very naturally betrayed into the error of ascribing them to the prevailing epidemic, on which in all probability they exerted little or no influence. Their abundance may, however, have been connected with the excessive quantity of mucus present, which formed so favourable a nidus for them. Wrisberg was aware that they are not confined to the cæcum, for though most frequently met with there, he had himself seen them in every part of the intestinal tract from the duodenum down, but never in the stomach. He twice found them adherent to the villous surface of the ileum, and to the mucous follicles of Peyer, some by their thick end, and some by both extremities at once. Pallas was one of the first authors who correctly spoke of the long filiform portion as the head of the animal: it is commonly found implanted in the walls of the intestines, whilst the other end, or the tail, moves freely through the fæces. But this view was rejected by Werner, and though its truth was convincingly proved by Goeze and Müller, even Dr. Baillie, and Dr. Mason Good, in the second edition of his *Study of Medicine*, have repeated the error of describing the long attenuated and transparent part as the tail; and Brera still affects to have doubts on the subject.

Though Røderer and Wagler are generally named as the original discoverers of this species of worm, it was certainly known previously to Morgagni. (See his *Epist. Anat.* xiv. art. 42.) Wrisberg, as well as Røderer and Wagler, mistook the male and female for two different species, in consequence of the latter wanting the tube near the extremity of the body.

4. *Tænia solium*.—*Tænia cucurbitina*, Pallas. *Halysis solium*, Zeder. *Lumbricus latus*, of the old writers. *Lumbricus cucurbitinus*, Heberden. *Tænia osculis marginalibus*. *Tænia à longs anneaux*, Cuvier. *Tænia cucurbitain*, Lamarck. *Le solitaire*, ou *tænia sans épines*, of other French writers. *Tænia armata umana*, Brera. *Der kurbiswurm*, Bloch. *Langgleidrichte bandwurm* of Joerdens. *Kettenwurm* of other Germans. *Gourd-worm*, long tape-worm.—The TAPE-WORM.

The genus tape-worm is characterized by its elongated, flat, articulated body, and the four suckers on the head. This particular species is distinguished by the somewhat hemispherical

head, flattened laterally, and having an obtuse prominence in front. The most anterior joints of the neck are very short, the immediately subsequent ones being nearly square, and the remaining ones oblong from before backwards. All have marginal foramina irregularly alternate.

The tape-worm is of a whitish colour, and towards the anterior extremity becomes very small and thin. The depression in front, by some called the mouth, is so minute as occasionally not to be visible without the aid of a microscope. The interior of the animal is made up of amorphous cellular tissue without any abdominal cavity, and with but indistinct traces of internal organs. The delicacy of their structure, and their so seldom being obtained entire, have thrown great obstacles in the way of its investigation.

The *tænia solium*, at its broadest part, is from three to six lines in width, but near the head it diminishes to the third or fourth part of a line, or even less. These measurements are, however, little to be depended on, as the animal has so great a power of changing its form by rendering its joints thick, flat, or elongated. The marginal foramina are placed for the most part alternately, that is, on the opposite edges of the two contiguous joints: thus, of the two free margins of each articulation, commonly one only is pierced with a pore. But this is by no means invariable. In some rare cases there are two pores on one joint. The shape of the joints, and their relative breadth and length, depend much on the voluntary motions of the animal, and if suddenly killed, as by plunging it into cold water or spirits of wine, the irregularities which existed at the moment of death are permanent in the preparation. Their surface looks rough and irregular to the eye, and exudes a tenacious fluid. The first articulation is received into the base of the neck, and each subsequent joint is let into the one in front of it. The posterior edge is distinguished by its being larger and fringed, the other being plain and slightly rounded. In each articulation may be detected a portion of the nutrient vessel running along the margin, and the arborescent ovary in the centre communicating with the marginal pore. Blumenbach at one time considered the separate articulations as so many animals connected together—an opinion now sufficiently disproved by the well-known fact that the tape-worm has a distinct head, as well as by the anterior parts of the body differing from the posterior,—by the continuity and pretty firm connexion of all the parts, and, finally, by the nutrient vessel being prolonged throughout the chain. The margin of each succeeding joint is embraced in some degree by the one anterior to it, but less strongly the older the animal, and the more posterior the joint. Hence the caudal joints are easily separated, and pass off with the stools. Sir Anthony Carlisle conceived that the detached joints were capable of becoming distinct animals, but later investigations give no countenance to such an opinion.

The head, which is a minute tubercle or pisi-

form body terminating the threadlike neck, has on its most prominent and anterior part a circular aperture or depression, surrounded by sharp curved processes or hooks, and supposed by some to be the rudiment of an alimentary canal. These processes are, however, not constantly found, being supposed by Bremser to disappear by age. On the somewhat angular projections on the sides of the head are situated four equidistant apertures or suckers, which seem to be the true mouths, as from each of them proceeds a vessel running along the whole length of the animal, near the margins of the joints; and each of these is connected with its fellow by a transverse canal at each joint, and they terminate finally, according to Rudolphi, in a common aperture on the last joint. These suckers and canals seem to be their only apparatus of nutrition, except that possibly a certain degree of absorption may take place by the cutaneous surface. The vessels just mentioned, of which two pass down along each margin, are of a whitish colour; the upper one is easily visible, whilst the other runs parallel to and beneath it, so as to be concealed by it. Bremser possesses a singular specimen, in which, instead of four, there is but a single canal, and it passes down the middle of the worm. With regard to the marginal orifices, each of which is seated in the apex of a minute papillary projection, they were formerly supposed to be the organs by means of which these animals adhere to the mucous membrane, but are now thought to be subservient to the continuation of the species. It is by the suckers on their head that they stick to the walls of the intestines so firmly, that if force be applied, they break rather than lose their hold.

Concerning the organs of reproduction in the *tænia* much obscurity still prevails. Werner and Rudolphi, by removing the external covering of a joint, have observed that the canal leading from the marginal orifice soon gives off two branches, the larger of which running transversely is lost deep in the middle of the joint amongst the ramifications of the ovary, to the flexuous vessels of which it is altogether similar; and ova have been seen in it: the smaller runs obliquely to the middle of the surface of the joint, where it terminates in a shut sac, supposed by Werner, who thought that the act of impregnation takes place within the interior of the body, to be the male apparatus of generation. According to Rudolphi, however, who asserts that from the marginal orifices a minute filament (*lemniscus*), supposed to be the penis, has been seen projecting, the generative act takes place externally. He conceives the larger canal to be the oviduct, the lesser the spermatic vessel; and that the canal common to the two is destined to fulfil at different periods a double office, at one time transmitting the semen, and at another giving exit to the ova. He conceives that Sir A. Carlisle was in error in supposing a communication to exist between the central apparatus of vessels or the ovary, and the great longitudinal or nutrient canal. All the joints except the anterior smaller ones con-

tain ovaries, and in the *tænia lata* the pores on the flat surface lead to them. The *tænia* seems to be at once androgynous and hermaphrodite, impregnation appearing to take place indifferently either by means of the approximation of two individuals, or by that of two joints of the same animal; and as commonly only one tape-worm is present, the latter is probably the more frequent occurrence of the two. The joints containing the mature ova very generally in the process of time become separated from the animal, and accordingly the larger *tænia* are found almost always torn across and deprived of the final articulations, which, being scattered about, constitute the *vermes cucurbitini* of the older writers, and were by Aristotle, and after him by Andry, mistaken for the ova. Coulet took them to be identical with ascarides, and conceived that it was by their mutual adhesion that the *tænia* was made up, the separate portions becoming concatenated and confounded together so as to form eventually but a single animal. The integument covering the ova which are situated in the centre of each joint, is extremely thin, yellowish, raised up, or even burst, so that the ova easily get effused into the surrounding mucus. Occasionally, moreover, the ovaries of such joints as are not yet ready to separate, burst, and pour out their ova, and the central part of these joints being destroyed, leaves nothing but their margins, and causes them to present a perforated appearance. Such is Rudolphi's opinion as to the common mode of escape of the ova. Werner and Goeze, on the contrary, think that they are always projected through the oviduct already described.

It has been disputed whether the *tænia*, as it increases in size and age, gets new joints to supply the place of those which it is perpetually losing. Rudolphi thinks it does not, believing merely that the articulations, and especially the anterior ones, which are at first very minute, become gradually but extremely developed. On the other hand, authors who were ignorant of the animal possessing a head, or who thought that it was made up of mutually adhering cucurbitine worms, asserted that new joints were formed at each end to replace those passed by stool. From the time that the head was detected, Andry and others began to believe that it was only to the hinder extremity of the body that such addition was made. At length Pallas and Müller shewed that the increase did not take place at either extremity, but that the elongation occurred chiefly in the filiform portion of the animal next the head. The joints of the young tape-worm are so very close and small as to give it the appearance of being merely wrinkled rather than articulated; but on inspection through the microscope it is found to consist of innumerable articulations; and even at this early period the head and tail are found to have their characteristic form already well marked. Thus the received opinion at present is, that the animal really gets no new joints whether anteriorly or posteriorly, but only develops those which existed from the first in a rudimentary state, and so is constantly preparing substitutes for the gradual impairment

and loss of the posterior and more mature articulations. Brera has supposed that the supplementary replacement of lost parts takes place by means of the formation of entirely new inter-articular joints, but Bremser has entirely refuted this very improbable opinion.

The length to which the *tænia solium* is capable of attaining is very considerable, but quite indefinite. Those passed now-a-days rarely much exceed twenty feet; but in the olden time we read of far more gigantic specimens: thus, Pliny speaks of one three hundred cubits long; but his computation, like that of many later writers, may have been made from measurements of a number of portions successively evacuated, and all ascribed to one individual worm, though, in all probability, they came from several; or the length assigned may, in those days when accuracy in matters of natural history was not very strictly attended to, have been the result of a mere random guess. In the Copenhagen Transactions, there is mention made of one eight hundred ells long! Reinlein estimates their length at from forty to fifty ells. Hufeland speaks of a child of six months old, who had passed at successive periods thirty ells of tape-worm, and that, too, without any impairment of its health. Van Doeveren tells us of one a hundred and fifty feet long, and Rosenstein of another of three hundred! Whatever may be thought of some of these accounts, it is indubitable that it has occasionally attained to a very great length, as in the case mentioned by Robin, where, upon dissection, it was found to extend from the pylorus to within seven inches of the anus, and was firmly adherent to the villous coat of the intestines. Now, as the length of the bowels may be estimated at nearly thirty feet, and as the worm does not keep itself by any means at full stretch, its length was in this instance probably at least sixty feet. Such cases are, however, certainly rare; for even in the extensive museum of Vienna, there is no preparation exceeding twenty-four feet in length. They are sometimes, on the other hand, found remarkably short. Thus, Rudolphi has seen some specimens of young ones only a very few feet in length, the animal being yet entire, as was evident from the tail; for the last joint, as usual in the perfect state, was rounded off, and destitute of any lateral form. In the lower animals, *tæniæ* often acquire a very great magnitude: Goeze met with one fifty-one ells in length in a sucking lamb.

The motions of the tape-worm, whether whole or divided into joints, are often, says Rudolphi, most active and various; and people who are infested with it are sometimes conscious of its undulatory and disagreeable movements; and it occasionally continues capable of lively action even for some time after its expulsion, if it be received in tepid water. Portions of many feet in length have protruded from the anus, and been again drawn in by the animal; and Pallas even talks of one creeping a few feet up a wall, though about this fact we may be permitted to be somewhat sceptical. Slightly marked longitudinal and transverse fibres are said to have been observed in the

tape-worm, if we recollect rightly, by Werner; and in the *tænia lata* in particular, longitudinal fibres are seen passing from one joint to another, and explain the fact of their firmer adhesion, in consequence of which minute fragments of the species are less frequently found in the stools. From the single joints of the tape-worm retaining, even after having been excreted, the power of independent motion, they came in former times to be considered as so many distinct animals, and were called cucurbitine worms, from their resemblance to the seeds of the gourd. Bremser, who has seen the tape-worm live for some time after it was passed from the bowels, says that the head and neck were in continual movement, and that the body was alternately elongated and contracted.

As to the age which the *tænia* is capable of reaching, nothing very satisfactory is known, though it is supposed to be very much longer-lived than the smaller species of worms. Carlisle, from a case communicated to him by Hunter, conceived it might attain at least to eight years if undisturbed, that period having elapsed in this instance from the commencement of the affection up to the time of the expulsion of the head. But as one head, or even more, might, in consequence of the extreme minuteness of this part, have been previously passed unobserved, this is not very conclusive. The ancients, with Hippocrates at their head, thought that the tape-worm was born and died with us. It has certainly been found, in one or more well authenticated instances, in the fetal state; yet this, it must be admitted, is an extremely rare occurrence; and it is, generally speaking, much more infrequent in children than in adults.

The term *solium*, or solitary worm, is not strictly applicable to it, as it is now well known that it may co-exist with several others, either of its own or other species, *lumbricoides*, *ascarides*, *vermiculares*, &c. De Haen saw eighteen *tæniæ* expelled by a woman of thirty years of age within the course of a few days. Bremser has frequently known two or three to be passed simultaneously by the same individual; and in Mr. Breton's paper on the use of the pomegranate, to which we shall subsequently refer more at length, the case of a boy is given who passed both a *tænia solium* and a *tænia lata* in one day. In dogs, so many as sixty or eighty tape-worms have been detected on dissection. Their natural situation is the small intestines, though sometimes they have been found extending into the larger ones also. It would seem that they may occasionally get into the stomach likewise: thus, Wendelstadt has given a case in Hufeland's journal of a man who vomited at one time no less than four *tæniæ*; and Van Doeveren mentions a peasant who, after having taken an emetic, vomited up forty Dutch ells of tape-worm, and might have got clear of more of it, "if he had not been afraid of puking out all his guts, and for that reason bit the worm off."

The *tænia solium* does not occur with equal frequency in all countries, though its distribution seems to be much more extensive than

that of the *tænia lata*; yet it is to the latter (but for what reason we know not) that Linnæus gave the epithet of *vulgaris*. The *tænia solium* is met with in England and Holland, Germany, Sweden, Italy, Greece, and most countries in Europe, and also in Egypt and the East; and in all of these situations the other species is comparatively rare. In France, the two kinds occur with nearly equal frequency, or the preponderance is perhaps in favour of the *tænia lata*. Hasselquist, in his *Travels to Palestine*, &c., mentions that the tape-worm is very common in Egypt, and that the fourth part of the inhabitants of Cairo are affected with it, and especially the Jews and common people, who are miserably fed.

Whether the *tænia* originates from without has long been debated. Unzer, amongst others, was, at one period of his life, a firm believer in their external origin; having, as he thought, found one in a fountain, from which a woman, affected with the disease, was in the habit of drinking. He subsequently, however, came to doubt the accuracy of his former observation. Their existence in the fetus is a great stumbling-block in the way of those who advocate the affirmative side of the question. Underwood mentions, on the authority of travellers, that the tape-worm has often been found in the waters about Constantinople, where the complaint is very common; but he does not give the details. An examination into the origin of the *tæniæ* which infest the lower animals, has sometimes been thought to favour the notion of their coming from without. In the *Transactions of the Society of Natural History of Dantzic*, MM. Baer and Eisenhardt are said to have found in the waters of the Pregel, near Königsberg, a considerable number of the *bothriocephalus solidus*, of which they caught four. This, which might have been taken by superficial observers as confirmation of Linnæus's opinion of the external origin of intestinal worms, assumes quite a different aspect when we learn from these naturalists that there existed in the same spot a great number of the *gasterosteus pungitivus*, in the intestines of each of which one or more of these worms were, upon examination, usually found. Analogy would lead us to believe that they had originated in the fish, and been by them communicated to the water, in which they were ascertained to be capable of supporting life for several days. Dr. Elliotson, though he admits that they may be in some instances innate or hereditary, and that they require a particular habit of body for their development, yet seems to incline to the belief of their external origin in the great majority of cases, and says, in support of this view, that they are peculiarly prevalent in marshy situations, and have even been detected alive in the water of such localities, though of smaller dimensions than they assume in the intestinal canal. Other physiologists, however, such as Müller, Rudolphi, Bremser, &c., who have made helminthology their peculiar study, and who may therefore perhaps be considered the most competent judges of the question, are almost unanimously opposed to this view.

It is often extremely difficult to detect the head of the tape-worm even when it has been actually passed, and this is especially the case if it has broken off short with very little of the cervical portion attached to it. Bremser says the best method of finding it is, first, to pour tepid water in small quantities on the stools to soften them, and afterwards cautiously to drain off the more liquid portion, repeating the operation till nothing but the worm or its fragments remain at the bottom of the vessel. He mentions, however, an important practical fact, namely, that of the many hundred persons cured by him of tape-worm, not a single individual had seen the head come away. In the collection at Vienna there is an example of monstrosity in the *tænia*, two of these animals being substantially connected together by the edges of one joint of each; and another taken from a cat has six suckers on the head and a prismatic-shaped body, and seems to have originated in the consolidation of two or perhaps three individuals.

One of the first tolerable descriptions of tape-worm was that by Spigelius in 1618, in which he has distinguished the two species now called *solium* and *lata*. The head of the latter was observed for the first time by Fehr in 1667. Tyson, as we have already mentioned, was acquainted with many particulars in the anatomy of these worms. In 1750, Bonnet published an account of the *tænia*, accurately discriminating the two species. In a later work, however, he speaks incorrectly of their possessing a bifid head or a mouth with two lips, deceived probably by some accidental laceration or monstrosity. He was in error, likewise, in supposing that we derive them from the lower animals; an hypothesis, moreover, by which the difficulty of their first source is thrown back a step without being in any respect explained. Sir A. Carlisle has written a paper on tape-worm, in the second volume of the Linnæan Transactions, where he expresses an opinion already held by Gandolphi, who wrote so long ago as the year 1711, as well as by Postel de Francière in 1763, and now adopted by some of the best authorities,—namely, that these animals are generally to be considered rather as an accompaniment than as a cause of disease, believing it absurd to suppose that they were created merely to do injury. He is less satisfactory where he speaks of the possibility of the head being regenerated, and is in error in rejecting Goeze's account of their having ova and ovaries. Coition, he thinks, takes place by the contact of two joints of the same individual. In the exploration of their structure by means of injections he has been anticipated, and perhaps excelled by Werner, who is considered one of the best writers on their anatomy. On several points connected with their natural history and treatment, Pallas may still be consulted with advantage. Amongst the older writers the best are Plater, Le Clerc, Andry, and Vallisneri.

5. *Tænia lata*.—*Bothriocephalus latus* of Bremser and all the later writers. *Tænia vulgaris* of Linnæus and Joerdens; *Tænia articulos*

demittens, Dionis; *Halysis lata*, Zeder; *Tænia inermis umana*, Brera; *Tænia large*, Cuvier; *Le ver plat*; *Tænia à épines*; *Tænia à anneaux courts*, (Bonnet,) *ou à mamelons*, *ou stigmates ombilicaux*, of some of the French writers; *Bothriocéphale de l'homme*, Lamarck; *Der Kurzgleidrichte bandwurm*; *The broad tape-worm*, Bradley, &c.

The *tænia lata*, or *bothriocephalus*, as it is more properly called, has an elongated, flat, articulated body, and a subtetragonal head, with two or four lateral and opposite fossæ or depressions, from which it takes its name, (derived from *βοθρίον*, a trench, and *κεφαλή*, the head.) This particular species is distinguished by the oblong shape of the head and of the lateral depressions on it, by its having little or no distinct neck, by the anterior joints presenting the appearance of wrinkles, by the subsequent ones being shorter than they are broad, but approaching to square, and getting longer the nearer we come to the tail. It bears a sufficiently great general resemblance to the *tænia solium* on a superficial examination, to have caused them long to be confounded together. A careful inspection, however, leads to the discovery of such important differences as to shew that they belong not only to distinct species, but even to different genera. Thus the articulations of the *bothriocephalus* are shorter and broader in proportion to their length and to the size of the animal than those of the *tænia solium*. The pore leading to the radiated ovary is situated, not upon the edge of the joint, but in the centre of the flattened surface; and what is the most characteristic of all, the form of the head as seen through the microscope is totally dissimilar, being of an elongated and somewhat elliptical shape, with an extensive depression on each side of it. In the middle between these, and quite anteriorly, a very minute aperture, supposed to be the mouth, may be detected. It is not surrounded by hook-like processes, as in the *tænia solium*, and hence the *bothriocephalus* has been designated by some of the French writers by the title of *tænia non armé*. The appellation of *tænia à épines*, by which it is also sometimes known in France, refers to the lanuginous filaments observable on its neck. For an accurate knowledge of the form of the head, and the reference of this species of tape-worm to a distinct genus, we are indebted to Bremser. It is thinner than the *tænia solium*, and its length likewise is generally rather less, and as a medium may be stated at about fifteen feet. They are occasionally, however, met with of a much greater size. Goetze possessed one of sixty ells in length; and Boerhaave says he effected the expulsion of one three hundred ells long from a Russian. Its usual breadth is about half an inch at the broadest part, which is near the middle of the animal. In the museum at Berlin there are some an inch in breadth. It diminishes in width towards each extremity, and very remarkably so towards the head. The joints are generally much broader than they are long, and this is more especially obvious towards the ends. In very young speci-

mens the contraction is so great that they commonly appear to be wrinkled rather than articulated. The neck, or part immediately behind the head, occasionally appears even in a good microscope to be without articulations, which is probably attributable to the great contraction and intimate approximation of the divisions. The anterior portion of the worm is often perfectly threadlike for so many as twenty inches or upwards from the head, when at length it begins to broaden itself out. This narrow portion is not, however, admitted by Bremser to be a true neck, but rather a portion of the body elongated, perhaps by the weight of the worm as it hangs from the intestines, for the same appearance is not observed in those which are expelled at once and rolled up into a ball.

Through the depression and pore in the flat surface of each joint, a minute stigma is occasionally projected, as was observed by Bonnet; and this is supposed to be the male organ. On the surface of the impregnated joints minute yellowish protuberances are seen, which, on being opened with a pin, give exit to the subjacent ova. In some instances two pores have been observed on a joint, the one behind the other, or more rarely placed side by side; and sometimes even so many as four on several joints in succession; but such must be looked upon as examples of monstrosity, produced probably while the worms are in embryo by the unnatural adhesion and consolidation of two or more joints. A similar explanation might be given of some of those cases where the tail is cleft or divided into two narrow processes, instead of ending by a rounded joint, as in the natural condition. Perhaps, however, it more frequently depends, as well as the perforated state of single joints, on the rupture of the ovaries, which leads to the destruction of the central portion of the articulations, and thus facilitates their laceration in a longitudinal direction. By Tulpius such an accidentally fissured portion seems to have been mistaken for a head with two lips, and similar misrepresentations are to be found in the works of other old writers.

The *tænia lata* is not so easily broken across, and is much less apt to part with single joints than the other species of tape-worm; and hence the epithet by which Dionis distinguishes it, as mentioned in the list of synonyms above. To the cause of this peculiarity we have already alluded.

When first passed, its colour is whitish, but not so white as that of the *tænia solium*; and on being put into alcohol, it acquires a decidedly greyish tinge, and from this circumstance it has been called the *tænia grisea* by Pallas. It inhabits the small intestines, in which frequently so many as three or four are found to co-exist. The countries in which they occur most frequently are Switzerland, Russia, and Poland. In France, also, they are by no means rare; in some parts of it, indeed, considerably commoner than the other kind. In England they are very seldom met with.

Worms existing in other parts of the body than the intestinal canal.

6. *Filaria Medinensis*, or *Guinea-worm*.—*Filaria dracunculus*, Bremser; *Dracunculus Persarum*, or *nervus Medinensis*, Kæmpfer; *Gordius Medinensis*, Linnæus; *Ver, ou filaire de Medina*, ou *de Guinée*, Lamarck, Cuvier, De Blainville, &c.; *Le dragonneau*, *la veine de Medine* of other French authors; *Der faden wurm*, *der hautwurm* of the Germans; the *Guinea*, or *hair-worm*.

In this genus the body is round, elastic, elongated, and of nearly equal thickness throughout; the mouth orbicular, and the male organ simple. The species is distinguished by its great length, the margin of the mouth being tumid, and the point of the tail bent.

The structure of this worm, which occurs for the most part in the cellular membrane beneath the skin, is extremely simple. It is of a white colour, about the thickness of the string of a violin, and of various length from eight or nine inches to three or four feet, or even more. It is of nearly equal diameter from one end to the other, except just towards the tail, which is somewhat attenuated and curved, displaying the male organ in the form of a simple spiculum at its extremity, whilst at the other end may be observed a round orifice with swollen edges, which is the mouth. It is elastic and transparent, and is said to contain a gelatinous substance without any well-marked internal organization. A whitish fluid has been seen to escape from it when wounded. Ovaries are spoken of by Zeder; but Rudolphi was not able to discover them. The latter, though he had not actually seen either their ova or young ones in any of the preparations submitted to his examination, was yet inclined to believe the sexes distinct.

It seems to be capable of slowly shifting its position in the cellular membrane. According to Rudolphi, its coming out through the skin is to be attributed not to any process of perforation, for which it has no adequate organs, but to the irritation and inflammation which, like any other foreign body, it excites in approaching the integuments. The lower extremities are the parts which it for the most frequently infests, winding itself around the foot and toes, or appearing higher up about the ankle or leg. It has been met with, however, in almost all the superficial situations in the body,—in the thighs, scrotum, and testicle: in the walls of the abdomen and chest; in the arms and hands; about the neck and head, and even under the conjunctivæ, or deep in the socket of the eye; from all of which situations it has been successfully extracted. In a certain species of ape a similar worm has been found within the peritoneal cavity, and in another between the coats of the stomach. It has been discovered in the abdomen of the horse also, and even in the globe of the eye itself, where it has been clearly seen through the transparent humours. Many of the insect tribe are infested by worms of this genus.

Several dracunculi have been known to co-

exist in the same patient. Bosmann speaks of nine or ten being occasionally met with; and Desportes saw one case in which there were fifty. M. Clot is one of the latest writers on the disease, and by him it is stated that from ten to twelve is not by any means an uncommon number. He adds, moreover, that Dr. Marrudri, a friend of his own, who had been with the Egyptian army throughout the whole campaign of Cordofan, had suffered from twenty-eight of these worms in succession.

The disease seems to be peculiar to some of the very hot regions situated within the tropics, in Africa and Asia, though in individuals who have contracted it there (and it is by no means confined to the natives) its development may take place many months after in America or Europe. The countries in which it most frequently occurs are Arabia, Upper Egypt, Abyssinia, and Guinea. It is likewise very common on the shores of the Gulf of Persia and of the Caspian Sea, along the banks of the Ganges in Bombay, the island of Ormus, &c. Even within the torrid zone different districts suffer in very unequal degrees. Thus it is endemic at Senegal, and comparatively rare at Congo and Angola. In America it is said to make its appearance almost exclusively amongst the negroes, and chiefly in those who are newly arrived from Africa. To this, however, the island of Curacao seems to form an exception, as in it, according to Dampier, the whites and the blacks are indiscriminately attacked; and on Von Jaquin's authority it has been stated that nearly a fourth of the population of that island suffer from it, and it even developed itself on board-ship in the person of one of his fellow-voyagers, who had never been either in Asia or Africa in his life. This fact seems to indicate that the disorder is of a contagious nature; and Lind firmly believed that it might be communicated to Europeans by contact with the negroes. It seems sometimes to prevail in a truly epidemic form, as in the instance of the eighty-sixth and eighty-eighth regiments at Bombay, recorded by Sir James McGrigor. The first of these regiments, which was quite free from the disease till after the setting in of the monsoon, had subsequently no less than three hundred men attacked by it; and the second, after having replaced the former regiment in garrison at Bombay during a period of two months, and then embarked, was attacked while at sea so generally with this affection, that out of three hundred and sixty as many as one hundred and sixty-one became the subjects of it. In Egypt, M. Clot mentions that it has been much more common since the Ethiopians have been largely incorporated with the Arab regiments. He has seen as many as a hundred patients labouring under Guinea-worm in hospital at one time, at Abou-Zabel, where he observed that the treatment, so long as it was left in the hands of the ignorant native practitioners, was at once empirical and remarkably unsuccessful. Of the worms which he has seen extracted, none were longer than four feet, nor shorter than six inches. It is said to have been seldom met with in that

country prior to the conquest of Sennar by Mohammed Ali.

Of its causes nothing certain is known. By many authors, as Bernier, Bruce, Niebuhr, &c. it has been ascribed to some bad quality in the water used as drink, and filtration is occasionally employed as a precautionary measure; but of the reality of the cause, as well as of the efficacy of the preventive, there is every reason to doubt. Kier thinks it is introduced into the body through the medium of the rain and certain winds, but gives us no proof of his opinion, nor any explanation as to whence the animal or its ova are originally derived. It has even been said to be sometimes carried from one island to another in the West Indies by the high winds so often occurring there; but this, too, stands much in need of confirmation. Heath and other practitioners have made the remark that it is incomparably rarer amongst the officers than in the common soldiers, and those who occasionally lie on the ground or go with their feet or arms naked. Those who conceive that the swallowing of stagnant water, supposed to contain its ova, is the source of its introduction into the body, have yet the difficulty to account for as to how it reaches its destination in the cellular membrane, and why it shews such a remarkable preference for the legs. One writer has suggested that it may make its way from the intestinal canal to its appropriate locality by a process of slow interstitial absorption without inducing any irritation in its course, in the same manner as needles or pins are often known to work their way from the stomach or intestines to very distant parts of the body. The Hindoos, according to Dr. Scott, believe that these worms are sometimes dug up in considerable quantities out of the ground during the rainy season. The water-carriers in India are very liable to be affected with them in those parts of the back where the skin is frequently wetted by coming in contact with the leathern water-bag. By M. Chapotin they are said to abound during the rainy season at Bombay, and this is especially the case in the earthen floors of the prison, whence they penetrate into the flesh of the unfortunate persons confined there, causing them eventually great suffering; though occasionally they do not manifest their existence for eight or even so long as eighteen months afterwards. Of its origin or predisposing causes, M. Clot could obtain no certain information. The inhabitants attribute it to the rainy season, and think that it attaches itself, while in a very minute state, to the skin in bathing; but no one asserted that he had himself actually seen it whilst of this diminutive size. It is very common amongst the negroes, by whom it seems to be communicated to the Arab soldiers, and in some rare instances to Europeans also. It becomes much rarer, or even disappears for years together, when no recent incorporation of negro troops has taken place. Dogs which were kept in the hospital, and fed on the poultices which had been applied to the sores caused by this worm, occasionally became affected with it.

Touching its true nature many errors have at

various times prevailed. Thus Baron Larrey, strange to say, reviving the old opinion of Ambrose Paré, has denied it to be an animal at all, asserting that it is merely dead cellular membrane extracted from a boil! He states, by way of proof of this notion, that he had twice cured it without extraction, and merely by means promotive of suppuration. The view which he has taken of the case, as Bremser remarks, is attributable perhaps to the comparative infrequency of the disease in Lower Egypt, and is altogether refuted by the testimony of numerous and very competent observers. Thus Kämpfer twice extracted it from the scrotum alive, its removal in each case being effected at a single operation. That it is really a living animal is confirmed by the observations of Dubois, Bajon, Delorme, &c. The last-named writer says he witnessed its undulatory motions; and these have likewise been felt by the patient himself before its complete extraction. This last-mentioned view of their nature is also strongly supported by analogy, as similar worms in a living state occur also in the lower animals, and that very extensively.

Some writers have erroneously supposed the Guinea-worm to be the larva of an insect; but as no one has ever seen this insect, and as the filariæ are met with both in animals living in the air and in those living in the water; and as it seems incapable of making its escape spontaneously, being invariably destined to die either in its nidus in the cellular membrane, or immediately after its extraction; and as it has never been known to pass into any ulterior state of existence, Bremser rejects this opinion as altogether untenable. Joerdens will have it that it is identical with the gordius aquaticus or hair-worm, and that it penetrates, whilst still very small, under the skin of the legs of persons who go into the water. Others, again, though they believe it to be the same animal, think that it makes its way into the body by the mouth. Unfortunately for all these hypotheses, the gordius seems to abound most in the water of those countries where the dracunculus is totally unknown; and in some places where the latter prevails, the former has not yet been observed.* An accurate examination of these two species of worms is conclusive against their identity; thus the head of the gordius aquaticus, as figured by Blainville, is forked and quite unlike either extremity of the Guinea-worm.

In fine, in the present state of our knowledge, and till more definite proof shall have been adduced of its external origin, we are inclined to conclude with Bremser, that the filaria is a creature sui generis, of which the natural abode, as well as that of other intestinal worms, is the animal body, where, and where alone, it originates and multiplies.

Its *symptoms and treatment*, as they have nothing in common with those of other intestinal worms, may as well be disposed of here. It frequently, as already stated, remains for a very considerable time under the skin without producing any inconvenience, or affording any

evidence of its presence. The period of quiescence has been satisfactorily ascertained, in many instances, to last several months. Thus Dampier had no symptoms of the complaint till about half a year after leaving the country where he had contracted it; and Kämpfer speaks of one case where it did not develop itself for three years.

Amongst the first symptoms is a sense of itching in the affected part, more rarely accompanied with that of something creeping under the skin, and a superficial cord-like elevation can occasionally be felt. At the point where the worm is about to issue, a vesicle containing a whitish mucous fluid, and accompanied with heat, redness, and swelling, or, as others describe it, a pustule, furuncular tumour, or small abscess forms, which breaking gives exit, either immediately or after some days of suppuration, to the head of the worm. According to Kämpfer and Dubois these local appearances are occasionally preceded for a day or two by a slight feverish attack, accompanied, as the latter adds, with headach, nausea, and derangement of the stomach. The affected part sometimes swells and inflames considerably, and the motion of the subjacent joints becomes thus much impaired. When situated about the fingers or toes, or other places thinly supplied with soft parts, and where it is wound around nervous filaments and tendons, it may occasion severe suffering, and is with difficulty got rid of. If the vesicle is prematurely broken, intolerable itching, not only in the affected spot, but of the whole body, is induced.

The *treatment* consists in the cautious and gradual extraction of the worm, every care being taken to avoid breaking it across,—an event which is said to be followed by violent inflammation, and the formation of sinuous abscesses in its course, together with great constitutional disturbance; and these dangerous consequences have been attributed by Hunter to the contact of the dead animal matter with so great an extent of living surface, to which it now bears the relation of a foreign body; such violent symptoms being rarely seen as long as the dracunculus is alive and uninjured. Most writers agree in thinking that it is better to let it make its way to the surface spontaneously, and then, as soon as it protrudes, cautiously to pull at it, desisting the moment that any resistance is felt. As much of it as has readily come forth is then wound round a small roll of diachylon, a morsel of bougie, or a bit of stick, which is to be fixed near the aperture, and a slight dressing or a poultice applied over all. The operation of traction may be repeated once or twice in every twenty-four hours till the whole worm is at length brought away, the period required being on an average about ten days, though not unfrequently it amounts to some weeks, whilst from the scrotum, on the other hand, it has often been entirely extracted at a single attempt. When superficially seated, as about the chest, &c., the native Indian practitioners, who are now imitated by our own surgeons, cut down as nearly as they can guess upon the middle of the animal, and greatly

* See Loeffler, Pallas, Lind, &c.

shorten the period requisite for its removal by pulling simultaneously on both ends, in the manner mentioned and recommended by Sir J. McGrigor, Bruce, Loeffler, and others. Some have thought that frictions made over the tract of the worm with ammoniacal and other liniments, facilitated its extraction: the placing of the muscles of the part in a relaxed position is of more obvious and unquestionable utility. When once the animal has been entirely removed, the fistulous ulcer rapidly heals up. Rudolphi, upon the authority of Kæmpfer, cautions practitioners against the use of greasy applications in hot climates, as they may induce gangrene. An onion poultice, which is a popular remedy, is not liable to the same objection, and has been recommended by Bancroft. Dr. Scott had some peculiar notions in regard to the process of extraction. Believing that the worm has no power of retracting itself, he did not in any way fasten it, but was in the habit of immediately cutting off the portion daily drawn out, thinking that the common method of rolling it up and keeping it on the stretch, irritated both the animal and the surrounding parts, occasionally inducing fever and other ill consequences. He was, on the other hand, satisfied that it had a power of slowly and insensibly protruding itself, as he always found at each successive examination that the cut portion projected further then when he had last seen it. The use of internal medicines, such as aloes, &c., as well as of mercurial frictions, and many other empirical devices, appeared to him totally inefficacious. M. Clot likewise has been led by experience to the same conclusion, as he has in vain tried, in addition to the measures just mentioned, sundry liniments, sulphur, oil of bitter almonds, and various other reputed adjuvants. The latter writer adds that when the worm is deeply seated, it sometimes causes considerable fever, great swelling, and tedious abscesses and sinuses, giving out a serous ill-conditioned discharge for many months together, without the worm making its appearance. Here local and general antiphlogistics have been employed with advantage. In some instances, however, patients with these deep-seated abscesses have died without the worm ever discovering itself externally. In two patients, in one of whom the disease was seated in the fore-arm, and in the other about the ankle, most excruciating suffering with cramps and convulsions was experienced. After a variety of antiphlogistic, narcotic, and other remedies had entirely failed, M. Clot succeeded eventually in affording relief by means of the cautery. In Drummond's case in the Edinburgh Medical Commentaries, severe sympathetic affections of the head and abdomen were induced, as he supposed, by the worm changing its place in the cellular membrane of the leg.

The old Arabian physicians in obstinate cases were in the habit of using venesection, fomentation, and purgatives, especially aloes, which was likewise employed externally in the form of cataplasm, from its supposed tendency to prevent gangrene, and to accelerate the coming

forth of the worm. To Loeffler, however, aloes appeared perfectly useless. Assafetida is confided in by the Brahmins as a preventive, and it has been said that they themselves, from a constant use of this drug, enjoy a total immunity from the disease. It forms an ingredient in many of the formulæ recommended for the cure of this affection.*

7. *Hamularia subcompressa*. — *H. lymphatica*, Treutler, Joerdens, and Brera. *Hamulaire de l'homme*. Lamarck. *Der fühl-wurm*, in German.

The hamularia has a linear, roundish body, and an obtuse head, furnished beneath with two projecting hook-shaped processes. The species in question is somewhat flattened and attenuated anteriorly. It has only once been found in man, namely, by Treutler, in the enlarged bronchial glands of a phthisical patient, or in what Rudolphi and Bremser suspect may rather have been distinct cysts. Worms apparently somewhat similar have been discovered in the bronchi of some of the lower animals. Bremser doubts whether it really belongs to a distinct genus, and suggests the possibility of the so-called hooks being a double penis. Those described by Treutler were about an inch in length, curved into the figure of S, not quite cylindrical, the sides being slightly compressed, and were somewhat attenuated towards the head, which forms an abrupt termination to the animal at this end, whilst towards the tail it is semi-transparent and somewhat fusiform. Except the small hooks, which it has the power of moving, no other organs were observed. Its colour was of a dark brown mottled with white spots.

8. *Strongylus gigas*. — *Strongle géant*, Cuvier; *Strongle des reins*, Lamarck. *Pellisaden wurm*, in German.

In this genus the body is round and elastic, and attenuated or fusiform towards both extremities, the mouth orbicular in some species and angular in others. The tail of the male terminates abruptly in a kind of shallow cup-shaped cavity, called the bursa by Rudolphi, through which the delicate spicular penis protrudes. The species *gigas* is distinguished

* In the Medico-Chirurgical Review for July, 1833, there is a singular case by Mr. Neilson of Killala, in the West of Ireland, where worms are said to have been discharged from various parts of the body. The disease, from the symptoms and the situation of the worms in the cellular membrane, bears some analogy to cases of the Guinea-worm. Under the skin of the patient, a delicate boy of ten years old, tumours formed in various places, near the epigastrium, chest, and other parts of the trunk; on the face, and in the extremities. These, bursting, discharged pus; and a white worm about half an inch in length, and like the common ascarides, came from each. It continued to live commonly for a few hours afterwards; there were in all twenty tumours and as many worms. These appeared in succession during a course of three or four months. No worms were passed from the bowels; yet it is conceived by the narrator, that they may have made their way from the intestines to the skin by a process of progressive absorption. The duration of the disease was thought to be shortened by a mild mercurial course.

by the obtuse head, by the mouth being surrounded by six flattish papillæ, and the bursa of the male being truncated but undivided. The tail of the female is likewise truncated.

This worm, which before Rudolphi's time was generally confounded with the *ascaris lumbricoides*, to which it bears a considerable general resemblance, occurs, though extremely rarely, in the kidneys of man, and much more frequently in those of the dog, wolf, horse, polecat, &c. Its name, derived from the Greek adjective *στρογγυλος*, signifying cylindrical, was once used to designate the common round-worm of the intestines; yet from this species it may readily be distinguished by the six flattish papillæ alone. It has the appearance of being composed of rings, and displays several longitudinal depressions or nearly parallel striæ on its surface. It is the only species of strongle in which the caudal bursa is neither bifid nor otherwise diversified. The female is larger than the male, and its tail straight and somewhat obtuse, on which the anus, of a longitudinal shape, opens; and about an inch or more from the extremity, according to the size of the animal, is the vulva, leading to the elongated uterus with its two ovaries. Like most of the genus, it is oviparous. A nervous system has been discovered in it by M. Otto, and it is one of the only intestinal worms in which Rudolphi seems inclined to admit the existence of such a system.

These worms are sometimes of a very considerable size. Thus, the last-named physiologist has found them of all lengths, from five inches to three feet, and from two to six lines in thickness,—a magnitude more congruous with our notions of a small serpent than a worm, and which fairly entitles them to their appellation of the giant strongle. Their more ordinary dimensions do not, however, exceed fifteen inches long by two lines in diameter. In the museum at Vienna one of the largest is thirty inches in length by four lines in thickness. When first removed from the body of an animal recently killed, they are of a deep blood-red colour.

In the lower animals they have been found in a much greater variety of parts than in man; thus, for example, they have been met with in the tympanum of the *delphinus phoca*; and in the respiratory and digestive organs of other genera, as well as in the kidneys, the heart, &c. They have been seen, moreover, in aneurismal tumours of the great vessels of the horse, being here of a diminutive size, or about three inches in length (*strongylus filaria*), and their extremity actually projecting into the arterial cavity. A species of the genus strongle has been detected in great numbers in the trachea and bronchi of calves by Camper, and of the sheep by Daubenton, as well as in the duodenum and fourth stomach of the latter animal by Rudolphi. The *strongylus armatus* occurs in the cæcum of the horse; and Duhalde has described a kind of worm found in the throat and stomach of the tiger, which is supposed to have likewise belonged to this family; as is probably also the case with certain worms which have

repeatedly been met with encysted in the stomach of the dog. It is not by any means improbable that they may yet be found in new situations in man besides those in which they have hitherto been recognized: a knowledge of the above examples furnished by comparative anatomy may tend to promote their discovery in other parts of the human subject. Hæhne speaks of a living worm found in the chest and adhering to the heart, and both Rudolphi and Bremser are disposed to think it was the species with which we are at present occupied. When these worms have been discovered in the kidneys of man or of the lower animals, they were often found bathed in blood, the containing organ being in a state of very extensive disorganization. According to Rudolphi, however, there is no proof that they are the original cause of the formidable state of disease which co-exists with them. On the contrary, as they are never seen except in such kidneys as have their structure already in a great degree broken down and destroyed, their development seems to be rather a consequence of some peculiar diseased state of the parts than its exciting cause; and we see here one of the many instances in which morbid structures become the favourite nidus of animated beings. On escaping from the kidney, their natural situation, they often induce violent agony whilst still in the ureters, the bladder, or the urethra. They may probably, as Rudolphi himself is willing to admit, be very injurious even whilst still confined to the kidney, by preventing the healthy reinstatement of the parts, or the healing of any abscess in which they may have established themselves.

In the body of Ernest, grand duke of Austria, who died in the Low Countries in the end of the sixteenth century, it is mentioned by the celebrated Grotius that a stone and a living worm were found in the kidney, and that the parts around the animal appeared to have been eaten away or destroyed by it. Ruysch also once met with a worm in the human kidney; and Blasius with two of a red colour and about an ell in length in an old man in the same situation. Rhodius speaks of a case in which one was discharged from the urinary passage in the course of a fever, although no inconvenience had ever arisen from it. In Albrecht's case, on the contrary, there had been considerable difficulty in making water for seven years previously, which ceased immediately after the expulsion of the worm from the urethra. It measured about a foot in length, and was of the thickness of an ordinary writing-quill. Raisin tells us of a man of fifty, who had suffered for two years from nephritic colics and bloody urine, and who recovered forthwith upon passing with his water a worm about three inches long. Several similar cases are alluded to by Bremser. One of the most remarkable is that by Moublet, to be found in the ninth volume of Roux's journal, of a child who had been operated on for the stone at three years old, and who became affected at ten years of age with great pain in the region of the kidneys. In this situation a tumour formed, accompanied by partial retention of urine. From the tumour, in which an incision had been

made more than once for the discharge of the contained pus, and which always healed imperfectly, bursting open from time to time, a worm five inches long, and as thick as a quill, eventually came away; and soon afterwards another about an inch shorter. After a complete retention of urine and great distention of the bladder, two more came forth, and the child then recovered completely.

Mr. Lawrence, in the second volume of the *Medico-Chirurgical Transactions*, has described a singular case of a woman who voided by the urethra, in the course of some months, no less than a thousand worms. During the four or five years previous to their first appearance externally, she had been suffering from severe pain in the bladder and down the thighs, accompanied with a retention of urine which rendered the daily use of the catheter necessary. The worms passed were of two kinds; the larger varied from four to eight inches in length, and were slender, especially in the middle, where they were bent and apparently nearly broken across; towards their extremities they had a floating edge or alar process; their under surface was grooved, and their colour yellowish; they seem to have been a perfectly homogeneous structure, no traces of organization being discoverable in them even with the aid of the microscope. They appeared generally to be dead when passed, though in some an undulatory motion was observed. The smaller kind was only about an inch and a half long. Their escape seemed to be in some degree facilitated by leaving a large-sized catheter in the bladder, as well as by turpentine injected into this organ and taken by the mouth, till its use had to be renounced on account of a cutaneous affection induced by it. The sufferings of the patient throughout were very considerable; nervous affections, fits, &c. Rudolphi and Bremser, who both received specimens of these supposed worms, express great doubt as to the organized nature of the larger kind, and from the want of perfect uniformity in their shape, incline rather to consider them to have been merely portions of coagulable lymph moulded into a cylindrical form in the ureters. As to the smaller ones, as they lived in tepid water for forty-eight hours after they were passed, and discovered sufficient evidence of organization at their extremities, as seen in the microscope, there can be no doubt of their having been real worms; and by Bremser they are supposed to have been young strongles. Dacery gives the case of a man who, after an urethral hemorrhage accompanied with violent pains in the thighs and bladder, passed a worm about fourteen inches long, which was unfortunately thrown away. Several other vermicular substances continued to be passed with the urine for a considerable time after; but from the great dissimilarity in their size and appearance, both Duméril and Bremser were satisfied that those submitted to them were merely lymphatic concretions; though the first and largest one passed, which was unluckily lost before any scientific person had examined it, may very possibly have been a strongle.

The symptoms induced by the presence of

these worms in the kidney, so far as they are yet known, are in no wise characteristic, as they do not differ from those of renal disease in general, when attended with irritation and inflammation; nor do they seem to call for or admit of any peculiarity of treatment.

9. *Distoma hepaticum*.—*Fasciola hepatica*, Linnæus, Gmelin, Joerdens, Brera, Lamarck, &c. *Douve de foie*, Cuvier. *Der leberegel, leberwurm, schafegel, gallenwurm, die egel-schnecke*, &c. of the Germans. *The fluke, or liver fluke*.

The distoma is soft, roundish, or flat, and is distinguished from other genera by possessing two pores, an anterior and a subventral one. The species *hepaticum* is somewhat oval and flat, the neck rather conical and very short, the pores orbicular, and the ventral one the larger.

It bears a considerable resemblance in its shape to a melon-seed, being flat, and appearing lanceolate at each end as seen with the naked eye; though, when slightly magnified, the extremities are found to be obtuse, the tail being the broader of the two. Their form, however, varies considerably at different moments according to their state of contraction or dilatation. As found in the gall-bladder of man, (the only situation in which they have yet been discovered in the human subject, and even there very rarely,) they are from one to four lines in length, and from half a line to a line in width. But in the livers of some of the lower animals, sheep, cows, stag, horse, pig, &c. they occur of much greater dimensions, being often so much as an inch long by nearly half an inch broad, though others much smaller, which are the young ones, are generally intermingled with them. They have been found by Frommen in the fœtus of the sheep. Their colour is yellowish or light brown. Of the two openings from which they take their name, the anterior one is directed obliquely inwards and backwards; the posterior or ventral one projects slightly, and is supposed to be the vulva: behind it are seen some whitish spots, and a set of vessels of a brownish yellow colour, which Bremser takes to be the oviducts, the vessels along the sides of the animal being considered by him to be the intestinal canals. In front of the ventral pore Goeze describes a tubular body, which he calls the penis. They are all hermaphrodite and oviparous. It lives upon the bile, which is absorbed by the anterior pore, and which is at once so digested or modified by the vessels which go off from thence as to render it fitting nutriment for the animal, and is likewise distributed by them to its various parts—the same apparatus performing here, as in so many other instances amongst the lower orders of organized beings, the double functions of a digestive and of a circulatory system.

The genus distoma is very extensively distributed, occurring not only in the ruminantia, rodentia, and several other classes of the mammalia, but also in the stomach and intestines of birds, fishes, &c. In the human species, however, it is so rare, that Bremser has not met with it in any of his numerous dissections, and in the course of his very extensive reading, has been able to collect only five or six well-

authenticated instances of it. Unquestionable examples of its occurrence have been recorded by Bidloo and Pallas. Bucholz found them in great numbers in the gall-bladder of a man who died of a putrid fever; and Chabert, by means of his empyreumatic oil, effected the expulsion of a great quantity from a girl of twelve years old. In the biliary ducts of the lower animals, they are not only, as already mentioned, infinitely more frequent, but occasionally exist in such numbers as greatly to distend these canals, which often become lined with an ossific deposit in consequence of the irritation induced by them, and in this state impart to the liver an inequality of surface, by which, as well as by the crackling sound and feel on pressure, the presence of these worms can be surmised even before we have cut into the organ.

As for the symptoms of this affection in man, they are as yet unknown; and with regard to its treatment, Chabert's is the only case we are acquainted with, which seems to show that it is within the reach of medicine. From the success of his empyreumatic oil in this one instance in the human species, its employment has been suggested in the case of sheep suffering from the disease called the rot, in which the liver fluke is often known to exist in great quantities. Whether it be the cause or merely the effect of the disorder, is an undecided point; analogy would lead us to believe the latter. These worms are often thrown up in great numbers by the diseased animals, and thus getting accidentally into the water from which they drink, and being found there, the error of supposing them to originate from without might readily be adopted. The best cure for them, says Rudolphi, is wholesome food and a dry pasture-ground. The large use of salt has also been found useful both as a remedy and as a preventive. For some additional facts in regard to this affection in sheep, see the article *HYDATIDS*.

10. *Polystoma pinguicola*.—*Hexathyridium pinguicola*, Treutler and Brera; *linguatuule des ovaïres*, Lamarck; *fettblatt-wurm*, Joerdens.

In this genus the body is roundish or flat; there are six anterior pores; the ventral and the posterior pore are each solitary. In this particular species the body is flat, truncated anteriorly, and acuminate posteriorly; the six pores in front are arranged in the form of a half-moon.

It has only once been found in the human species, namely, by Treutler, in a small tumour about the size of a hazel-nut, in the adipose tissue connected with the left ovary of a young woman who had died in childbed. The tumour, which seemed to consist merely of indurated fat, was of a reddish colour, and hollow within. Its cavity was nearly filled by the above-named worm, which appears to have been about half an inch in length and between one and two lines in width, truncated in front where the semicircle of pores is seen, and lanceolate posteriorly with somewhat of a curve to one side.

11 and 12. *Cysticercus cellulose* and *Echinococcus hominis* have been already de-

scribed in the article *HYDATIDS*, to which, to avoid repetition, the reader is referred.

SPURIOUS WORMS.

The number of these must obviously be altogether indefinite, as innumerable objects belonging both to the animal and to the vegetable kingdom have at various times been mistaken for worms. Our limits will only permit us to notice the insects or their larvæ, and other animals which have been accidentally introduced into the body.

Individuals of the human species are very liable to such fortuitous inmates. The larvæ or ova of insects may be introduced into the nose or ears, or into the stomach and intestinal canal by the mouth, or, finally, may occur in the skin, especially when wounds, ulcers, or cutaneous affections exist. M. Daquin has described what he calls a species of worm, though it was probably the larva of an insect, which came out of the ear. Kerkringius gives an account of certain animals found in the ears, which Rudolphi supposes were of the same nature; as also of others which came from the nose, and appear to have been the scolopendra electrica; and this seems also to have been the case with those mentioned by Honold. Ernst speaks of a worm which was blown from the nostril, its appearance being followed by a great hemorrhage. Razouz published a case in which a prodigious number of worms, as he calls them, (though there is reason to think they were the larvæ of flies,) came from the same part. Martin Slabber, a Dutch writer, tells us of a man fifty-two years old, who had laboured under severe headaches from an early period of his life, which ceased immediately on his expelling, in the act of sneezing, a worm, called by him a lumbricus, and described as being above eight inches long. Lange, in the third volume of Blumenbach's *Medicin. Bibliothek*, gives the case of a peasant, from whose frontal sinus a worm of a similar appearance came forth; and Blumenbach himself, in his anatomical treatise concerning the frontal sinuses, speaks of the scolopendra electrica and other insects and worms being found in this part. Sandifort makes mention of a living earwig escaping from the nose. Tengmalm, a Swedish writer, has recorded a very interesting case, in which above two hundred larvæ of the domestic fly, covered with mucus, were expelled from the nose of an infant of eight months old. In the eighth volume of the *Edinburgh Medical Commentaries*, is a case which occurred in Jamaica, of worms (larvæ?) in the nose, which caused very severe symptoms, till they were at length expelled by injecting a decoction of tobacco into the nostrils. In the history of the Academy of Sciences for the year 1708, there is an account of a woman who, at thirty-six years of age, began to suffer from a fixed pain in the forehead, on the right side, near the nose, and which gradually extended towards the temple. This, by the end of two years, had become very violent, and almost constant, and was accompanied by convulsions, an almost perpetual insomnia, and temporary affection of the intellect. At the end of four years, after having tried a great variety of reme-

dies in vain, she began to use snuff in hopes of its assuaging her sufferings; when one morning, after a violent fit of sneezing, a worm, or, more properly speaking, an insect, gathered up into a lump, came away from her nose, and along with it a little blood. From that moment she was well. The animal, which was alive, measured, when stretched at full length, six inches, but only two when it folded itself into a zig-zag form,—a habit which it had acquired from its long confinement in the limited space of the frontal sinus, into which it had perhaps been introduced in the state of an ovum. It was two lines broad, and about one and a half thick in the middle of the body. It was of a clear coffee colour, convex above and flat beneath, and covered with annular scales separated from each other by minute intervals, through which the feet came out, there being fifty-six of them on each side, about a line in length and as thick as a hair. It seems, in short, from these particulars as well as from the remainder of the description, to have been a species of centipede. It lived for many hours after its expulsion, and even for two or three after having been plunged into brandy. M. Littré, who relates the case, suggests that in similar ones, if injections of oil, infusion or smoke of tobacco, and other ordinary measures failed, a surgical operation on the frontal bone might be had recourse to with safety and success, and would be fully justified if the symptoms were violent. Insects in the ears may be removed by frequent mild injections, especially of an oily nature; or if very obstinate, they may be first killed with sulphureous fumes, and then washed out.

Such instances as those above alluded to may be supposed commonly to originate from insects depositing their ova in the auditory or olfactory passages, or creeping in unobserved, especially in individuals who are fast asleep or broken down by disease, and hence less attentive to external impressions, or not in full possession of their senses; and also in infants. Sometimes, perhaps, they may be drawn in in the act of smelling strongly to flowers, or they may be swallowed with fruits, cheese, flesh meat, or various other articles of food, or in impure water used for drink. Rudolphi discredits their entrance per anum, as well as that by the urethra. Of the cases in which worms have been said to be passed with the urine, almost all, except those which we have already spoken of when treating of the *strongylus gigas*, seem to have been instances of the larvæ of insects (the *oniscus asellus* most frequently, according to the author just named) which had been introduced furtively, and with a wish to deceive, or casually and unobserved, into the containing vessel.

The worms alleged to have been discovered in wounds and ulcers, as in the case published by Stenevelt at Leyden, in the year 1697,—and in cutaneous diseases, as in a case of lepra, of which an account was published by Murray at Göttingen in 1769, appear likewise to have been merely larvæ. M. Bosse, in the thirty-second volume of the "*Journal de Médecine*," gives a description of the larvæ of flies found

in pustules in the skin of a negress. Such seem also to have been the *elcophagi* of the old writers, or worms found in wounds and supposed to feed on the flesh. There is a case mentioned in the *Lancet*, for May 21, 1831, of a compound fracture of the humerus treated in one of the Parisian hospitals, in which, on the fifth day, intense itching was complained of, and was found to depend upon a multitude of worms in the wound and on its edges. Similar facts were frequently observed in Syria by Larrey, who thinks that the worms rather favoured the healing process by devouring the putrid matter and not touching the living flesh. Camphorated spirits and other antiseptics were found to be quite adequate to prevent their immoderate increase. Worms resembling the *lumbricus teres*, but more of a white colour, have been seen, according to Lister, coming from an abscess in the ankle. What these were we cannot pretend to say.

Of insects inhabiting the skin, the American species of *acarus* mentioned by Humboldt, and the *acarus scabiei* and louse are likewise examples. The latter is well known to be peculiar to man, and incapable of existing elsewhere. Their abundance seems to depend on the greater or less degree of cleanliness of the individual, and certain cutaneous affections seem greatly to favour their multiplication. The inunction of mercurial ointment is a certain mode of destroying them. It is commonly believed by sailors that they die under the equator, being killed by the excessive heat; but the truth of this is not generally admitted. They seem, however, to flourish in cold situations. Thus, Humboldt mentions that they are very abundant in the higher regions of the Andes; and in Greenland they exist in prodigious quantities, according to the late Sir Charles Girsecke, and are turned to account there as an article of diet.

The *pulex penetrans* or *chigoe* is very troublesome in sugar colonies in South America, penetrating into the skin and lodging its eggs there, and causing malignant and often fatal sores. It is of a reddish-brown colour, and the proboscis is as long as the whole body. The abdomen of the female, when gravid, becomes swollen to a hundred times its natural size.

"The chigoes," says Dr. Elliotson, in his lectures, "are a sort of large fleas which infest the inhabitants of the West-India islands; they get under the skin and there form a bag, in which they lay about sixty eggs, which hatch there and produce a very bad sort of ulcer. The negro women are very expert at extracting this bag by means of a needle, without wounding it. If it is wounded, an acrid fluid which it contains escapes and produces an ulcer, which is also troublesome to heal. The genus of the chigoe was formerly disputed, till a Capuchin friar, to settle the dispute, allowed one to breed in his great toe, and such mischief ensued that amputation was necessary."

The *astus humanus*, described by Linnæus, and more recently by Humboldt, occurs in the warmest regions of America. It deposits its ova on the skin, which the larvæ soon after penetrate, remaining beneath it for about half a

year, when they pass into small brown flies. If they be not interfered with, they make their appearance in due time, and the part quickly heals; but much deep-seated pain is induced by attempting their premature extraction. The *æstrus bovis*, which also infests sheep and goats, deposits its eggs more especially on the back of the animal, where it forms a small tumour, in which the larvæ remain from autumn to the commencement of the ensuing summer. The fly is said always to select the most vigorous and fattest animals. The torture which the reindeer experiences from a similar species of fly is well known. The *æstrus ovis* lays its eggs on the margin of the nostrils, whence the larvæ make their way into the frontal sinuses, and remain there, often in very great numbers, from autumn till the end of spring. The *æstrus equi* deposits its ova on the skin of the legs or sides of the horse, which on licking itself conveys them into the stomach: here they become converted into larvæ, and are at length passed along with the feces, soon to undergo their final metamorphosis. Another species, according to Bracey Clarke, deposits its ova in the lips of the horse. Bots, though often very numerous in the stomach, do not induce any inflammation. The larvæ of the *æstri* appear, from the experiments of Fischer, to be very tenacious of life; even spirits and a strong solution of salt did not kill those of the sheep. Anointing their respiratory orifices with oil, and keeping them for several hours in this fluid, only produced a temporary languor. The fumes of burning sulphur, however, killed them in a very few minutes. Rudolphi believes that they do little injury to the horse and the other animals which they infest. If, however, we wish to destroy them, turpentine or Chabert's oil may be employed. Those in the frontal sinuses of sheep are expelled with difficulty; the frequent introduction of tobacco-smoke has been recommended. Larvæ have been observed in the expectoration when the vessel containing it has been kept in a warm place, of which an instance is to be found in the fourth volume of Hufeland's Journal. These originated, doubtless, in ova deposited in the sputa subsequently to their excretion.

The digestive organs, and especially the stomach, are by far the most frequent receptacles of these extraneous animals. Albrecht has recorded an interesting case where a boy passed a considerable number of what the narrator calls worms, though doubtless they were the larvæ of flies, the origin of which was traced to some cakes which the child had been in the habit of eating; and similar ones were found to abound in the cupboard in which the cakes were kept. Odhelius mentions an instance where the larvæ of the *musca pendula* were evacuated with the stools; and in the first volume of F. B. Oslander's "Denkwürdigkeiten" a still more remarkable one is to be found of a woman who passed, both upwards and downwards, a great variety of insects and worms, viz., millepedes, flies and their larvæ, the curculio and staphylinus, spiders, earth-worms; ascaris lumbricoides, trichocephalus, &c.

Rosenstein, moreover, has described a case in which numerous larvæ, curculiones, scarabæi, elster, modella, &c., came away from a woman by stool; and Ariel has also given, in the "Scientific Transactions of Upsal," a somewhat similar but still more wonderful instance, where an immense number of such insects existed in the stomach for the long period of two years, when they were at length, after a great number of unsuccessful experiments, expelled by means of a mixture of turpentine and linseed-oil: amongst them were observed staphylinus splendens, staphylinus politus, staphylinus fuscipennis, oxyporus subterraneus, pæderus elongatus, carabus leucophthalmus (alive). Of the staphylini there were two hundred and sixty-three in all. The larvæ were almost past counting, especially those of the tenebris molitor and of the carabus. Such unnatural inmates, as Rudolphi remarks, give rise to very great distress by their restlessness, and perhaps also by gnawing at the coats of the stomach, (for it is chiefly in the stomach that they seem to take up their abode,) and they may induce very violent spasmodic affections. It is in the debilitated, cachectic, ill-fed, and hysterical, that they have chiefly been observed: a vigorous digestion and an active peristaltic motion would generally speedily effect their destruction and expulsion.

Of all the marvellous cases of this kind on record, one of the most so, and yet at the same time one of the best authenticated, is that related by Dr. Pickells in the fourth and fifth volumes of the Transactions of the King and Queen's College of Physicians in Ireland. The person in whom it occurred was a young woman of a chlorotic habit and melancholy disposition, who from certain superstitious notions had been in the habit of drinking daily a mixture of water with the clay taken from the graves of two priests, who had maintained during life a high character for sanctity, by which practice she in all probability acquired the ova of those insects which continued to be developed at intervals for some years afterwards. It is also mentioned that on one occasion she lay out the entire of a rainy winter's night, stretched across the grave of her mother, and moreover that she was addicted to eating chalk in incredibly large quantities. Of the larvæ of the beetle evacuated per anum prior to the publication of his first paper, Dr. Pickells estimated the number at above one hundred, and supposed that above seven times that quantity had then been vomited: and in the next year and a half, the period comprised in his second account, terminating with June, 1825, above thirteen hundred beetle larvæ, all of which he himself reckoned, were discharged. Thus the whole number during about three years and a quarter amounted to above two thousand, and most of these were alive. Both the larvæ, pupæ, and the perfect insects, were simultaneously observed. Many made their escape the instant they were vomited, and ran off into holes in the floor, and two large winged insects were so lively on their expulsion, that they immediately flew away and escaped.

The relator of the case and several other

credible witnesses actually saw her vomit up many of the larvæ. Amongst these is mentioned that of blaps mortisaga, which was an inch and a half long by four lines and a half in girth; also the tenebris molitor or meal-worm, and the larvæ of two kinds of fly, one of which seems to have been the musca vomitoria or blue fly. By this case, says Dr. Pickells, "the interesting fact seems to be established that the different successive metamorphoses of insects may take place in the human stomach during life." "The present," he continues, "is, as far as my inquiries have extended, the first well-authenticated case in which the larvæ, pupæ, and imago of the same insect have been discharged from the same individual." The train of symptoms to which they gave rise was most complicated and distressing—a gnawing and sense of something creeping at the pit of the stomach, hæmatemesis, amenorrhœa, hysteria, convulsions, perversion of the senses, and also at times a degree of mental derangement, with headach, retention of urine, dropsy, &c. &c. Emetics and various other remedies were employed, but what seemed most effectual, and eventually appears to have cleared the stomach and intestines of these formidable inmates entirely, was turpentine given in enormous doses, being gradually carried so high as six ounces in a day. When given, it generally induced an immediate flow of the menses, with giddiness of some days' continuance, and an herpetic eruption. During its employment ascarides vermiculares were passed in considerable numbers, and were generally found, notwithstanding the largeness of the dose of turpentine, to be still alive.

In the Transactions of the Royal Society of Göttingen, Klaerich has given a description of a convulsive affection caused, as he asserts, by the creeping of an insect in the stomach, which appears to have been a scolopendra electrica. Dr. Elliotson likewise has seen two centipedes which were said to have been vomited by a girl: he has also known two cases where a live caterpillar (the noctua proxuba) was discharged from the bowels; and a third is to be found in Duncan's Medical Commentaries. Their introduction into the stomach seems to be explained by a habit which the individuals had of eating raw cabbage-leaves, in which the ova were probably contained. Cases in which earth-worms, snails, lizards, spiders, bees, frogs, toads, leeches, and even serpents, have been thrown up from the stomach, are upon record; the great majority of these we may be justified in ascribing to deceit and imposture. Some of them, however, are supported by respectable evidence; and there is evidently no physical impossibility in such animals being swallowed under the influence of mental derangement, or with a view to excite wonder and gain profit; and from their great tenacity of life they may doubtless continue for some time to exist even in the stomach, especially if this organ be in a debilitated state, and while there they may excite a train of very aggravated and inexplicable symptoms. Thus, Bremser mentions a case which

fell within his own knowledge, of a hypochondriacal woman, who, upon one occasion, when out of her right mind, swallowed a young toad wrapped up in a morsel of the peritoneum of a cow or sheep, which she got of her butcher for the purpose. She conceived the toad to be poisonous, and was desirous in this way of getting rid of her existence. It remained in her stomach all day, but towards night great oppression and sickness coming on, it was thrown up, with its hind legs broken, along with the half-digested membrane. In his useful synopsis of intestinal worms, Mr. Rhind details a case, on what appears credible testimony, where the common grey snail (*limax major*), four inches long, was vomited by a farm servant in Haddingtonshire, after suffering from various obstinate dyspeptic symptoms for above a year and a half; namely, inordinate appetite, vomiting of fœtid slimy matter, sour eructations, constipated bowels, swelling and tenderness of the epigastrium. Various treatment had been ineffectually employed, till at length, whilst making use of a strong solution of soda, and of pills of calomel, hyoscyamus, and gentian, the snail was expelled in one of his severe fits of vomiting, and lived five days in the possession of the medical man who was attending him. All the distressing symptoms disappeared immediately after. The man was in the habit of drinking daily out of a muddy ditch, which may perhaps be thought to afford some explanation of its origin. The introduction of leeches into the stomach, where they are said to attain to an enormous size, is a very dangerous occurrence, and may even prove fatal by the loss of blood occasioned. Large doses of salt constitute an obvious remedy. It is supposed that they have sometimes been swallowed when in a very minute state in a draught of turbid water.

Larvæ and most insects are very tenacious of life; thus coleoptera are known to live for weeks after they have been pierced through with pins; and Rudolphi has seen a species of curculio walk about as usual after part of the elytra and most of the abdomen had been eaten away by ants. The larvæ of flies are very common in ordure, putrid flesh, &c. When tainted meat is eaten, the ova may thus get into the stomach and be developed there; and of the possibility of the propagation of the staphylini and other insects even in the interior of the body, as occurred perhaps in Acrel's case, Rudolphi does not doubt, though in all probability this is very rare. Larvæ and insects are best got rid of by means of turpentine; and Chabert's oil has also been suggested as likely to prove a useful remedy.

ON THE ORIGIN OF WORMS.

There are but two conceivable modes in which the presence of intestinal worms can be accounted for; they must either come from without, or they must originate within the body of the animal in which they are found. To the improbability of the external origin of the worms infesting the human body we have already repeatedly alluded; and Rudolphi and Bremser, after a careful analysis of all the sup-

posed instances of their introduction from without, whether in man or in the lower animals, are led to pronounce that this view of the question is utterly unsupported by any positive evidence, whilst at the same time the arguments against it are at once numerous and apparently insuperable. How very improbable does it seem that these animals, which are delicate and easily injured, should be capable of sustaining such a violent and sudden change of temperature, food, and all their habits, as this theory would imply. It is unquestionable that the few instances in which they have been detected accidentally existing externally, bear no kind of proportion to the frequency with which they are discovered in the interior of animals; and the situation in which any creature is most usually met with, is, it may be presumed, its natural one. The rare exceptions as to situation just alluded to, may be safely attributed to the casual transplantation of these worms from their native region; and if they be found when so misplaced still in a living state, it only shews that they are capable for a limited period of resisting the hostile influences by which they are surrounded.

Brera, who inclines to a belief in their external origin, notwithstanding all the difficulties with which it is accompanied, suggests that they may undergo such a complete metamorphosis in their new position within the body, as no longer to betray the source whence they were derived; but as they have never been detected in any intermediate condition or state of transition, this hypothesis may be dismissed without ceremony.

The arguments for their internal origin are, as we have just stated, weighty, and many in number. Thus their structure is altogether peculiar, being quite unlike that of worms and other animals existing externally, whether on the land or in the water. Particular kinds of intestinal worms are, with a few exceptions, appropriated to different species of animals, and even to particular parts of the same animal, which could scarcely be expected if they came promiscuously from without: they occur in all parts of the body, even in those which have no communication with the external world, and have been met with in some well-attested cases in the fetus both of man and of the lower animals: they not only multiply most abundantly within the bodies they inhabit, but very soon die when removed from them, in which latter circumstance they altogether differ from the larvæ of insects: and, finally, their presence, even in very considerable numbers, is frequently unattended with any obvious inconvenience to the individuals in whom they have their abode, these being often found to be fat and in all respects healthy; and if neither nervous nor previously debilitated, they are sometimes quite unconscious of their presence; whereas, with regard to larvæ and other living things fortuitously and unnaturally located within us, the case is quite otherwise, as they usually give rise, as we have already seen, to much suffering.

Pallas and some other authors, who fully admit the internal origin of intestinal worms, are yet disposed to think that they do not in all, nor even in most instances, take their rise in the individual in which they happen to be found, but that they or their ova have commonly been transmitted to them from other animals, of the same or a different species, previously infested with them; and in support of this view, Pallas, its chief advocate, brings forward the three following propositions, which are, however, very far from being conclusive.

1st. He asserts that worm-diseases are most common in great towns, where a want of personal cleanliness, and the use of water impregnated with various impurities, often of an animal origin, facilitate the transmission of the ova. But both the fact and its explanation are liable to dispute. Were it even proved that they are more frequent in crowded cities, the debility of the digestive organs so common in such situations from the influence of bad air, bad food, privations, or intemperance, would much more satisfactorily account for it. The specific gravity of the ova seems incompatible with their aerial transmission, and the cold of water at ordinary temperatures would inevitably destroy their vitality.

2dly. The limitation of particular worms to particular animals, he thinks, may be explained on the principle of the ova becoming developed in those, and those only, which afford them a congenial nidus. The fact is admitted, but the explanation is not the only one, nor the most satisfactory. On the contrary, the appropriation of peculiar species is so general as to furnish a strong argument for their innate origin.

3dly. He adduces the fact of the occasional occurrence of worms in the fetus, as well as their remarkable frequency in certain families, as proofs of the possibility of their transmission. As to the latter fact, however, it seems to be merely one of the examples of hereditary predisposition to a particular disease; and with regard to the former, we shall afterwards see how very improbable it is, if it be not altogether impossible, that a body of the dimensions of an ovum should be transmitted through the vessels of either parent to the embryo.

To Pallas's assertion that the rodentia and ruminantia, which carefully comminute their food, are less liable to acquire worms than the carnivorous and predaceous tribes, or such as swallow their food hastily and voraciously, Bremser's more extensive knowledge of the subject enables him to give an unqualified contradiction, and even to reverse the proposition. In the case of hydatids, which are so common in herbivorous animals, the supposed transference seems quite inconceivable, for they have no known ova, and are besides completely insulated by a cyst.

An experiment made some years ago by M. Schreiber, the distinguished director of the museum of Vienna, seems to prove that worms and their ova are not capable in ordinary circumstances of resisting the digestive powers

of the stomach, and consequently that they cannot be introduced by this channel into the system. During six months he fed a polecat almost exclusively on various kinds of intestinal worms, and their eggs mixed up with milk; and on killing and examining it at the end of this period, not a single worm of any kind was found in it. Yet it is not denied that, in some rare instances, the worms of one animal introduced into the stomach of another have lived there for some short time. Bremser himself mentions some examples of it. Thus a particular species of ligula, belonging to certain fishes, have been found in the stomach and intestines of aquatic birds, by which these fish were devoured; but even in these cases they had already undergone manifest changes, if it was some time since they had been swallowed.

Rosenstein thought he had once seen a ligula alive in a fish after it had been boiled and sent up to table; but it is supposed, with some probability, that he may have mistaken the contractions produced by the change of temperature in placing them on a cold plate, for vital motions. Bremser states, moreover, that if we remove small worms out of spirits of wine into water, though long dead, they will appear to move in an extraordinary manner, till all the alcohol within them, or adherent to them, has become perfectly mixed with the water.

Pallas inserted the ova of the *tænia* of one dog into the peritoneal cavity of another, and on opening the latter about a month afterwards found young *tæniæ*, about an inch in length, in its abdomen;—an experiment which shews that if the ova of worms be only placed in a favourable condition, as far as regards heat and moisture, and are out of the reach of all injurious influences, such as we have seen that of digestion to be, their evolution, as in the parallel instance of the eggs of birds, readily takes place.

It now only remains to consider whether worms or their ova are, strictly speaking, hereditary,—that is, whether they are communicable to the germ by one or other of the parents. Such a supposition, when considered in relation to their first origin, would imply that every kind of worm now found in a given species of animals, (and in man no less than twelve have been already recognized, and nearly as many in various other species,) must have co-existed in their first parents at the epoch of creation, and been transmitted in an uninterrupted line through their several descendants;—a proposition for the truth of which no adequate evidence has been adduced, and in itself most improbable when we consider the incessant changes which the body is undergoing by the absorption, excretion, and renovation of its component parts. If the ova exist in all individuals, why are they not developed in the intestines of all; heat and moisture, as we have seen by Pallas's experiment just related, being alone necessary?—if they exist in the male semen, why are they not evolved even in the uterus after impregnation, where likewise these

requisites are present? Some species, as the strongylus and distoma, on the contrary, are so infinitely rare in man that only a few examples of their occurrence are on record; whilst others, such as the hamularia and polystoma, have as yet been found but once in our race. The *cœnurus cerebialis*, in the brain of the sheep, is alone decisive of this question; for, left to nature, it constitutes a fatal malady, and consequently, as it occurs chiefly in young lambs, the whole race of the worm would have been extinguished with the first animal that suffered from it.

This supposed communication by the father's side is inconceivable, for in many classes of the animal kingdom copulation does not take place. The quantity of semen requisite to fecundate the spawn of the frog is, as Spallanzani has shewn, infinitely small; merely touching one of the ova with the point of a needle dipped in this secretion is sufficient, and three grains of it added to a pint of water impart the fecundating property to the whole of the fluid. Now it is not conceivable that the rudiments of all the worms to which this animal is liable should be contained in so inappreciably minute a quantity. That their communication to the embryo should take place through the mother is equally incomprehensible. The absorbents and exhalents by which, according to this hypothesis as well as the last, they must be taken up out of their natural situation and deposited again in the torrent of the circulation, and thus introduced into the system of the fœtus, are quite inadequate for the office assigned them, being of such a degree of tenuity as not to let even a globule of red blood, which, according to Rudolphi's calculation, is ten thousand times less than one of these ova, pass through them. Besides, these ova have never been detected by the microscope in the blood either of mother or fœtus. The influence of climate and locality, moreover, on the generation of worms, which, in consideration of the changes produced on the general health, is reconcilable enough with the theory of their innate production, is totally opposed to that of their origin by hereditary descent. The Guinea-worm is confined to particular regions; and in these the European becomes liable to it, though none of his progenitors ever suffered from it. The *cysticercus cellulosæ* of the domesticated hog is never met with in the wild boar, which is the original stock. Nor can lactation be the medium of their introduction, as is evident from the minuteness of the extreme vessels already alluded to;—to say nothing of the innumerable tribes, birds, fishes, &c. which never suckle their young: besides, children which are entirely spoon-fed are notoriously more liable to worms than those which are nourished exclusively by the mother's milk; indeed, it is a well known fact, and one which is all but universal, that infants at the breast are not affected with these parasites.

The improbability, not to say impossibility, of worms having an external origin being thus established, we are compelled to adopt the

alternative, and to admit that they originate within us. Further than this we cannot go; and we believe that we must for ever rest content with this almost negative species of knowledge. The terms spontaneous or equivocal generation explain nothing. With the conception of creation in all its modes, whether the object be a world or a worm, our limited faculties are altogether incommensurate.

Causes.—It is singular that in a disease of such common occurrence as worms, so little should as yet have been ascertained in regard to their causes. Almost every generalization or rule which has been attempted to be made on this subject is very nearly counterbalanced by the exceptions. A feeble state of the general health, debility of the digestive organs, food either in excess or in too small quantity, or of unwholesome quality, sedentary habits, damp and ill-ventilated habitations, peculiarities of climate, together with the influence of season, sex, and age, have separately or collectively been accused of favouring their appearance and encouraging their multiplication.

Their connexion with a debilitated state of the constitution, and in many cases with a scrofulous habit, seems to be pretty well made out. The inactivity of the lacteal and absorbent vessels, and the consequent accumulation in the intestines of chyle and mucus, which form so congenial a food or so favourable a nidus for these animals, together with the generally weakened condition of the digestive organs in strumous patients, enable us in some degree to comprehend this cause. Yet it is indubitable that they are often also met with in the robust and healthy. Rush has even endeavoured to make it appear that they are indicative of, or almost requisite to, the possession of perfect health, in which opinion, however, he has but few followers. It would seem that whatever produces a redundancy and stagnation of nutritive or animalized fluids in the intestinal tube—whether it be too abundant a supply of food, too active a chylication, or too great a secretion of mucus,—is to be ranked amongst their causes. The peculiar prevalence of worms in certain localities may, according to Rudolphi, be explained by the unwholesome influence of a moist atmosphere or bad food. If there be any epidemic disease in which they are generated in unusual numbers, (which, however, the author just named is inclined to doubt, as fevers seem rather to exercise a destructive influence over them,) it is to its debilitating tendency that it must be ascribed. When the tricocephalus was rediscovered by Røderer and Wagler, it was attributed, but erroneously as we have seen, to the peculiar fever which happened to prevail at the time. That in several chronic diseases worms are often very numerous is an unquestionable fact, however it may be explained; and it would seem that it was from falsely ascribing to their presence the symptoms really produced by the affection which they complicate, that their importance has come to be so much overrated. Thus, in very indolent cases of scro-

fula, accompanied by disorder of the digestive organs, if medicine, a change of climate, the approach of puberty, or other circumstances happen to lead to an improvement of the general health, and to a coincident discharge of worms, the latter are immediately pronounced to have been the cause of all the previous ill symptoms; or if the glandular affection assume a more acute form, and is attended with well-marked hectic, and worms make their appearance, the fever is immediately laid to their charge and called a worm-fever. That there is really no such disease we have attempted to prove in a former part of this work, (see INFANTILE REMITTENT FEVER;) for though this disorder is vulgarly attributed to worms, yet, in the great majority of cases, none are either evacuated during life, or discovered after death on dissection. That the local irritation which they occasionally cause may, in some instances, give rise to a slight and passing feverishness is not denied, but this will have neither the progress, the duration, nor the general character of an ordinary fever, much less of an epidemic.* Scrofula may with much more truth be said to be often the cause of worms, than these of such symptoms as we have just been speaking of. In the parallel case of glanders in the horse, which commences in a tubercular state of the Schneiderian membrane, the disease subsequently extending to the lungs and enfeebling the whole system, worms are known to be extremely common.

Aliments of a peculiarly nutritious quality, such as fatty substances, milk and its various preparations, cream, butter, and cheese, are very commonly supposed to produce a slimy state of the intestines and a prolific progeny of worms; and of this Holland and Switzerland have been adduced as proofs. An exclusive use of farinaceous foods has been frequently suspected to have a similar tendency. But when we recollect how rare these parasitic animals are in infants at the breast, and couple this with the fact that the fine peasantry of the Tyrol, who, as Mr. Inglis in his recently published tour remarks, live almost exclusively on Indian corn and milk, and are yet, as Bremser informs us, (unlike their neighbours the Swiss,) little troubled with worms, we are forced to doubt the reality of some of these supposed causes, or, to speak more correctly, the universality of their influence: for it is highly probable, that in the case of individuals unaccustomed to their use, and leading a very sedentary life, they may, by lowering the tone of the digestive organs, and keeping them overloaded with a mass of ill-digested food,

* Fevers and most of the other ill effects at various periods ascribed to worms were believed to be produced in one of two ways, viz. either through the medium of local irritation, or by the absorption of a putrid matter which they were supposed to generate: the latter is, however, altogether hypothetical; as, in whatever abundance they may exist, they do not cause any peculiar fetor in the intestines, and even their maceration in water is not productive of any bad smell, as Rudolphi remarks, save that from the adherent fecal matter.

promote the production of these creatures. Guersent agrees with the common opinion as to their greater frequency in summer and autumn than in other parts of the year, and in alluding to their prevalence in Normandy, ascribes it to the almost constant use of milk, apples, and cider. He adds, that he has often known children who had been staying in the country, where they were fed chiefly on milk and fruit, discharge great numbers of worms on returning to town and being put on the use of a meat diet. To us, on the other hand, it has sometimes appeared that fruits, and especially unripe ones, have unjustly got the credit of causing worms, merely from their use being immediately followed by the appearance of these animals in the stools—a circumstance which should, we think, rather be ascribed to such food proving, from its acid and purgative qualities, actively anthelmintic.

As to sugar and saccharine matters in general, there has been a great difference of opinion; many persons supposing that, opposed as they are in their nature to bitters, they must necessarily be productive of worms; whilst others attribute to them, with equal confidence, much vermifuge power. The truth seems to be, that when long used and just in sufficient quantity to enfeeble the tone of the digestive organs, they have the former of these effects; and that, on the contrary, when very largely and only occasionally taken, they prove purgative, and may thus lead to the expulsion of some of these animals.

Climate and locality have indubitably much influence in the production of worms. The cause of their frequency in Switzerland and Holland is to be found, perhaps, in the humid atmosphere which both of these countries possess, rather than in any peculiarity of diet common to the two. It has been stated, we know not with what truth, that when the inhabitants of other countries continue to reside for a length of time in Switzerland, they become, like the natives, very liable to the bothrioccephalus. In respect to Holland, the frequent use of fish has been accused, but unjustly, of the production of worms; for as Müller remarks, the Danes and other people who live on the sea-coast and partake largely of this kind of food are not particularly troubled with them: and some traveller, we think Hasselquist, has mentioned that, in Cairo, the very lowest classes, who from poverty are unable to procure fish, are much more infested with tape-worm than those in a more comfortable condition, into whose diet it enters pretty largely. In the fenny parts of England the ascarides vermiculares are said to be a very frequent disease. If they really prevail there more than in other districts, the fact may be explained by the general impairment of the health, and the debility of the digestive organs in particular, which such situations almost invariably produce, without supposing the introduction of these animals or their ova into the body from without. Their greater frequency in autumn, mentioned by Hippocrates and many subsequent writers, is attri-

buted by Hoffmann to the moisture and variability of the atmosphere at that season. In the lower animals, and especially sheep, certain species can be produced almost ad libitum by wet pasturages and too watery food. Duméril mentions that rabbits and hares often die in a swollen dropsical state, accompanied with hydatids, from the same cause; and Andral thinks that the measles in swine may depend on the foul and damp situations usually assigned to them. The deprivation of solar light and of exercise are also powerful auxiliaries in the production of such diseases.

Hamilton, in his work on the diseases of women and children, treats as a vulgar prejudice the ascribing of worms to peculiar kinds of food. Rudolphi, on the contrary, is one of those who believe that they are peculiarly abundant in such children as eat voraciously of potatoes, or of coarse bread and other farinaceous foods. Where the climate is very relaxing, the effects of an injudicious diet are particularly felt. Thus amongst the Hindoos, who live almost entirely on rice, worms are, according to Annesley, amazingly frequent, having been passed in nine cases out of ten by the patients in the native hospital, which was at one time under his charge; and even Europeans, if they fail in paying a sufficient degree of attention to the state of the bowels and to the tone of the stomach, are said to acquire by long residence in India a similar tendency to generate these animals.

A low scale of diet, in which nothing more is eaten than can be perfectly digested and is absolutely requisite for the support of the system, seems, along with regular exercise, to be the best preventive of worms. The perfect absorption of the chyle is thus insured, and the quantity of mucus effused into the intestinal canal reduced to a healthy pitch. Bremser has observed that in the fish which are kept up for the Vienna market in reservoirs off the Danube, where they are ill supplied with their ordinary nutriment, the intestinal mucus becomes scanty, and worms are extremely rare.

An inadequate supply of stimulants with our food appears to predispose to worms. In Holland those criminals who, according to an ancient law of the country, were fed on bread made without salt, are said to have been horribly infested with these animals,—an effect which, in prisoners cooped up in that moist climate, seems not altogether incredible, especially when coupled with the acknowledged efficacy of this condiment in preventing and curing worms in some of the lower animals as well as in the human species. They certainly make their appearance more frequently in women than in men,—a fact which has been ascribed by Rudolphi to the former making use of a more relaxing diet together with fewer stimulants, whilst at the same time their habits are, generally speaking, more indolent and sedentary, and their constitutions less robust. The moderate use of wine and spirituous liquors is thought by the same author to have somewhat of a preventive tendency.

The very means sometimes employed for

the expulsion of worms may in injudicious hands, by the debility which they are capable of inducing in the intestinal canal, favour their speedy reappearance.

After every due allowance has been made for the influence of external agents in their production, much remains which can only be explained by the existence of a peculiar predisposition. Thus, children are much more liable to the common round-worm and to the thread-worm than adults, and the tendency to their formation often ceases spontaneously on the approach of puberty. In some instances the predisposition appears to be of an hereditary nature. Thus Rosenstein mentions an instance where some of the individuals of a family were affected with *tænia* for three successive generations.

Symptoms.—The symptoms caused by worms in the alimentary canal may be divided into those which are common to all of them, and those which are peculiar to each kind; and these may again be subdivided into the local and the general.

Of *local* symptoms, taken in the strictest sense of the term, we know of none but pain in the abdomen, especially about the navel, of a colicky character; swelling and hardness of the abdomen; an increased secretion of mucus giving rise to slimy stools, and the occasional appearance of worms in the evacuations; but if taken in a somewhat wider sense, so as to embrace all the various signs of disorder in the digestive organs which are occasionally present, the list of local symptoms will be much extended. Thus, to commence with the parts seated next the upper extremity of the alimentary canal, we find the tongue often white and loaded; the secretion of saliva increased; the breath heavy and fetid; a disagreeable or sweetish taste in the mouth; occasionally thirst; the appetite extremely variable, sometimes remarkably deficient, and at others voracious, returning immediately after eating, and felt especially at night. There is sometimes a sickish feeling, with mucous vomitings, flatulence of the stomach and intestines, and indications of irritation in some part of the mucous membrane, relief being obtained by lying on the belly; the bowels are irregular, successively constipated and relaxed; the stools, except when some worms happen to be evacuated, presenting nothing in any degree characteristic, save an increased quantity of mucus and an occasional tinge of blood. The urine is often turbid or milky, and deposits a sediment. There is frequently itchiness of the parts at each extremity of the digestive tube, namely, of the fundament and nose; hence frequent picking of the nose, which, as well as the upper lip, is often swollen and red.

Many patients complain of a feeling of something creeping within them, or gnawing, piercing, or sucking at the stomach or intestines; but Bremser attributes no importance to such imaginary sensations, having even more frequently met with them in those persons in whom there was no reason to suspect the pre-

sence of worms, than in those who were known to be affected with them. It seems to be only when they approach to either extremity of the alimentary canal, as in the case of ascarides in the rectum, and the lumbricoïdes in the stomach and œsophagus, that there is any distinct consciousness of their movements in the sensorium. It is very rare on dissection to find them adhering to any part of the lining membrane of the intestines. The mucus in which they are enveloped, and which, according to Alibert, is the consequence and not the cause of worms, as commonly supposed, must serve in a considerable degree as a protection to the mucous membrane, and tend greatly to diminish its irritation by their contact. But that they are capable of producing a certain degree of local excitement in irritable habits is evident from the *general symptoms* to which they sometimes give rise, the chief seat of which is the brain and nervous system. Thus there is occasionally disturbed sleep, with grinding of the teeth, and sudden awaking in a fright. There are at times headach or giddiness, ringing in the ears or even deafness, faintness and syncope, convulsions, somnolence, indolence of manner, and ill-temper. In some rare cases epilepsy and chorea, and even apoplectic and paralytic symptoms, and several of the signs of hydrocephalus, and catalepsy, have appeared to be connected with worms. The respiratory functions likewise may suffer a certain degree of sympathetic derangement, as is indicated by the frequent existence of a short dry cough, along with which there are in some rare cases hemoptysis and even pleuritic pains.

From the intimate connexion of some of the nerves of the thoracic organs with those of the intestinal tube, such sympathetic affections are readily explained. It is well known that even flatulence in the stomach or bowels occasionally gives rise to a pungent pain erroneously referred to the pleuræ, and Morgagni asserts that he has known a stitch in the side cease immediately after the expulsion of worms. The circulatory system also not unfrequently participates in the general disturbance, as is obvious from the occasionally feeble and irregular pulse, the occurrence of palpitations, and the appearance from time to time of an irregular pyrexia. Coldness of the extremities and a sour smelling perspiration have also been enumerated amongst the symptoms. The nutritive functions are sometimes greatly impaired, as is evident from the degree of emaciation and debility induced. The countenance often undergoes considerable alteration, being generally pallid or sallow and somewhat bloated, and there is occasional flushing of one or both cheeks. The eyes are hollow and surrounded with a livid circle, and the pupils, as was first observed by Monro, are sometimes much dilated, and the vision impaired.

We have thus attempted to arrange in a somewhat more physiological order than they are usually exhibited, the greater number of the symptoms which by systematic writers are commonly ascribed to worms, and more especially to the lumbricoïdes. Amongst them all, how-

ever, (and many of them are of very rare occurrence,) there is not a single one, save the actual appearance of these animals in the evacuations, which is truly pathognomonic; for any or all of the others may be present and yet no worms exist, and worms, on the other hand, may abound, and yet all these signs be absent. Even the occurrence of worms in the stools, when considered in regard to its practical indication, is open to cavil, for it affords us no certain proof that they were the cause of the co-existent symptoms, nor yet that any more of the race still remain behind. Even the relief which follows their expulsion may depend on the simultaneous evacuations which take place. The itching of the nose, with the incessant picking at it, and consequent hemorrhage, to which so much importance has been attributed, is no wise conclusive, for it may occur equally from any other cause of gastro-enteritic irritation, and as Guersent suggests, may not unfrequently depend merely on the presence of hardened mucus in the nostrils, to which children, as yet unable to blow the nose, are peculiarly liable. Most of the other symptoms enumerated are merely indicative of dyspeptic derangement. Even the sudden and severe abdominal pain is not by any means characteristic, for it may depend on flatulence or any other cause of spasmodic constriction in the intestines. The shreddy substances occasionally observed in the slimy stools, and mistaken for the debris of worms, seem to be really the morbid secretions from the mucous membrane. The existence of reddish particles in the evacuations, which Geischläger, in the fifth volume of Hufeland's Journal, asserts to be a common and conclusive sign of the presence of the lumbricoides, has not been confirmed by other observers. The diagnosis of worms is in fine often extremely difficult, or even impossible; and this has long been admitted. St. Clair, the professor of medicine of Edinburgh, observed, about a century ago, that all the symptoms ordinarily ascribed to worms may coexist though none of these animals are present, and relates the case of a child of four years old who had pains in the stomach, itching of the nostrils, watchings and terrors in its sleep, after which it would start in a fright, and it was perpetually rubbing its nose whether asleep or awake; after some time convulsions came on, of which it died on the sixth day. Worms were in vain searched for in the intestinal canal: about two ounces of a gelatinous fluid were found in the jejunum near its commencement.

Though there is no unequivocal sign of the presence of worms, yet the existence of an atrophic state of body, a tumid abdomen and emaciated extremities, with swelling of the nose and upper lip, and other evidences of a scrofulous habit, in conjunction with frequent colicky pains, will often, as Rudolphi remarks, enable us to guess at their presence without much risk of being mistaken; for these animals form, as we have already seen, a very frequent complication in strumous diseases.

With regard to the cases of aphonia sup-

posed to be excited by worms, the greater number of those met with in authors appear to have been merely instances of extreme debility and consequent indisposition or inability to speak, occurring in the course of febrile disorders, in which the coincident evacuation of worms was merely accidental. Yet that they have really in some rare instances induced a temporary dumbness we have the evidence of Hoffmann, who asserts that he had himself seen cases where the voice, which had been lost for some time, was immediately recovered upon the evacuation of worms. Their influence on the organ of vision, rendered evident by the occasional dilatation of the pupil and imperfect amaurosis, as well as that over the organ of hearing as manifested in some very rare cases by temporary deafness, seems unquestionable. In the fourth volume of Hufeland's Journal there is mention made of a man who saw all things yellow, though he was not affected with jaundice, and this singular symptom at once vanished on the expulsion of worms. Bremser cured a child of nine years old of epilepsy, by medicines which destroyed a tænia with which she had been long affected; but he admits that the removal of this formidable complication may have depended as much on the direct and well-known influence of the turpentine employed over the epilepsy, as on the mere removal of the worm. Numerous cases of chorea have been said to have been cured by the expulsion of worms. But in these there was always room to doubt whether the system of purgation pursued, and the consequent removal of fecal accumulations and improvement in the intestinal secretions, may not have had a much more important share in subduing the disease. An instance is mentioned by Dr. Suck of Wolmar, of a girl twelve years old, in whom a violent spasmodic affection of the eyes, followed by general convulsions and furious delirium, was induced by ascarides. After persisting for some time in the use of purgatives and vermifuges, a great number of these worms were passed, and the patient immediately recovered. Moennich cured a child of two or three years old of a sudden paralysis of the legs and strabismus of the left eye by the use of vermifuges, which caused the expulsion of eighteen worms and much slimy matter. Trismus and tetanus, satyriasis, nymphomania and hysteria, have all in some very rare instances been apparently traced to worms. Various other singular states of the nervous system have been at times attributed to them; thus a case is mentioned by Delisle, where a patient suffering from worms could not endure music; and another, on the contrary, by Désarnieux, where the concomitant convulsions were always relieved by it.

As to catalepsy, we have included it amongst the sympathetic affections which have been known to arise from the same cause on the authority of Van Swieten, who says that he had himself witnessed a case of it originating in this source. He had also known a violent vertigo cease immediately on the vomiting of worms. Hoffmann believed them capable of

inducing temporary mental alienation. That cough may be excited by stomachic and intestinal irritation is an indisputable fact, however we may choose to explain it, whether by reference to the double functions of the pneumogastric nerve, or to the extensive distribution of the great sympathetic. Thus, in the case of a soldier, who had an artificial anus in the tract of the colon, the consequence of a wound of the abdomen, Albinus mentions that coughing was instantly induced as often as the cool air was suffered to come in contact with the mucous membrane, which occasionally protruded; and the cough did not cease until the intestine became again warm. Dr. Elliotson had a patient, an infant, which instantly lost a chronic cough upon discharging from the bowels several live larvæ of the common fly. A child of eleven years old, which was in the habit of frequently passing morsels of tænia, was affected with a dry cough, which ceased for two months on the expulsion of a very large fragment of the worm by means of vermifuge medicines. The same thing happened three or four times in succession; and Bremser, by ridding the patient entirely of the tape-worm, succeeded in curing the cough permanently. In the ninth volume of the *Medico-Chirurgical Transactions* there is a paper by Mr. Rumsey, on the occasional connection of pulmonary and hemorrhagic affections with worms. Both Abernethy and Cheyne have pointed out the occasional connection of epistaxis with disorder of the digestive organs, which probably takes place, as the former has suggested, through the medium of the excitement of the heart and arteries.

The following passage from Dr. Annesley's work on the *Diseases of India*, exhibits the train of symptoms and disorders which occur in connection with worms in that country:—"Cases of asthenia, dyspepsia, colicky pains, diarrhœa, vomiting, pains of the head, of the upper and lower extremities, pains of the back, slight fever, hemorrhoids, rheumatism either with or without fever, epilepsy, hemeralopia, and marasmus, were most frequently observed as the consequences or concomitants of worms in the large bowels, and of morbid accumulations in the same situation; the worms being in all these cases evidently the consequence of the morbid secretions formed upon the digestive mucous surface, and the disorders enumerated above being symptomatic of this state, as well as of the irritation occasioned by the worms themselves."

The symptoms caused by worms have in some instances given rise to an erroneous belief in the presence of hydrocephalus, as in both cases there may be pain in the head, convulsions, enlarged pupil, tendency to vomiting, and great depression of spirits. The mistake is, however, hardly excusable, inasmuch as the symptoms are far less intense and less continuous in the former case than in the latter. But in forming our diagnosis, it must not be forgotten that worms and hydrocephalus may coexist.

On the importance of worms in a pathological point of view.

"The evil effects attributed to worms," says Rudolphi, after a careful analysis of the symptoms commonly ascribed to them, "are only occasional and accidental, and when they do occur, depend as much or more on a debilitated, disordered, or over-irritable state of the body, and especially of the intestinal canal, as on the mere presence of these its natural inmates. In a very great majority of cases they do not excite any inconvenience, and even with regard to tænia, the most dreaded of them all, the first suspicion of its existence is often awakened by the appearance of fragments of it in the evacuations. The *ascaris lumbricoides* and tænia, in such peculiar cases as those just alluded to, and in those only, are capable," continues the same author, "of exciting convulsions and certain other spasmodic affections, and the *ascaris vermicularis* may produce itching of the anus and genitals; all the other evils ascribed to worms in the intestines of the human species are fictitious." Such is the opinion of one of the highest authorities on this subject; and Dr. Parr expresses himself very much to the same effect. "Worms," says he, in his *Medical Dictionary*, "seem to form a part of a healthy constitution, and are scarcely injurious but from accidental circumstances." He admits, however, that when in great numbers they may excite irritation and lead to disease. "Their formation," he adds, "is assisted by the accumulation of mucus, and consequently in children, and sometimes in cachectic patients, they may become inconvenient, but are soon destroyed by any kind of fever." Agues in particular are said to determine their speedy expulsion. Clarke thinks that they serve to keep away other diseases; but this is not very probable. Healthy children, as Rudolphi remarks, do not stand in need of them; and to the delicate they are obviously injurious. Such hypotheses have arisen from the vanity or error of supposing that all animals were made in reference to man, and for his advantage alone, instead of primarily for their own sake and for their own enjoyment of existence. Bremser likewise rates their importance in relation to pathology very low, insinuating that the chief reason for investigating the means of expelling them is to be found in the fancy which all patients in whom they are known to exist have to get rid of them; and his testimony is the more disinterested as he seems to be very extensively employed in this department of practice. The account, however, which M. Louis has given of the symptoms of tænia, drawn from cases which have fallen under his own immediate observation, leads us to believe that several of the above distinguished physicians have made rather too light of the matter.

M. Fortassin has run into the opposite extreme, ascribing all manner of evils to worms—affections of the brain and lungs, ophthalmia, dyspepsia, gangrene, paralysis, as well as various spasmodic and nervous affections.

The only morbid appearance, as discovered

by dissection, which worms seem capable of exciting in the intestines, is a slight injection of the mucous membrane, together with an unusual quantity of mucus. Whether they have ever, from their numbers being very great, caused obstruction and consequent inflammation and gangrene, is doubtful. In the human species we have rarely opportunities of ascertaining by actual dissection the number of worms which may at once be present, or the state of the intestinal canal which coexists with them in *healthy* individuals. Comparative pathology, however, enables us to supply this deficiency. Rudolphi has found the intestines of horses and lambs, and of various birds, fishes, &c. stuffed full of worms, and yet no inflammation was induced. One animal he found filled up with them from the fauces to the cloaca. He does not, however, think they can ever produce absolute obstruction, as there will always be room for the passage of chyle and fæces. Their agglomeration, occasionally detected in the human intestines along with ileus, as in a case mentioned by Rahn, is probably the effect and not the cause of the obstruction.

That such worms as are met with in the intestinal canal of man are altogether incapable of perforating the healthy tissues is the belief of Wickmann and Bianchi, Rudolphi and Bremser, and was indeed long since advocated by Plater. And even in the case of the echinorhynchi, which by means of their proboscis armed with curved hooks do occasionally perforate the walls of the intestines of fish, birds, and some of the mammalia,—Rudolphi having himself seen not only the proboscis and part of the body thrust through the aperture, but even the whole animal in the abdominal cavity,—the process is so gradual, and the organs by which it is effected are so minute, that no inflammation is produced. The wound inflicted is extremely small, and heals up so rapidly that he never was able to discover an unoccupied aperture. For the most part, however, only one of the intestinal tunics is penetrated by them. Bremser doubts whether the lumbricoides can even induce irritation of the intestines. In animals just killed, he has always found them insulated and enveloped in mucus, so that they were not even in contact with the internal membrane. Neither he nor Rudolphi ever found them adherent to this part by either extremity, though they do not absolutely deny the possibility of such an occurrence. Their smooth and taper surface will also tend to prevent their getting impacted. If they be ever capable of causing irritation, Bremser thinks it can be in those cases only where the intestines are independently in a morbid condition. The tape-worm, though it affixes itself so firmly as to break rather than to lose its hold, and to retain its position even when put up as a preparation in alcohol, induces no local inflammation. All the reputed cases of perforation by worms seem to have originated either in ulceration of the intestines, or in strangulated hernia accompanied with inflammation, suppuration, or gangrene, the worms merely passing out through the lesion into the cavity, or to the surface of

the abdomen. It has been supposed by Richter and others that worms may themselves be the cause of strangulation of the intestines; and Widekind has endeavoured to shew that they produce this effect either by producing spasmodic contractions and consequent inflammation and incarceration of the portion of gut in the hernial sac, or else by mechanical obstruction. But all this is rejected by Rudolphi, who believes that worms are totally incapable of producing such phlogosis or obstruction whether in the free intestine or in the case of rupture; and Bremser's extensive experience has never furnished him with a single instance of the kind. He quotes, however, two cases, one from Daquin, and the other from Campedon, which were perhaps of this nature. There was violent colic in both. Daquin's patient, a child of ten years old, had obstinate vomiting, delirium, amaurosis, and eventually coma. The small intestines and cæcum were found quite distended with worms, as if they had been forcibly stuffed into them. The head unfortunately was not examined. The other case was that of a man who died after enduring excruciating pain for twenty-four hours, and on dissection the cæcum and part of the colon were found filled up with worms, the number of which amounted to three hundred and sixty-seven. The intestines were inflamed and gangrenous.

Of the symptoms peculiar to each kind of worm.

Ascaris lumbricoides.—In the preceding section nearly all the symptoms to which this species gives rise have been enumerated. The general description of worm-symptoms met with in professed writers on the subject, who have for the most part merely copied their predecessors from the time of Andry down with great assiduity, have commonly been made in reference to this the most frequently observed of the whole race. The group which Dr. Baillie selects out of them as more particularly indicating the presence of the round worm is as follows,—“a swelled belly, emaciated extremities, an offensive breath, and a deranged appetite.” “The appetite is often greater than in health, but sometimes it is much less. The stools are slimy, and the patient frequently picks his nose, and during sleep grinds his teeth.” In Heberden a still fuller list is to be found, but in giving it we should only be repeating the enumeration already made at so much length. According to Laennec, the most frequent symptoms are colics and other kinds of pain in different parts of the belly, alternation of anorexia and excessive appetite, nausea, hiccup, cardialgia, diarrhoea, and tension of the abdomen: and to these he annexes a long catalogue of general symptoms which do not differ materially from those to be found in a preceding page. Whether the lumbricoides is capable of causing pain even in a morbidly sensible mucous membrane, is one of those points which Rudolphi believes it impossible either to prove or to disprove. Similar pains occur where none of these animals exist; and even the cessation of suffering on their expulsion is not conclusive, for to the evacuation of fæces, flatus, &c. which takes place at the

same moment, the amelioration may be equally ascribed. Where they leave their natural abode, the small intestines, and mount into the stomach or œsophagus, parts not destined for their reception, they may doubtless produce very distressing symptoms, pain, nausea, vomiting, titillation of the throat, convulsions, &c. The convulsions induced by them are not generally of a very formidable nature. Guersent never saw them prove fatal save in the single instance already alluded to, where they seemed to have suddenly introduced themselves into the biliary ducts.

Symptoms of the ascarides vermiculares. Itching of the anus coming on especially in the evening, and aggravated by the warmth of bed, violent exercise, or anything else which overheats the body, is, next to the actual detection of these worms in the stools, their most characteristic symptom. In the early part of the day the patient is often entirely free from this annoyance. There is occasionally an uneasy heavy feel or dull pain, more rarely a lancinating one, about the extremity of the rectum, where from the frequent rubbing of the part to relieve the pruritus, small tumours, like piles, form, and sometimes secrete a fluid from their surface, which concretes into thin scales. An oft recurring inclination to go to stool is a frequent symptom, along with tenesmus, and slimy evacuations, which are at times tinged with blood. We have known a spasmodic state of the sphincter ani also to exist along with other symptoms indicating a considerable degree of irritation in the mucous membrane, which, perhaps, in some instances, passes into subacute inflammation.

Many additional symptoms have been ascribed to them by various writers. "Sickness, gripings, faintness, tremblings, indigestion, giddiness, pains of the head and stomach, too much or too little appetite, itching of the nose, unquiet sleep, coughs, offensive breath, have all," says Heberden, "been found in different persons together with ascarides; but experience teaches us that none of these symptoms are necessarily connected with them, and therefore it is doubtful, whenever they have met, whether chance or the nature of the distemper have had the greatest share in bringing them together. This sort of worm has continued for twenty or thirty years without doing any considerable injury to the health."

The general symptoms to which they have in some rare instances given rise in very irritable habits, and especially in young children, have been of an alarming nature. Thus, Hoffmann gives the case of a boy of seven years old, who, being active and healthy previously, was suddenly seized with an acute pain in the head along with febrile heat and quickness of pulse. Shortly afterwards there supervened tormina about the navel, efforts to vomit, intolerable itching of the anus, and obstruction of the bowels of three days' duration, succeeded by convulsive movements of the head and feet. On the cessation of these, he lay breathing heavily, with his eyes fixed, and deprived of sense and motion. Antispasmodics, anhel-

mintics, and purgatives were administered. Numerous stools were induced, and along with these above a thousand ascarides rolled up into a ball were passed, after which all the symptoms immediately ceased. The same writer assures us that he had in several other instances seen them induce violent nervous symptoms, not only in children, but also in cachectic females whose health had been impaired by a deranged state of the menstrual function.

Restlessness, insomnia, and a very irritable and even wretched state of body and mind during those hours in which their motions are most felt, are not uncommon. Brera, and even Rudolphi, have conjectured that their intolerable annoyance, in the worst cases, may depend on a deficiency of protecting intestinal mucus; this cause, however, appears very doubtful, being inconsistent with the well ascertained fact, that the severity of the symptoms may be greatly reduced by such means as are known to diminish the quantity of this secretion, as by extreme temperance in eating and drinking, regular and active bodily exercise, &c.

Their irritation often causes, or at least is accompanied by, symptoms of indigestion, as an uneasy faintish feel at the pit of the stomach; a capricious or sometimes a depraved appetite manifesting itself in a desire for indigestible substances; pains in the belly, itchiness and redness of the nose. In females they may induce, either by sympathy, or, as is much more frequently the case, by their actual presence in the vagina and orifice of the urethra, intolerable pruritus, leucorrhœal discharges, or even irritation of the bladder, nymphomania, and other evil consequences alluded to by Wichmann; and in males, likewise, a tendency to excessive sexual indulgences has sometimes been attributed to the state of congestion and excitement induced by their proximity to the genital organs. Prolapsus ani has been supposed both by Plater and Van Phelsum to be sometimes induced by them, and a sensation compared to a drop of cold water falling in the rectum has been said by the latter to be sometimes produced by them. If the falling down of the gut be ever really produced by them, it must be in an indirect manner, through the medium of the long-continued and vain efforts made at stool. In many patients most or even all of the above symptoms are absent though ascarides are found in the stools, which can only be explained either on the supposition of an unusually low degree of sensibility in the rectum, or on that of these animals occupying a higher situation than usual in the bowels. In forming our diagnosis we must bear in mind that the pruritus, and many of the other inconveniences enumerated above, may equally owe their origin to hemorrhoids.

Symptoms peculiar to tania.—The effects to which the presence of tape-worm gives rise in the animal economy are represented in the most dissimilar lights by the different writers who have treated of it; for whilst to some it has appeared scarcely to merit the name of a disease, others speak of it as one of the most formidable affections to which humanity is liable.

The *tænia solium* and *tænia lata*, says Rudolphi, are found in very healthy individuals, and are generally known to exist only in consequence of portions of them being evacuated. They seem commonly to remain at rest; and though patients sometimes speak of their producing an undulatory sensation, yet this is probably often the result of fancy; for such a motion should no more be felt by healthy individuals than the peristalsis of the intestines. That the feeble and irritable, who have a mucous membrane possessed of a morbid degree of sensibility, should be capable of perceiving such motions is conceivable. The occasion on which they will be felt is most probably when the creature gathers its whole length into a ball in one spot of the intestine. Women of a very nervous habit complain of their causing disagreeable undulatory, creeping, or rotatory movements; but though these may sometimes really depend on the presence of *tænia*, they probably much more frequently originate in imagination or in globus hystericus.

M. Hippolyte Cloquet, on the other hand, says that the symptoms of *tænia*, though often obscure and equivocal, are very numerous and varied, and are capable of simulating any disease however rare and extraordinary. Those which first appear, according to this author, are swelling of the abdomen, pain, and borborygmi; the colour of the face is altered, being redder or paler than natural, of a leaden hue or mottled, and changing momentarily; the eyes are fixed, watery, dull, and surrounded by a dark circle, and the pupils are greatly dilated; the eyelids yellowish and puffy; there is pruritus of the nostrils, and occasionally epistaxis; the tongue is whitish, speckled over with purplish points, (the prominent villi,) and reddish or inflamed at the tip. At a later period come on headach and a sense of confusion, loss of sleep, severe pain in the orbits. The appetite is unnaturally increased or diminished, or each alternately, there being at one time excessive hunger, and at another disgust for food. The urine is turbid, milky, jumentose; the perspiration of a fetid acid odour, and the extremities are cold. There are ringing in the ears, much frothy saliva in the mouth, hiccup, nausea, sour eructations, fetid breath, desire for cold drinks, night sweats, rigors, an uncomfortable feeling of weight in the abdomen, vomiting of a yellow or porraceous bile, a short dry cough, cardialgia, frequent lipothymy, respiration difficult and stertorous, or even panting in the sleep, which is broken and unquiet, somnambulism, trembling of the limbs, vertigo, palpitations, hardness, frequency, and intermittence of the pulse, an obscure sensation of pricking or dragging in the abdomen, diarrhoea or obstinate constipation, tenesmus and extreme itching of the anus, an irregular anomalous fever, a fungous state of the gums, livid lips, and great emaciation, even when the appetite is graet. There exists, moreover, a state of great anxiety, depression of spirits, and debility. The uneasy feelings are for a time appeased by eating, but return as soon as digestion is finished. There is a disposition to lie on the abdomen, and a tem-

porary feeling of ease after a draught of cold water. Out of this formidable host of symptoms, those which he selects as most characteristic, are dilatation of the pupils, itching of the *alæ nasi*, a sour breath, lividity or paleness of the face, derangement of the digestive organs, emaciation and a sense of creeping or dragging within the abdomen, and pytalism.

The symptoms which were considered by Dr. Baillie as most indicative of its presence, are a gnawing uneasy feeling in the region of the stomach, diminished or removed by eating, an appetite commonly somewhat voracious, though occasionally less than natural, an itching of the nose, frequent nausea, colics and giddiness, in some cases a cough, and in others convulsions.

The great majority of cases which have fallen under our own observation have been in middle-aged females in the poorer classes of life. The symptoms complained of were occasional pain in the stomach, vomiting of a watery fluid in the mornings, anorexia or craving appetite, thirst, swelling of the abdomen, itching of the anus and nose, a sense of general soreness all over the body, weakness of the limbs and of the back, great tendency to perspiration, heaviness of the head and a stupid confused feeling, dulness of sight, though the pupils were natural, and finally portions of the worm coming away, not only when at stool, but even while walking.

Amongst the symptoms of impaired digestion caused by these animals, Van Swieten mentions in particular borborygmi, which were so loud in one instance as to be audible at thirty paces distance; and a similar case is mentioned by a French author.

In a well-marked case of tape-worm, detailed in one of Dr. Elliotson's clinical lectures, the subject of which was a man of twenty-seven years of age, the following were the symptoms present:—constant hunger, confusion of head with heaviness and tension of the forehead; throbbing of the temples, and starting from sleep; pain in the region of the heart, and palpitations; frequent and fruitless visits to the water-closet, and tenesmus; itching of the nose, and nausea before breakfast; in addition to all of which, he had frequently passed large portions of the worm. The pains in the limbs, which occur in many cases of *tænia*, as Dr. Elliotson remarks, are not peculiar to worms, being met with in irritation of the stomach and bowels from various causes. In cholera they are seen at their maximum of intensity. Examples of pains in distant parts of the body, neuralgia, cramps, &c. from derangement of the digestive organs, are daily presenting themselves to the medical practitioner. In bilious attacks, as they are popularly called, or in gastro-hepatic derangement, pain in and over the eye-balls is an almost constant symptom. In gastric fevers, and cases of subacute inflammation of the mucous membrane of the stomach and intestines, pains and a feeling of extreme fatigue, or of the parts having been bruised, are, as every one knows, extremely common. On the exhibition of medicines tending to procure free evacuations from the bowels, to reduce inflam-

mation of the mucous membrane, and to restore the digestive organs to a healthy condition, all the symptoms which had been ascribed to worms will often immediately cease, though none of these animals may have been passed.

Of all the accounts of the symptoms of *tænia*, that by M. Louis, drawn from the careful observation of ten cases in the hospital "La Charité," at Paris, a few years ago, is by far the most satisfactory. Three of the patients were females, and seven were males, the youngest being a boy of twelve years old, the son of one of the other patients; and the oldest seventy-four years old. Most of them were in a very comfortable station of life, and all were habitually well fed. All, except two, were of a good constitution, and generally healthy prior to the appearance of the tape-worm, the disagreeable symptoms all dating from the period when they had first perceived the joints of the worm in their evacuations. Their mode of life was generally active. Thus, as far as these ten cases go, there is no reason to attribute the disease either to bad food, to the influence of age, debility of constitution, previous maladies, or a sedentary mode of life; all that could be made out about the matter, was the existence of the worm, and of certain symptoms to which it gave rise. The greater number of the patients had been evacuating fragments of *tænia* almost daily for several years, some even from their earliest youth up; and the joints of the worm came from them even in the intervals of the stools, and were found in their clothes or in their beds. In one individual, however, the appearance of the articulations in the evacuations had been observed but twice, and each time after the exhibition of a purgative. In all except two the period of the origin of the symptoms, and that when the first traces of the worms were detected in the fæces, were coincident. Louis accounts for this by supposing, that until their attention was awakened to the subject, the patients had overlooked or forgotten the symptoms which may have long previously existed. But this absence of symptoms in the earlier periods of the affection, taken in conjunction with their temporary subsidence after each expulsion of a large portion of the worm, seems to us rather to indicate that it is chiefly when it becomes so elongated as to get into the large intestines that it is productive of serious annoyance. That the lower portion of the worm does occasionally extend so far down, is unquestionable. Thus, in a case to be found in a recent number of the *Medico-Chirurgical Journal*, it is mentioned that a patient was in the habit of ridding himself of large fragments of tape-worm by introducing a stick into the rectum, and twisting the worm around it till it broke. In none of M. Louis' cases were the functions of the body in a state of perfect integrity, though the degree of derangement varied much in different individuals, being very inconsiderable in some, and yet so annoying to others that they took every means within their power to get rid of the disease.

The chief symptoms were colic and pain in the abdomen of various kinds, itching about

the anus and at the end of the nose, more or less derangement of the appetite and digestion, and pain at the epigastrium. Headach was rare, but pain and lassitude in the limbs very frequently existed, and that to so considerable a degree as often to interfere materially with the free exercise of their several trades. The most constant of the above symptoms was pain in the abdomen, which existed in all the cases, though in very different degrees of intensity being in some like a colic, and in others of a less marked kind, the nature of which they could not well explain. It was seated chiefly towards the flanks, intermittent and recurring at various intervals. The colicky pains were neither accompanied nor followed by diarrhœa except in one case, that of a female who had likewise been labouring under a menorrhagic affection for four years. Itching at the margin of the anus was the symptom next in frequency, being present in seven-tenths of the cases. Itching at the end of the nose was much less frequent, being present only in four-tenths of the patients. But with the exception of a single case, pruritus existed in one or other of these situations in all; and the degree of it seemed to be often proportional to the number of joints passed, which appears to prove that this symptom depends in a great degree on the local irritation of the rectum from the actual presence of portions of the worm in it. The appetite in one case was sensibly increased; in four not notably altered; in the remainder it had fallen off or was subject to alternate increase or diminution. In the case of the women especially, there frequently occurred a degree of hunger difficult to satisfy, and requiring the repeated ingestion of food at very short intervals; and in one individual nothing but animal food seemed capable of allaying this craving, which was accompanied with a distressing feeling of convulsive motions or spasmodic contractions within the abdomen. It was also chiefly the females who complained of sharp pain at the epigastrium; in one case this seemed to have been induced by the violence of the remedies which had been imprudently employed, but in the others it was caused evidently by the *tænia* itself, as it ceased immediately after its expulsion. One woman complained of a sense of weight at the stomach after eating. In one case only was there any vomiting; and in this it was constantly induced by eating carrots, of which the patient, a young Swiss, was very fond. He was able to eat them without inconvenience, both before he became affected with *tænia* and after its expulsion. The same patient complained likewise of *borborygmi* and pains in the region of the kidneys, and a sense of debility in the mornings without any known cause. All of these symptoms ceased after he got rid of the worm. Headach, as already mentioned, was rare; in one instance where it existed, the patient was phthisical, and it may have depended on the violence of the coughing. Yet in two of the females pain in the head seemed to be connected with the presence of the tape-worm. Pains, lassitude, and even cramps in

the extremities were very common, and from interfering with the patient's avocations, were, with many, the symptoms which chiefly urged them to seek a cure. Emaciation to a certain degree existed in all; it was not, however, very marked in any, and had not generally become obvious till one or more years after the fragments of tænia began to be passed. Singing in the ears was a symptom in the women's cases; in one only was there slight dimness of sight. The pupil was in its natural state in all; hence its dilatation cannot be considered an ordinary symptom of tænia, though mentioned as such by many writers. The intensity of the symptoms, as well as the number of fragments passed in two instances, increased notably in spring.

From the above review of the symptoms, it appears that their number and variety were greatest in the women, as in addition to those complained of by the men, they had singing in the ears, occasional imperfection of sight, pain at the epigastrium, and a considerable derangement of the appetite. M. Louis thinks that we may almost with certainty conclude that a worm of some kind or other is present in the intestinal canal, when there exists the following combination of symptoms, viz. pain in the belly, colic of various degrees of frequency and intensity, but unaccompanied with diarrhœa; and finally pruritus about the anus and the end of the nose. Other symptoms, such as pains in the limbs, lassitude, disinclination to work, and various nervous affections occasionally present, may also assist our diagnosis. To M. Darbon's remedy, by which the tape-worm was so speedily and safely expelled in the above cases, we shall afterwards allude. All the symptoms ceased within a few days at farthest after their expulsion; the appetite and digestion became natural; the colour, flesh, and strength returned; and the patients all continued in perfect health four months, when the stability and completeness of the cure were tested by again exhibiting the anthelmintic medicine. Those who had previously been relieved by other modes of treatment had never enjoyed so long an interval of repose after their use.

Diarrhœa, though excluded by Louis, seems, according to the experience of Dr. Darwall and various other practitioners, to be by no means a rare symptom in cases of tænia, though tenesmus seems to be a still more frequent one. The last-named author, though he has treated some hundred cases of the disease, never once observed that temporary alleviation after eating of which so many writers speak; on the contrary, the patient's sufferings were usually rather increased by it. Pains of a rheumatic character appeared to him to be very common, and were influenced in some degree by the weather, though they ceased entirely on the worm being destroyed. He confirms the observation made above as to dilatation of the pupil not being one of the ordinary symptoms of this affection, never having met with it except in cases of concomitant cerebral affection.

TREATMENT.

In the treatment of worms we have a two-fold indication to fulfil,—namely, first, to expel those which are already present, along with their ova, and the superfluous mucus in which they exist; and, secondly, to prevent their reproduction.

The medicines by which these objects are attained are called anthelmintics, which, as stated in a former part of this work, are divisible into evacuants, which simply expel the worms, either by their mechanical, chemical, or purgative influence; the specific, which act as a poison to the worms; and the corroborant, which tend to correct that state of the system on which their generation depends. (See ANTHELMINTICS.) Though the first of the above-mentioned indications be that which commonly attracts most attention, yet in real importance it is infinitely inferior to the second. The worms themselves in many, perhaps in most instances, are productive of little inconvenience; whereas that impaired state of the digestive functions to which, as we have seen, they so often owe their existence, is incompatible with the perfect enjoyment of life.

The number of reputed vermifuge medicines to be met with in authors, even limiting the term to such as are thought to have the power of killing or expelling worms, is very great: their mere enumeration would occupy several pages; but, as commonly happens, this apparent superfluity of means is deceptive, the invention of new remedies being generally the result of the inefficiency or of the dangerous nature of those previously in use. The following heterogeneous catalogue, though brief in comparison to some others that we could mention, contains, we believe, most of the anthelmintics which enjoy any degree of credit in the present day, and certainly many more than the practical physician will almost ever find it necessary to have recourse to. Those which are most in use have already been noticed in the article ANTHELMINTICS, with appropriate directions and cautions. Many which have in their day been zealously advocated are infinitely more to be dreaded than the disorder they are intended to combat.

1. *Mechanical anthelmintics.* Metallic zinc, tin or iron, in a state of somewhat coarse subdivision; cowhage, charcoal.

2. *Specific anthelmintics.* Various empyreumatic and essential oils; turpentine; Dippe's animal oil; Chabert's oil; petroleum; cajeput oil; essence of bergamot; oil of juniper; camphor; pomegranate-root bark; the male fern root; veratrum sabadilla; *Geoffræa inermis* and *Surinamensis*; *spigelia Marylandica* and *anthelmintica*; *scabiosa Indica*; *colchicum*; *areca olracea*; *curica papaya*; *helminthochorton*; *chenopodium anthelminticum*; the hellebores; *savine*; *rue*; *bastard ditany*; *tobacco*; *prussic acid*.

Bitters. Tansy; *artemesia Santonica* and *Judaica*, (worm seed, *semen contra*); *hierapicra*; *chamomile*, &c.

Acids. Vegetable and mineral; fixed air, &c.

Metallic salts. Sulphate and carbonate of iron; nitrate of silver, &c.

Common salt; sea water; sugar; sulphur; sulphuretted hydrogen; sulphuret of tin; muriate of ammonia; muriate of barytes; ether; alcohol; assafetida; garlic; onions; squills; valerian; green shell of the walnut; juice of carrots; large draughts of cold water; mare's milk; electricity.

3. *Purgatives used as anthelmintics.* The saline class of purgatives; oily purgatives, (castor oil, croton oil, olive and other bland oils in large quantities, &c.); drastic and other purgatives; gamboge; scammony; colocynth; gratiola; jalap; aloes; senna; rhubarb; ipecacuanha; mercurial medicines, especially calomel; antimony (tartar emetic).

Of the medicines enumerated above under the head of specifics, several are of a highly dangerous nature, and, we repeat it, quite disproportioned to the importance of the malady; and some of the rest have but a doubtful claim to the place which they here occupy. Thus, it is very uncertain whether the salts of iron, as well as bitters and mineral acids, do not owe the whole of their beneficial influence, not to any direct or immediate impression on the worms, but to their gradual effect in improving the tone of the stomach and intestines. But however this may be, their utility in the treatment of worm cases is well established.

Amongst the best accredited vermifuges, or substances which seem really to exercise a specific influence over worms, are turpentine, Chabert's oil, the root of the pomegranate and of the male fern, *Geoffræa inermis*, *spigelia Marylandica*, and *Cevadilla*. The use of the three last is, however, attended with a degree of risk which is scarcely counterbalanced by such efficacy as they possess; and we can the more easily dispense with them in consequence of the well-ascertained vermifuge power of those which precede them, and which are more manageable and more readily obtained here of an uniform strength. Even in the use of many of the purgatives employed against worms considerable caution is requisite, as the debility which their untimely or excessive employment may induce is not only more detrimental to the patient's health and comfort than the worms usually prove, but actually predisposes to the recurrence and multiplication of these parasites. Where an inflammatory condition of the mucous membrane of the stomach or intestines happens to exist, the injurious effects to which drastics might give rise scarcely need to be pointed out; and, indeed, in most cases where a febrile state of the system connected with some acute or subacute local affection is present, the treatment of the coexisting worms may be safely postponed as altogether of secondary importance. These exceptions being made, aperient medicines judiciously employed constitute, it must be confessed, one of the most useful and most generally applicable remedies against worms, and especially in the cases of children. They at once improve the secretions, tend to relieve the coexisting dyspeptic and nervous sym-

ptoms, and to prevent any inordinate accumulation of these animals, and thus greatly alleviate the symptoms even where they do not altogether put an end to the affection. The mild influence of certain mineral waters often proves very beneficial in worm-cases, both immediately, by keeping up a free state of the bowels, and mediately, through the accession of energy which the digestive organs receive during their use. The water of Seidlitz, abounding in the muriate of magnesia, has long been celebrated in such cases, and seawater, which owes its bitterness to the presence of the same salt, is likewise often found very useful. The presence of sulphuretted hydrogen, in addition to the above-named and various other purgative salts, gives the Harrogate water a still higher claim to our confidence. The waters of Pyrmont, from containing iron in solution, were reckoned by Hoffmann and many other German physicians very beneficial in cases of *tænia*.

The employment of such measures as strengthen the body constitutes by much the most important part of the treatment of worms, as it tends not only to prevent their formation, but also to remove the irritable state of the system so often present, and to add energy to the various functions on the imperfect performance of which, much more than on the presence of these animals, the troublesome symptoms depend. A diet, consisting of food of easy digestion, and so restrained in quantity as to insure its perfect assimilation, along with a healthy habitation, a dry atmosphere, and regular exercise, will often, alone or with the aid of the mineral and vegetable tonics, prove perfectly sufficient to attain the desired end. If, however, they fail, and the evidence of the existence of worms and of their inducing irritation in the system continues strong, the employment of some of the best established and safest of the anthelmintic medicines mentioned above becomes justifiable. If a scrofulous diathesis, as is so often the case, co-exists, all those means which are known to be useful in its management must be simultaneously brought into action. As to the nervous affections which form the great bulk of those fairly traceable to worms, we must endeavour to palliate them as they rise, by the use of a mild and demulcent diet, the tepid bath, and other ordinary antispasmodic remedies, until we can succeed in removing their cause by the means just alluded to. Some of the German practitioners are extremely partial to the use of Chabert's oil. "It is the only medicine," says Rudolphi, "which at once expels the worms, and by giving that degree of stimulus to the enfeebled body which is so requisite in scrofulous and hysterical cases, removes the tendency to their reproduction."

It only remains to make a few remarks on the particular treatment more especially applicable to each of the three species of intestinal worm from which inconvenience may in this country be experienced. The treatment of the *bothriocephalus* is of little comparative interest here, and will, therefore, only be cursorily

noticed when we come to speak of that of the common tape-worm. The trichocephalus, as already stated, does not appear to induce any disturbance in the economy, and is hence rarely if ever the object of medical treatment.

Treatment of ascaris lumbricoides.—The means generally resorted to in this country for the removal of this species of worm, consist in the employment from time to time of active purgatives; whilst bitters and tonics, together with such mild aperients as suffice to keep the bowels in an open state, are administered in the intervals. A combination of calomel and jalap is the purgative most frequently employed; from two to five grains of the former along with from four to fifteen of the latter, according to the age and strength of the individual. Larger doses than these might, perhaps, sometimes be advantageously substituted, and have, in the case of adults at least, been recommended by the best practitioners. Thus, a formula employed by Dupuytren in worm cases contains thirty grains of jalap with six of rhubarb and two of calomel. Both Wepfer and Van Swieten, also, give jalap in half drachm doses; and Pringle administered even in fevers a similar quantity of rhubarb with twelve grains of calomel. If the more moderate of the above-mentioned doses be preferred, and the patient be of a tolerably strong constitution, they may be repeated for a few days in succession, and their action aided either by castor-oil, infusion of senna, or some of the saline aperients. Scammony, aloes, and rhubarb enter into the composition of several of the formulæ employed in such cases; and the last mentioned substance forms a useful addition to whatever purgative may be selected, as it tends, whilst producing an aperient effect, likewise to support the tone of the mucous membrane. Bitters, quinine, or some of the preparations of iron, the carbonate, sulphate, or acetate, may be subsequently employed and continued for a considerable length of time, along with such mild aperients as will produce two, or at the very most three stools daily. For the latter purpose the infusion of rhubarb, combined with a bitter and an alkali, answers extremely well, or a combination of rhubarb and carbonate of iron, with some bitter extract. Such preparations, whilst they prevent the accumulation of worms, serve likewise to give energy to the process of digestion, and if employed in conjunction with a tonic and moderately stimulant system of diet, and healthful exercise, remove that condition on which the production of worms so often depends. Calomel is thought by many practitioners to possess a power of destroying these animals greater than its purgative effects alone are capable of accounting for, and a perseverance in its use, where the constitution admitted of it, has subdued some very obstinate cases. "Calomel, in order to be effectual," says Rush, "must be given in large doses. It is a safe and powerful anthelmintic." That mercury really exerts a poisonous influence over worms in certain circumstances seems proved by an observation of Laennec's, who says that

he once procured their expulsion in a dead state by means of mercurial frictions; whereas, after all the previously employed anthelmintics, they came away alive. Such an effect from mercury is, however, very far from being universal. Thus, Scopoli observes that worms are in no persons more abundant than in those living near the great quicksilver mines of Idria, though their constitutions are often thoroughly saturated with mercurial exhalations. Van Helmont, Hoffmann, Dionis, and others, had great faith in water in which quicksilver had been boiled as an anthelmintic; yet there is no reason to suppose that any portion of the metal is dissolved if the water be pure. Van Helmont, indeed, was aware of this, but fancifully believed that the water borrowed the property though not the substance of the mercury. Rush has great confidence in the carbonate of iron, taken daily in doses of from five grains up to half a drachm, a purgative being occasionally interposed to carry down the worms.

The following combination of bitters and purgatives was much employed by Hoffmann, and, as he informs us, with great success. Assa-fœtida, extract of rhubarb, tansy, aloes, myrrh, and calomel, of each a drachm, together with four grains of extract of saffron and as much castor, were all well mixed together; and each scruple of the mass divided into fifteen pills, of which the dose was from five to eight, according to the age. Rosenstein's favourite anthelmintic powder consisted of four grains of sulphate of iron, with ten of semen Santonici, and twenty of jalap, very well rubbed up with an equal quantity of sugar to prevent its griping, and administered in a little honey at breakfast time. When it began to operate, a glass of cold water was to be taken after each stool. It was administered for three mornings running at the beginning and end of the wane of the moon, a part of the prescription to which much importance will not now be attached. He was also in the habit of giving repeated small doses of assa-fœtida (five grains every four hours) for two days, and then purging it off on the third with rhubarb. Störk's vermifuge electuary, which still enjoys a high reputation, was composed of sal polychrest, jalap, and valerian, a drachm each, along with four ounces of the oxymel of squills, the dose for an adult being half an ounce four times a day; and for a child one or two drachms. "Most of the empirical remedies," says Underwood, "consist either of bitter purgatives or mercurials; calomel, scammony, and jalap, have been said to be the active medicines in several of our worm lozenges and worm cakes. That their efficacy is often superior to that of the medicines used in similar cases by the regular practitioner, depends, therefore, rather on the greater size of the dose than on any peculiarity in the ingredients.

Bremser's treatment consists in the administration of a tea-spoonful of the following electuary, (called by him No. 1.), night and morning for three or four days, or till the bowels are well cleared out by it, increasing the dose

if necessary, but taking care that it shall not be carried so far as to induce watery and debilitating evacuations. R. Semen Santonici et s. tanacetii rude contus, ā ʒiʒ; pulv. valerian s. ʒii; jalapæ, ʒiʒ-ii; sulphat. potass. ʒiʒ-ii; oxymel scillitic, q. s. ut fiat electuarium. As the taste is very disagreeable, the same ingredients may be given, as suggested by M. Grundler, in the form of pill, when children cannot be prevailed on to take it otherwise. Bremser attaches some importance to the two first ingredients being only slightly pounded, in order that, being in a state of coarse subdivision, they may act in some degree mechanically, or at least retain more of their peculiar virtue in their transit through the stomach, and thus carry part of it with them into the intestines. By being long kept, they lose much of their efficacy. Valerian he considers to be at once an excellent vermifuge and antispasmodic, and jalap he conceives to be less apt than most other purgatives to weaken the bowels, and most proper to remove stagnant mucus and fæces; whilst the slow solubility of the sulphate of potass causing it to act more slowly and certainly, renders it peculiarly suited to such cases. Should the diagnosis even have been erroneous and no worms exist, such an electuary cannot fail of being beneficial to the health by removing those symptoms of intestinal derangement and inactivity which had given rise to the suspicion of their presence. He has rarely had occasion to renew the prescription more than once. Where a more active purgative seems called for, he suspends the use of the electuary for the following preparation—(No. 2.) R. Pulv. rad. jalap. ʒi; fol. sennæ, ʒʒ; potass. sulphat. ʒi; M. to be divided into four parts, of which one is to be taken hourly (by an adult) till it operates. If the patient be of a lymphatic habit, he gives for some time after, by way of preventing a relapse, from ten to thirty drops of the following tonic tincture three or four times a day, in a glass of wine or water.—(No. 5.) R. Tinct. aloes comp. ʒi; tinct. martis pomat. (Ph. Austriacæ,) ʒi; elixir vitrioli, ʒʒ. M. For the tincture of the melate of iron, that of the acetate, of the Dublin Pharmacopœia, may be substituted. A decomposition ensues in the mixture, and the sulphate of iron is formed. During the whole duration of the treatment Bremser prohibits the use of farinaceous and greasy articles of diet, and even restricts the patient as to his allowance of bread. He has never found it necessary in this species of worm to have recourse to any other remedies than the above.

The cowhage (stizolobium or dolichos pruriens) long employed against worms by the natives of the East and West Indies, and so highly recommended by Chamberlaine, Bancroft, and other British practitioners, was much used in cases of lumbricoides a few years ago; a teaspoonful of the electuary being given for two successive mornings, and worked off on the third by an active purgative. Granulated tin, another mechanical anthelmintic, has likewise been employed with advantage, about half a

drachm of it being given for four or five days, and then a purgative interposed. For both of the last-mentioned remedies, and for a more particular account of their mode of administration, see the article ANTHELMINTICS.

As for the spigelia and Geoffræa, they have already been alluded to; and though it is against this species of worm that they have been found most effectual, we believe they need rarely be had recourse to, inasmuch as we are in possession of other means of equal efficacy and of much greater safety. The first is rejected by Bremser, and he does not appear ever to have found it requisite to have recourse to the second. The account of the mode of employing them will be found under the head just referred to. The epithet Bravilliers, which the French have given to the spigelia, from a female celebrated in the annals of poisoning, alluded to by Madame de Sevigné in one of her letters, is not very inviting.

Dr. Wenzel, in a work published in 1828 at Erlangen, strongly recommends croton oil as one of the most efficient remedies, in cases both of the ascarides lumbricoides and tænia. It has the great advantage, that in the case of children who often vehemently refuse to swallow any medicine, its external application is almost equally effectual. A few drops rubbed on the abdomen will very often, he insists, lead to the expulsion of the worms.

Camphor seems entitled to some consideration as a vermifuge. Rosenstein occasionally used it, and Moscati is very partial to its employment. He suspends half a drachm of it in half a pint of water by means of a drachm of gum arabic, and administers it in divided doses.

Turpentine is a very effectual means of expelling this kind of worm, and may be employed either in small and frequently-repeated doses, as described in the article ANTHELMINTICS; or if, as happens in some habits, it should excite urinary irritation in this form, it may be given in larger doses and unfrequently, either suspended by means of mucilage in milk, or combined with castor-oil.

The tartrate of antimony has been strongly recommended by Mellin as a vermifuge, especially where the worms exist in complication with fever; and Armstrong and others think it particularly applicable where epilepsy co-exists. Both Rudolphi and Bremser countenance its employment where the primary and more important disease requires such an evacuant. In such fevers, however, as are accompanied with gastro-enteric inflammation, it would be obviously improper.

The muriate of soda was a favourite remedy with Rush. "I have administered," says he, "many pounds of common salt coloured with cochineal, in doses of half a drachm, upon an empty stomach in the morning, with great success, in destroying worms." The use of common salt as an anthelmintic medicine is both ancient and universal. Celsus recommends it. In Ireland, it is a common practice to feed children who are afflicted by worms for a week or two upon a salt sea-weed; and when the bowels are well charged with it, to give a purge

of wort in order to carry off the worms after they are debilitated by the salt diet. It is probably from the acknowledged efficacy of salt when given alone that it has become so usual in Germany to recommend salt fish and pickled meats previous to or during the employment of an anthelmintic course. The *helminthochorton* (*mousse de Corse*, *corallina Corsicana*, &c.) so much in use in France as a vermifuge, has been thought by Bremser to owe its influence to the salt which it contains; but this is probably a mistake, as the quantity of the muriate of soda discoverable in it is but small. Duméril and others attributed its efficacy to the presence of iodine. The terms *mousse de Corse* and *helminthochorton* were formerly used synonymously; but M. de Candolle has shown that the substance met with in the shops under these names, and which is mostly obtained from submarine rocks on the coast of the island of Corsica, is of a very mixed nature, belonging partly to the vegetable, and partly to the animal kingdom: not above one-third part of it consists of the *fucus helminthochorton*, its most active portion, the rest being made up of other *fuci* and *confervæ*, as well as of *corallines*, *sertulariæ*, &c. It has, according to Richard, a bitter nauseous taste, and a smell of sponge. It is given either in powder, in doses of from twenty grains to a drachm, in a little wine and water, or in some conserve; or else in the form of decoction, syrup, lozenges, &c. Its solution, on cooling, forms a jelly, and in this state also it is sometimes administered. Gardien fancies it has some power of dissolving the worms, as they are rarely discoverable in the stools after its use.

Externally, various applications have been made, either with a view to expelling the worms, or of affording temporary relief to the colics they are supposed to cause, but which, probably, as has been already hinted, are most commonly merely of a flatulent nature. In cases of sudden abdominal pains, in conjunction with the exhibition of oily mixtures internally, and the use of the tepid bath, Rudolphi countenances the employment of frictions with petroleum and oil of cajeput; and in similar cases, Rosenstein, with a view to detaching the worms which he supposed to be engaged in the work of perforation, rubbed the surface with the former of these two substances, previously impregnated with garlic.

Underwood recommends the application to the umbilical region of a plaster composed of a drachm of aloes with the same quantity of powdered chamomile flowers or rue, with a little Venice turpentine; or frictions twice or thrice a week, with equal portions of aloes and ox-gall mixed up with any unctuous substance: either of these applications will often, he asserts, without the use of aperients by the mouth, keep the bowels open, and prove quite sufficient to carry down the worms; whilst a course of the rust of iron is simultaneously exhibited in the manner advised by Rush. Hoffmann speaks favourably of the use of epithems, or plasters made of absinth, aloes, colocynth, the lesser centaury, &c. Boerhaave likewise was an advocate for

purgative and aromatic ointments. The *unguentum Agrippæ*, containing very strong purgatives, such as briony root, the juice of the wild cucumber, squills, &c., and the *unguentum arthenitæ* or ointment of sow-bread, which, besides the roots of cyclament and the wild cucumber, contained colocynth, ox-gall, scammony, aloes, euphorbium, &c., were very frequent applications to the abdomen in worm cases, in the middle of the last century, in Germany; but from the nature of their ingredients, even the external use of such preparations demands much caution, as hypercatharsis and dysenteric symptoms have followed their employment; and hence, as soon as they have induced a copious stool, the anointed parts should be immediately and carefully washed, in order to prevent any further absorption. Brera recommends a liniment of gall, Venice soap, and oil of tansy, as well as an ointment containing aloes and colocynth, æthereal tincture of garlic and camphor, and a plaster of assafætida, galbanum, cerussa and yellow wax. In domestic practice, frictions with ointments of savine and rue are still a popular remedy. Epithems of tobacco leaves moistened with vinegar have been recommended by Barton; but even the external use of this plant is sometimes attended with dangerous consequences. All these external medications participate in the common disadvantage, that we cannot well estimate beforehand the quantity of effect likely to be produced, nor graduate their influence. Purgative enemata are also occasionally employed, but much less frequently than against the following species of worms.

Treatment of the ascarides vermiculares.—Many individuals are troubled with *ascarides* almost from their cradle to their grave. The most various remedies have been employed against them, often with no other effect than a temporary alleviation of the symptoms. They constitute, perhaps, the most obstinate of all the forms of worm disease; and it must be confessed, that though the annoyance to which they give rise may be very materially palliated, medicine alone rarely if ever produces a perfect cure. Even where their expulsion in vast numbers has been effected, they are so amazingly prolific, that they are speedily replaced. Fortunately, however, these worms are attended for the most part with inconvenience alone; and as life advances, and especially at the period of transition from childhood to puberty, they become often greatly reduced in their numbers, or are even altogether got rid of by the mere efforts of nature; and even if they persist after this epoch, or originate subsequently to it, and maintain their ground up to a very advanced age, as is sometimes the case, the symptoms do not seem ordinarily to have any tendency to become aggravated in proportion to the duration of the affection. They are often, indeed, undergoing slight variations in intensity, induced either by fluctuations in the number of worms present, or by almost inappreciable changes in the health or habits of the individual at whose expense they subsist; yet, upon the whole, they produce a pretty equable degree of

suffering; or this tends, if any thing, rather to grow less than to increase in proportion, as habit and the diminishing sensibility of advancing years reconcile the mind as well as the body to their presence. The amount of suffering at all times depends much upon the temperament of the patient; in the irritable and impatient, it forms a kind of periodical martyrdom, recurring daily at a fixed hour, sometimes with singular precision. Bianchi says that a friend of his own was for many years constantly troubled with itching from this cause, from nine till ten o'clock at night, during which time he was unable to do any business, though at all other times entirely free from this annoyance. If the pruritus can, by an effort of the will, be patiently endured for a few minutes, it soon reaches its acme, and then its intensity spontaneously declines; whereas, if additional excitement and congestion of the hemorrhoidal vessels be brought on by giving way to the desire to rub the part, the suffering is very generally aggravated and prolonged. The means by which the annoyance arising from ascarides may be reduced to the lowest possible point, consist in keeping the bowels constantly free, so that the patient shall have one or two stools daily, an appropriate diet, and medicine also, if necessary, being employed for the attainment of this desirable end. If at any time they happen to accumulate to an unusual degree, an active purgative or an aperient enema will generally be found to give immediate though but temporary relief. Regular walking exercise, and great abstemiousness in eating and drinking, so as to prevent an excessive formation of mucus, or the heating and distention of the parts supplied by the hemorrhoidal vessels, are most important. Particular articles of diet, which can only be ascertained by individual experience, occasionally produce an immediate exasperation of the symptoms. Thus we have known one case in which the use of strong tea or coffee, beverages which temporarily increase the sensibility of the body, was always followed within a few hours by a great increase of the pruritus; and small doses of opium, which of themselves so often produce an itchiness of the skin, had a similar effect. We have lately seen another patient in whom the disease seemed to have been induced, or so much increased, as for the first time to attract his notice, by drinking very largely of hot beer for several weeks together.

The following case, to be found in one of Heberden's papers in the first volume of the Transactions of the College of Physicians, contains a very full and clear account of the symptoms of this affection, and of the numerous measures which were put in practice with a view to its relief. Being acquainted with an experienced and intelligent physician, who from his infancy had been troubled with ascarides, Dr. Heberden desired to be informed by him what were the inconveniences which they had occasioned, and what was the success of the remedies which he had used; to which he replied, that "according to his experience the peculiar symptoms of this species of worm are

a great uneasiness in the rectum, and an almost intolerable itching of the anus. These symptoms usually come on in an evening, and prevent sleep for several hours; they are attended with a heat which is sometimes so considerable as to produce a swelling in the rectum, both internally and externally: and if these symptoms be not soon relieved, a tenesmus is brought on, with a mucous defecation. Sometimes there is a griping pain in the lower part of the abdomen a little above the os pubis. If this pain be very severe, there follows a bloody mucus, in which there are often found ascarides alive. They were sometimes suspected of occasioning disturbed sleep and some degree of headach. Purging and irritating clysters were injected with very little success. One drachm and a half of tobacco was infused in six ounces of boiling water, and the strained liquor being given as a clyster, occasioned a violent pain in the lower part of the abdomen, with faintness and a cold sweat. This injection, though retained only one minute, acted as a smart purge, but did little or no good. Lime-water was also used as a clyster, which brought on a costiveness, but had no good effect. Six grains of salt of steel were dissolved in six ounces of water, and injected. This clyster in a few minutes occasioned an aching in the rectum, and griped a little without purging, and excited a tenesmus. Some few ascarides were brought off with it, but all of them were alive. The uneasy sensation created by the clyster did not abate till some warm milk was thrown up. Whenever the tenesmus or mucous stools were thought worth the taking notice of, warm milk and oil generally gave immediate relief. If purging was necessary, the lenient purges, such as manna with oil, were in this particular case made use of; rhubarb was found too stimulating. But in general the most useful purge, and which, therefore, was most usually taken, was cinnabar and rhubarb, each half a drachm: this powder seldom failed to bring away a mucus as transparent as the white of an egg, and in this many ascarides were moving about. The cinnabar frequently adhered to this mucus, which did not come off in such large quantities when a purge was taken without the cinnabar. Calomel did no more than any other purge which operates briskly would have done; that is, it brought away ascarides with a great deal of mucus. Oil given as a clyster has sometimes brought off these animalcules: the oil swam on the surface of the mucus, and the ascarides were alive, moving in the mucus, which probably hindered the oil from coming in contact with them and killing them. The same mucus may reasonably be supposed to preserve these worms unhurt, though surrounded with many other liquors the immediate touch of which would be fatal. If the ascarides be taken out of their mucus and exposed to the open air, they become motionless, and seem to die in a very few minutes.

"The general health of this patient did not seem to have at all suffered from the long continuance of his disorder, nor the immediate

inconvenience of the disorder itself to have increased. It is perhaps universally true that this kind of worm, though as difficult to be cured as any, is yet the least dangerous of all. They have been known to accompany a person through the whole of a long life without any reason to suspect that they have hastened its end. As in this example there was no remarkable sickness, indigestion, pain of the stomach, giddiness, nor itching of the nose, possibly these symptoms, where they have happened to be joined with the ascarides, did not properly belong to them, but arose from other causes. Purgatives which carry off mucus never fail to afford some relief, which may be attributed to their carrying away some of the worms, and enfeebling or causing the death of others through the want of a sufficient supply of their ordinary pabulum. Those purgatives," continues Heberden, "are best which act briskly, and of which a frequent repetition can be most easily borne: purging waters are of this kind, and jalap especially for children, two or more grains of which mixed with sugar are easily taken, and may be repeated daily."

In another paper, which forms the pendant to the one which we have just been quoting, the same author has communicated a very striking instance furnished to him by Mr. Thomas, of the good effects of common salt when taken in very large quantities. The patient, Daniel Neal, of Doddlestone, in Cheshire, had been complaining for four or five years of violent pains in the stomach. The other symptoms were nausea, restlessness and anorexia, constipation, a hard retracted belly, loss of sleep, emaciation and debility, and milky urine with a whitish sediment. He was bowed down almost double by the pain in the abdomen. The symptoms had persisted in spite of various modes of treatment recommended by different physicians in his neighbourhood. At length, at the advice of a friend who had seen similar pains of the belly and stomach cured by the use of salt and water, he swallowed within an hour two pounds of kitchen salt dissolved in two quarts of water; violent vomiting ensued, with ejection of half a pint of ascarides and other worms, somewhat like bots, only much smaller; five or six copious bloody and fetid stools followed, with a quantity of similar worms. He had previously been costive for a fortnight, for his excrements were never voided without the assistance of medicine, being hard, lumpy, and in small fragments, like those of the sheep. Being greatly fatigued, he went to bed, slept quietly two hours, all the while sweating profusely. Instead of his usual pain, he now only complained of rawness in the œsophagus, stomach, and bowels, with an unquenchable thirst, which obliged him to drink abundantly. The urine was small in quantity, passed with difficulty, and extremely saturated with salt. These symptoms gradually abated under the use of cold drinks, water, buttermilk, whey, &c. Three days after he took another such dose of salt with similar effects, voiding dead worms

with much mucus, and again suffering temporary inconvenience from thirst and dysury. After this he enjoyed a good state of health, but by way of precaution continued to take, a few days before the full and change of the moon, half a pound of salt in a pint of water. "If he had taken," adds the narrator, "smaller doses, he would have avoided much pain, and by degrees have gained the same point."

In the treatment of ascarides, purgatives taken by the mouth are, generally speaking, insufficient, as they lose almost all their virtues, with the exception perhaps of aloes, in their trajet through the bowels, long before reaching the rectum, the seat of these worms; hence the necessity for enemata. The injections recommended by Macbride consisted of decoctions of wormwood and rue, or of oil with a small quantity of aloes dissolved in it; "or, what is still more effectual, blowing the smoke of tobacco, by a proper contrivance, into the rectum once or twice a day."* Darwin likewise praises the use of tobacco-smoke in these cases; Pallas, too, says he had seen it employed with success; and Turner, in his letter to Dr. Fothergill in the second volume of the *London Medical Observations*, has given a very convincing example of its efficacy. It is a remedy, however, very troublesome in its application, and from its danger quite disproportioned to the trifling annoyance which it is intended to remove, to say nothing of the temporary nature of the relief which it is calculated to afford. Yet Dr. Mason Good has given his sanction to the employment of tobacco in injections, "in which form," says he, "it succeeds admirably against the small ascarides." A long course of Harrogate water has been found very beneficial in ascarides, and its good effects may be increased by its simultaneous use from time to time in the form of clysters. Enemata of the sulphuret of potass have likewise been employed with advantage. Hamilton recommends aloes suspended in milk to be employed in this way, or a strong decoction of chamomile-flowers along with castor-oil and salt; and we have known the latter to afford very great and immediate relief. If the restlessness of the child renders the exhibition of these remedies impossible, a large dose of powdered aloes, with a little calomel, administered every third or fourth night, has been found very effectual by the author last named. Turpentine enemata, or those of lime-water and olive-oil, may also be tried. Camphor and the essential oils, suspended by means of yolk of egg in water, appeared to Laennec to be often extremely useful; but he reminds us that the exhibition of medicines for the expulsion of these worms constitutes the least part of the requisite treatment, the great object being to re-establish the tone of the organs, and improve the health generally, if we would prevent their constant reproduction. In *Martinet's Manual of Therapeutics* we find some very good directions as to the most essential mode of employing enemata

* *Practice of Medicine*, ii. 290. Essay on Scurvy, &c., p. 162.

in this disease: it is there advised to throw up three of these, one after another, at short intervals; the first a common aperient, one to unload the intestines of their fecal contents: the second to kill and expel the ascarides; this may consist either of a strong solution of common salt, or of the chloruret of soda much diluted, or of vinegar and water, and should be injected cold and retained as long as possible;—the third and last consisting of three or four large spoonfuls of olive-oil, or of a thick mucilaginous decoction of flax-seed or marsh-mallows; the object of which is to mitigate any remaining uneasiness in the rectum, whether caused by the previous remedies or by a few straggling worms newly descended from the higher portions of the colon. "Another precaution," he continues, "which is in general by itself sufficient when the ascarides are few in number, and do not occasion great uneasiness, is to solicit the action of the bowels regularly every morning, and to resist any desire to go to stool in the afternoon, otherwise the pain and itching, which in general begin towards night, come on at an earlier hour, and with much greater severity." Of the advantage of following this last piece of advice, even where practicable, there is room for doubt.

By Dr. Darwall, an enema composed of half an ounce of the tincture of the muriate of iron to half a pint of water, is strongly recommended. He regards it as the most useful kind of injection: "There are few cases so obstinate that this will not suffice to overcome. It will generally be useful," he continues, "to clear out the upper portion of the canal at the same time by an active purgative;"—as by calomel and jalap, for instance; and for ten days after he continues to give a wine-glass-full of an infusion of chamomile thrice a day.

Brera recommends the mechanical extraction of these worms by introducing into the rectum a piece of lard or candle, which, on being subsequently drawn out, brings along with it the greater number of those situated in the lower portion of the rectum. The advice is not new: a similar plan was acted on in France above a century ago, as we find from the following passage in Andry:—"One thing which I prescribed with success to several patients was to put up into the fundament a little piece of lard tied to a string, leave it there for some time, and after that you shall draw it back full of worms." Rosenstein likewise mentions it, only substituting a piece of fresh pork; and a somewhat similar expedient was recommended not long since in our own country by Mr. Howship,—namely, the occasional introduction of the finger of the patient, previously well greased, high up into the rectum, which is then to be withdrawn in such a manner as to bring away all the worms within reach; and this will often, no doubt, prove a valuable palliative.

Frequent ablution with cold water is in all cases proper as an effectual means of allaying irritation, at least for a time; and where the ascarides have made their way into the external organs of generation in the female, in addition

to vaginal injections consisting of infusions of the bitter plants, or of vinegar and water used cold, local baths containing salt or sulphuretted hydrogen may be employed.

Bremser's treatment of ascarides consists in the administration, night and morning, of a tea-spoonful of his electuary, the composition of which has been given above, to which he occasionally adds a little more jalap, in order to purge gently. He directs the patient, moreover, to take two small enemata daily, consisting of an infusion of absinth, tansy, and orange-peel along with valerian, and a spoonful of the empyreumatic oil of hartshorn; the fittest time for their administration being immediately after having had a stool, as they are then likely to be longer retained, and come more in contact with the worms, now no longer protected by the feces. Where the patient is not of an irritable habit, he sometimes adds a spoonful of fresh ox-gall. These measures must be persevered in daily for many weeks, after which the patient will continue long free from all annoyance, or may even in some instances find himself radically cured. A small injection of olive-oil (two or three ounces) will sometimes, as has been remarked by Soemmerring, give immediate relief to the insufferable itching. Van Swieten advised injections of cold water.

Bremser speaks of a young lady who cured herself by drinking twice a week half a cupful of olive-oil, with a clove of garlic chopped small through it. Dr. Vest finds sulphur useful if taken every morning fasting, in doses of from ten to fifteen grains, and persevered in for a considerable length of time: in the hands of others, however, it has disappointed the expectations. A couple of tea-spoonfuls of Chabert's oil, in a bitter or mucilaginous decoction, has been found a very effectual injection by Fechner, Rollet, &c. Bremser apprehends some risk from this mode of its administration; but wherefore does not appear, as he himself has given very large doses of it, even by the mouth, with impunity. He suggests its internal use in conjunction with the employment of lavements containing the infusion of bitter herbs above alluded to; but he did not seem to have tried it himself against this species of worm when his work was published.

Treatment of tania.—An almost incredible variety of remedies have at various times been employed as well by regular practitioners as by empirics against the tape-worm. Of these the terebinthinate and empyreumatic oils, tin granulated or in the state of filings, the rind of the pomegranate-root and the root of the male fern, and drastic purgatives in very large doses, are amongst the most conspicuous. It is with the *tania solium* almost exclusively that we have to do in this country, and it is to this that the following remarks chiefly apply. Authors who have described particular modes of treating the tape-worm have not always distinctly stated to which of the two kinds their remarks are applicable. The *tania lata* or *bothriocephalus* is generally supposed

to induce milder symptoms, and its expulsion is said to be effected with less difficulty than that of the *tænia solium*.

The oil of turpentine, in large doses, has for some years past in this country almost displaced all other remedies in the treatment of *tænia*; a sufficient evidence of its efficacy. Dr. Fenwick of Durham generally gets the credit of having first made its value known to the public by a paper published in the *Medico-Chirurgical Transactions* in the year 1811. He had been made acquainted with the utility and safety of the practice by a non-professional person, who had employed it in several cases with success; and the latter, in his turn, had been instructed in its use by a seafaring man, who, having frequently freed himself from large portions of tape-worm by means of gin, was led by analogy to expect similar but still more marked effects from the spirits of turpentine; and on trial his expectations were not disappointed. The use of turpentine as an anthelmintic is noticed in Rudolphi's work published in 1808; and Underwood informs us that Dr. James Sims had given it, in two-drachm doses, in cases of worms, with success. The peculiarity of the plan promulgated by Dr. Fenwick consisted, it may be said, in the largeness of the dose: even in this respect, however, the practice was not absolutely unprecedented, Mr. Malden, in the *Memoirs of the London Medical Society for 1792*, having already shewn the utility of turpentine so used in *tænia*; and in the *Medico-Chirurgical Transactions* for the year 1817 there is a letter of Dr. Walker's, claiming to have anticipated Dr. Fenwick in his knowledge of this remedy. It seems certain, however, that it was the paper of the latter gentleman, accompanied as it was by the most satisfactory evidence of the beneficial effects of this plan of treatment, which first led to its general adoption. The dose employed by him was two ounces in the first instance, to be repeated in two hours if no stools had been yet produced, and even a third time if requisite. The worm was generally passed dead an hour or two after the administration of the turpentine. He admits that the cures were not in all cases permanent, the symptoms in a few instances recurring within a few months, or even weeks. He directs it to be taken in the morning fasting, little or no supper being allowed the night before, and no food being eaten till two or three stools have been procured. The remainder of the day diluent drinks are to be freely used, and all spirituous and fermented liquors carefully abstained from, as a violent diarrhoea was observed to occur in one case where a draught of beer had been taken soon after the turpentine.

Dr. Elliotson, who makes much use of the oil of turpentine in the treatment of worms, both of the round and of the flat kind, has given even to a delicate female so much as from two to three ounces of it every second day for a fortnight; each dose being followed in two hours by castor-oil, and commonly with no other effect than that of expelling the worms

and purging rather briskly. He does not concur in the general opinion that freedom from urinary irritation may always be ensured by administering the medicine in a large dose, much less in the ordinary explanation of such immunity,—namely, that when so administered it always acts as a purgative, and passes off before there is time for absorption to take place. On the contrary, he remarks that he has often found the urine smell strongly of turpentine for several days after such great doses, proving that absorption had actually taken place, and to a large extent; and he has moreover frequently found it necessary to follow it up with castor-oil, or no purgative operation ensued. He has seen urinary irritation succeed to the use of large as well as of small doses, and is inclined to ascribe it in both cases to some peculiar susceptibility to its influence in the organs of the individual. The experience of this distinguished practitioner is here, however, in direct opposition to that of the great body of the profession. He recommends us to commence its use in doses of half an ounce, which are to be gradually increased to two or even three ounces, being administered either alone or in barley-water, &c. "Persons should remain quiet," says he, "after its use; and as it is not wished to irritate the stomach, and is very likely to produce vomiting, it is best given, not when the stomach is empty, but two or three hours after a meal. As it affects the head, producing vertigo and a feeling of intoxication, the fluid with which it is diluted should be given cold." "I may mention," he continues, "a curious circumstance which has occurred to others as well as myself; that when there were circumstances indicating the presence of intestinal worms, and oil of turpentine was given, no worms have been expelled, and yet all the symptoms have disappeared. This has been called *helminthia spuria*."

According to Dr. Latham, turpentine, when given in doses of from one to two ounces, generally passes off within two hours after it is taken. He recommends broths and mucilaginous decoctions to be taken during its operation, to preclude the occurrence of intestinal or urinary irritation. The sense of giddiness induced, he observes, will sometimes continue for several days after; a symptom which, however, gradually declines if the patient remain quiet, and the bowels be kept gently open. The occasional use of aperient medicine should not be neglected as long as the violent smell of the urine and the headach exist. In one case, the stool which followed in about an hour after the exhibition of the turpentine, contained some gelatinous looking matter mixed up with it, apparently a portion of the *tænia* in a semi-digested state, as traces of the joints were still evident in it. The next day the patient, a female, complained of slight flatulence and frequency of making water, which, together with a little heat in the mouth, and a slight nausea and vomiting about an hour after the exhibition of the medicine, were the only inconveniences it induced; and in the great majority of cases, the annoyances from

this remedy are even less, so that the apprehensions which some continental practitioners express as to the danger of this remedy seem entirely hypothetical and groundless. Dr. Latham admits that it does not always remove the tendency to the regeneration of the worm; thus, in one case, that of a fishmonger, the symptoms always recurred within a few weeks. The green portions of the common fir, of the savine, and all the terebinthinate class, powdered and taken in large quantities, would probably, as the writer just named suggests, prove as effectual in cases of worms in the human subject, as they are known to be in those of the horse.

The largest doses of turpentine which we have ever heard of being given, were those by Dr. Pickell, who, in the singular case already detailed, carried them gradually so high as six ounces, though, on its first employment, the system was not tolerant of it even in comparatively small doses, a cutaneous eruption and other inconveniences arising from its use. Raimann and several other German practitioners still seem averse to its employment in the large quantities given in this country, and think that it would be even more efficacious as well as safer if exhibited in small and frequent doses and long-continued. Bremser comprises, in the list of its occasional inconveniences, pains in the belly, nausea, vomiting, and a general uneasiness, a sense of confusion in the head, and heat in the rectum and urethra; but grounds his strongest objection to its use on the very frequent recurrence of the disease requiring the repeated exhibition of the remedy. The dose for an infant, says Dr. Mason Good, is from half a drachm to a teaspoonful in a little milk; "a child of ten or eleven years old may take an ounce without any evil effect in ordinary cases; but in delicate habits a full dose sits uneasy on the stomach, and disquiets the system generally, though in different ways; for it sometimes produces a general chill and paleness, sometimes a tendency to sleep, and sometimes an alarming intoxication. It is in small doses alone, as half a drachm or a drachm to an adult, that it enters into the circulation, and proves an acrid irritant to the bladder, often exciting bloody urine." We have often given it in dispensary practice, where economy is an object of importance, in doses of half an ounce mixed with twice that quantity of olive-oil as an aperient, in cases where castor-oil would ordinarily be given, and have usually found it, when employed in this manner, at least as mild in its operation, and nearly as certain as the latter medicine. It has been suggested by Dr. Good, that some of the other finer terebinthinate oils, as the Hungarian balsam, the *oleum templinum*, or *krumm hölz öhl*, distilled from the green cones of a particular variety of the *pinus silvestris*, formerly sold at a high price, and kept a secret by certain medicine-venders in Germany, might be less apt to disagree with the stomach and the system than the common turpentine, and yet prove equally deleterious to the worms.

Chabert's empyreumatic oil, which is prepared by mixing one part of the empyreumatic oil of hartshorn with three of oil of turpentine, letting them stand for three days, and then distilling off in glass vessels by the heat of a sand-bath three-fourths of the mixture, had often been given to animals with the greatest success in expelling worms of all kinds, by the distinguished veterinary professor whose name it bears; the dose for a cow being about two or three drachms, that for a dog or sheep from half a drachm to a drachm. He once administered it also to a girl of twelve years of age, from whom it carried away numerous worms of the kind so rare in the human species, called flukes, (*distoma hepaticum*). Goeze and Brera likewise proposed its employment in cases of worms in the human species; and by Rudolphi it was considered the first of all vermifuges. Bremser, before giving it to any of his patients, put the safety of its administration to the test on his own person, and thus ascertained its dose. By the contact of air, it is blackened and rendered thicker and more disgusting to take; it should, therefore, be kept in small phials well corked and covered with bladder.

Chabert's oil, as used by Bremser, appears to be unquestionably one of the most powerful as well as permanent remedies hitherto employed in tænia. He has treated with it above five hundred individuals suffering from this affection, and amongst them two children about a year and a half old; and of the whole number there were but four who found it necessary to take a second course of it. A fifth individual, after remaining free from the disease for two years, which may be considered equivalent to a cure, became again affected with it. The length of the interval indicates that the original tænia and its ova had been entirely destroyed, and that this ought to be considered in the light of a perfectly new affection. After submitting a second time to the treatment, he had had no further return of the disease up to the period at which Bremser was writing. The remainder of the patients, at least as far as he knew of, continued free from any recurrence of the symptoms.

He commences the treatment with his purgative electuary as already spoken of, and when the first portion of this is finished, he begins to give two tea-spoonfuls of Chabert's empyreumatic oil in a little water night and morning. Its very disagreeable taste and smell may be got rid of by swallowing with a certain degree of force a few mouthfuls of water, rather than rinsing the mouth, which might introduce it into the posterior nerves and prolong the annoyance. Chewing a clove or a morsel of cinnamon is also recommended, but peppermint and such other things as might cause eructation should be avoided. The above dose is, according to Bremser, easily borne by persons of all ages. There are, however, he admits, some individuals in whom it causes considerable irritation and even a slight confusion of the head, and here the quantity must be diminished till they become habituated to its use. Some

can take it without inconvenience fasting; but where it causes nausea, it had better be taken about an hour and a half after breakfast. If it should cause dysury or a sense of heat in the intestines, as is sometimes the case, barley-water and oily emulsions soon afford relief. When the patient has consumed from two and a half to three ounces of this oil, that is, in about ten or twelve days, a light purgative, such as the powder marked No. 3, of which we have already given the composition, is administered, and the use of the oil is then immediately resumed, and persevered in till from four to six ounces shall have been taken in the whole course of the treatment. He admits that this is rather a tedious proceeding, but this disadvantage, he asserts, is fully counterbalanced by the certainty of the result, unattended as it is by danger, or even by any serious inconvenience.

All those remedies for *tænia* which are permanent in their effect require, as well as this one, to be persevered in for some weeks, in order to destroy all the ova as well as the worm itself. If there be a continuance of mucous stools after the disease itself has been cured, he gives the tonic tincture, (No. 5.) above described, for several weeks. The only rule which he lays down for the patient's diet during the treatment, is that he shall be moderate in the use of farinaceous food and fatty substances. He warns us not to expect large portions of the worm to be expelled visibly, as happens after many other vermifuge medicines, as this is rarely the case after the use of Chabert's oil, its efficacy being manifested sometimes solely by the disappearance of the symptoms, and of all evidence of its continued existence, as well as by the prevention of its return in almost every instance. It is probable that it is passed during the first few days of the treatment in a semi-digested state, and so much changed in appearance as hardly to be recognised. Nor does he give himself any trouble in looking after the head of the animal, as the discovery of this, even when it can be made, is one of equivocal value, as two or more *tænia* may coexist. When the patient continues free from the worm for three months after the treatment, he looks upon it as a perfect cure. Its occasional recurrence many months or years afterwards must evidently be considered a new formation or quite distinct affection.

Such is the account given by Bremser himself of this his favourite medicine. In the hands of others it has been found, though fully as efficacious as he represents it to be, yet not altogether exempt from considerable inconvenience in some cases; and these are, perhaps, more frequent than he seems willing to admit. M. Grundler, the French translator of his work, has found that where there exists a weak state of the stomach and intestines, it soon produces considerable general uneasiness, followed by colic, nausea, and frequent eructations; and hence he advises, by way of precaution, that we should in every case begin with a small dose, half a teaspoonful for example. He

does not think that the small quantity of turpentine present can materially add to its anthelmintic virtues. The addition of a little syrup of lemon is found by M. Page to be the best mode of disguising its disgusting flavour; or the same end may be in some degree attained by making it into small boluses, and immediately swallowing them, enveloped in a thin wafer-cake. In an over-dose it gives rise to considerable pain and danger. In the case of a cook who drank off, in opposition to the directions given him, a whole phial of the medicine in one night, severe colic ensued, but it was subdued in the course of the following day by an oily emulsion. Rudolphi, on one occasion, not having Chabert's oil at hand, employed Dippel's animal oil, in doses of from five to ten drops in a cup of broth thrice a day, and succeeded in expelling by it, not only several *ascarides lumbricoides*, but also some portions of *tænia*: it appeared to him, however, inferior in general efficacy to the more compound oil of the French professor. Another author mentioned by Bremser likewise employed Dippel's animal oil, in a case of tape-worm, for a considerable time and with good effect; and M. Grundler, by taking it in doses of from five to fifteen drops night and morning for six weeks consecutively, got entirely rid of this disease, which he had had for two-and-twenty years. He had taken Nouffer's remedy in childhood, perhaps upwards of twenty times, without success, but, on the contrary, with no other effect than the permanent impairment of his general health. As to the worm itself, it had never, at any period of his life, given him the slightest inconvenience. Rosenstein mentions the case of a lady with a tape-worm, who took from time to time, by his orders, ten or twelve drops of Dippel's oil and a purgative the next morning; this was continued for two years, a part of the worm being always expelled after each repetition of the treatment; but at length the medicine became so nauseous to her, that she gave it up in disgust. "The animal oil of Dippel," says Dr. Turner, in a recent edition of his work on chemistry, "is a product of the destructive distillation of animal matter, especially of albuminous and gelatinous substances. It was formerly much used in medicine, but is now no longer employed." The last assertion, as we have just seen, is not absolutely correct, at least in regard to German and French practice. It is, however, very seldom used, and its employment certainly requires much caution. In the *Dictionnaire de Médecine* it is described as being "a very energetic stimulant, which, when taken into the stomach, even in a very moderate dose, occasionally produces vomiting, diarrhoea, sweating, sometimes salivation, and enlargement of the glands of the neck and groin, with a certain degree of fever. It seems, in short, to be a very active poison: a person who took a spoonful of it by mistake died instantly." "It is now," continues the same writer, "little employed in medicine in France, and not at all in England. Formerly it had a great reputation in epilepsy, neuralgia,

paralysis, &c. Internally a few drops may be given in water or in an emulsion, and be gradually carried as high as thirty or forty drops, or even more, but we must never commence with so large doses."

In Egypt, as we are informed by Hasselquist, petroleum is in great repute as an anthelmintic, being administered either alone or in conjunction with turpentine, in cases of *tænia*, with great effect. The dose is from twenty to thirty drops, which is repeated thrice a day for a few days, and then a purgative is given. The three last days of the moon is the favourite period for the use of this medicine: if it fail, it is repeated again the following month.

The bark of the pomegranate root has lately attained to a very high degree of celebrity in the treatment of tape-worm. Though its efficacy was known to Celsus, and it is to be found in Andry's list of anthelmintics, and has long been employed in Indian practice, it is only within these few years that it has been prized, either in this country or France, according to its deserts. It was recommended some years ago by Dr. Fleming, in his catalogue of the Indian medicinal plants and drugs. An account of some cases in which it was successfully employed was published in the eleventh volume of the *Medico-Chirurgical Transactions*, by Mr. Breton, which contributed much to bring it into general notice. In the first case he tried the fresh bark of the root, boiling two ounces of it in a pint and a half of water till the quantity of fluid was reduced to three-fourths of a pint, and when cold he administered a glass of it, or about two ounces, every half hour, till four doses were taken. About an hour after the last dose, that is, in three hours after commencing the remedy, an entire *tænia* was voided alive, no other effect than a slight nausea having been experienced by the patient. This dose is rather smaller than that usually recommended. In subsequent trials he found the bark which had been dried in the sun a still more potent remedy, its virtues being concentrated by the process, in which it loses near half its weight. Thus the same quantity of the dried bark made into a decoction is before, and similarly administered to a stout man forty years of age, after four doses had been taken, induced so much sickness at stomach, giddiness, and uneasiness in the bowels, that he was deterred from giving a fifth. About three hours from the taking of the first dose, after complaining of faintness, and after vomiting a little, he voided an entire *tænia* alive, measuring nineteen feet two inches—the longest met with in the whole eight cases; the shortest of the *tænia solium* being under eight feet, and of the *tænia lata* four feet nine inches. Immediately after passing the worm he was affected with faintness and universal tremor, and continued to feel sick for several hours. From this it seems that the decoction made of two ounces of the dried bark in the manner already described, "is rather too powerful, and that the exhibition of it may be attended with danger." To two

boys of seven and ten years old he administered one ounce of a decoction of half the strength of that used in the preceding case, and repeated it every half hour till six doses had been taken, without any other disagreeable consequences than a slight sickness of stomach and a little vomiting, which at length about this period occurred. The medicine, which in this as in all the other cases had been commenced early in the morning, was resumed again in the middle of the day in reduced doses of half an ounce each: giddiness and faintness soon came on and prevented its further repetition. About five o'clock in the evening, however, each of these patients passed a *tænia solium*, one of these being fifteen feet four inches in length, the other fourteen feet two inches. These cases prove that a temporary suspension and renewal of this medicine may be successfully adopted in certain cases. The powder of the bark was found by Mr. Breton equally efficacious, and milder in its operation. To a boy of nine years of age he gave a scruple of it in an ounce of cold water every hour till five doses were taken: forty minutes after the last dose an entire *tænia* came away alive. The next case is interesting, as shewing the possibility of *tænia solium* and *tænia lata* co-existing. "A girl of ten years old took at eight a.m. the same quantity (a scruple) of the pulverized bark in an ounce of cold water, and repeated the dose every hour till noon. At twenty-four minutes past one p.m. a *tænia lata* was discharged alive, four feet nine inches long. The next morning, about nine a.m. an entire *tænia solium* was voided dead, and measuring nine feet ten inches. In these two instances a little nausea only was occasioned, and three or four copious motions in the course of the forenoon." To two adults, two scruples, or double of the above dose of the powder, was given every hour or half hour till the sixth dose, with similar success, and no other inconvenience than trivial nausea in one instance, and a little giddiness. On plunging living *tæniæ* either into the decoction, or into the mixture of the pomegranate bark and water, they writhe and manifest great suffering. In plain water they will live in the temperature of India for several hours. As all the trials detailed above were made on natives of India, and as their constitutions are generally more delicate and more susceptible of the influence of medical agents than those of Europeans, there was every reason to expect that its cautious exhibition in our own country would be unattended with danger; and repeated trials have now confirmed the safety of the practice. The shortest period from the commencement of the treatment in which the worm was expelled in any of the above cases appears to have been three hours, and the longest twenty-five hours.

Dr. Annesley, in his work on the Diseases of India, speaks very favourably of the effects of this remedy, both in the form of decoction and in that of powder, but seems yet to consider it in some degree inferior to the oil of turpentine, which, given by the mouth and in the

form of injection, he has found to be the most successful of all the remedies yet known against tænia. By Dr. Elliotson, also, the pomegranate-root bark is characterized as an excellent remedy in tape-worm, especially the powder, which he considers still more effectual than the decoction. In the case of a female, detailed in his clinical lectures, he gave two scruples of the powder every half hour till six doses had been taken, and the next day twelve similar doses in the same manner. Three days afterwards a drachm was given every half hour to the sixth time, and all this with no other ill effect than an occasional slight giddiness and nausea, the bowels being opened two or three times daily, either spontaneously or with the aid of salts and senna. In another case, in addition to stupor and giddiness, it caused severe headach. After being exhibited thrice, at intervals of a few days, the symptoms of tape-worm gradually declined, and in six days after the last dose they had all entirely disappeared. M. H. Cloquet informs us that it is the medicine now most trusted to in France in cases of tænia, especially the decoction of the fresh root. Richard, who wrote the account of this substance in the *Dictionnaire de Médecine* only a year or two before, says that it had not then come much into use, but states the dose of the powder at from one to two drachms twice or three times a day, or else a decoction of half an ounce of the rind in a pint of water sweetened with syrup. Amongst the substances capable of effecting the expulsion of tænia, the bark of the *punica granatum*, says Martinet, merits the highest rank. "The decoction of the root of this plant has recently acquired such a great reputation, that it would be wrong to employ any other remedy against the tape-worm till a trial has first been made of this. It is prepared by boiling two ounces of the bark in a pint of water. It should be taken in the morning fasting, and succeeded by an ounce or an ounce and a half of castor oil to obtain a free evacuation from the bowels." This is the mode of its exhibition recommended by Dr. Deslandes.* M. Martinet has several times employed it in this manner, and never saw any ill effects follow its use. The patient should be put on a low diet the day the medicine is given.

The potion of M. Darbon, of which the composition is still, we believe, a secret, is very highly spoken of by M. Louis, in consequence of the invariable success and safety which attended its administration in the cases at La Charité already alluded to. This nostrum, which, according to the report of the patients, had no very well-marked taste, was taken to the extent of eight or ten ounces in the morning fasting, and the cure was effected by this single dose. It produced little or no inconvenience beyond a very slight uneasiness at the epigastrium or a colicky feel, but this was even less in degree than that often induced by castor

oil or other mild purgatives; and as it was not felt on the repetition of the dose four months after the cure, it should be ascribed rather to the motion of the worm through the intestines whilst in the progress of expulsion, than to the direct action of the medicine itself. It generally produced a few stools containing portions of the tænia; and if evacuations did not take place within a few hours, a simple lavement was given. The head of the tænia, which Louis describes as a small bulbous prominence marked with three dark spots arranged in the form of a triangle, was found in the evacuations in the greater number of the cases. In one instance the heads of no less than seven of these worms were expelled simultaneously. The expulsion of this part by most other modes of treatment appears from the testimony of authors to be rare, and hence, probably, their frequent failure in regard to producing a radical cure. It is doubtful whether M. Darbon's remedy acts at once as a specific and as an aperient, or only in the latter of these qualities. The portions of the worm expelled in the cases alluded to, though immediately placed in tepid water by M. Louis, did not appear to move; but M. Darbon assured him he had sometimes seen them alive after their expulsion, from which it would appear that it did not invariably at least act as an effectual poison to the worm. Yet from its feeble purgative action, on the other hand, we are forced to refer much of its influence to a specific power. It seems to have succeeded equally well in each species of tænia. The trial of the medicine was made in the presence of MM. Lerminier, Fouquier, Chomel, &c. and the notes of the cases were taken by M. Louis himself. No conjecture is offered as to the probable nature of its composition. Its speedy effect and the absence of any very strong flavour suggest the possibility of its containing some preparation of the pomegranate bark rather than any of the other hitherto promulgated remedies.

Alston's method, which is praised by Pallas, Bloch, Brera, Alibert, and Cloquet, consisted in giving one ounce of the filings of zinc in four ounces of treacle, the patient having been previously well purged with senna and salts. The filings were again administered, but only in half the quantity, the two following days; and, finally, a purgative was ordered to work all off. Pallas preferred the granulated zinc, which is less apt to irritate the intestines, to the filings, though the latter are much more efficient in their action on the worm. They act merely mechanically, being always employed in a pure state, free from all alloy of arsenic or lead. Analogous instances of the effect of hard and sharp particles in the destruction of worms are seen in some of the lower animals. Thus Rudolphi has observed the tænia found in the intestines of birds to be often much lacerated by the rough husks of the grain they had swallowed; and Bremser mentions that certain birds are free from worms in such parts of the year as they take in sand and other hard substances with their nourishment, though they are liable to them at other periods when their

* Nouvelle Bibliothèque Médicale, t. ix. p. 76, An 1825.

food is of a soft nature. Yet Alston's, like all other mechanical methods, is defective in regard to the great object, namely, that of destroying the tendency to the generation of these worms; and accordingly Bremser always found that the patients whom he treated on this plan returned within three months after their expulsion, again complaining of the symptoms of tænia. In France, a modification of Alston's method is occasionally employed, the filings of tin in doses of from twelve grains to half an ounce being substituted for zinc; and in the only two cases in which Cloquet saw it tried it was permanently successful. By Brugnatelli, another preparation of tin, the sulphuret, in doses of from half a drachm to a drachm thrice a day, is considered as the most effectual vermifuge in tænia, if its use be continued for some days.

The root of the male fern (*polypodium*, vel *aspidium filix mas*) forms a part of several modes of treatment which have been recommended in tape-worm. Its vermifuge powers are mentioned by Pliny, Galen, and Dioscorides, and by old Gerard; and likewise by Andry and Marchant in the beginning of the last century, and have enjoyed from time to time, even down to our own days, a kind of intermittent celebrity. Its sensible qualities are not very striking, as it possesses merely a glutinous and sweetish taste, combined with a barely perceptible degree of bitterness and a slight astringency. Hence doubts have often been raised as to its anthelmintic powers; but these have again speedily yielded to the test of experience. The good effects of M. Peschier's oil of fern, obtained by treating the root with ether, concerning which mention has been already made in the article ANTHELMINTICS, shews that Pallas was in error in supposing it to act merely mechanically. Its efficacy in tænia lata (*bothriocephalus*) seems well established; but with regard to the tænia of this country, (*tænia solium*), it rarely succeeds in effecting its perfect destruction. Bremser suggests its utility as a means of detecting tænia in doubtful cases, as its use is commonly followed by the expulsion of large fragments of the worms. He directs the upper or green portion of the root and its lowest and oldest part to be rejected as comparatively inert. The root should be ascertained to be in a healthy state, and be prepared just before it is going to be used, the bark being removed before pounding it. It is a nauseous medicine, requiring to be taken in very considerable doses; and unless, moreover, it be long continued, and strong purgatives be taken after it, it is very apt to disappoint us; and with every precaution as to its mode of administration, it can vary rarely be depended on in the ordinary cases of tænia of this country. Still, if very largely given and persevered in daily for some weeks, so as to keep the bowels constantly full of it, it will sometimes succeed even against this species, as in a case which occurred to Dr. Latham. In many instances, however, he found that the stomach could not bear it in sufficient quantities, and substituted the

powdered tin in very large doses, and generally, as he informs us, with success. After neither of these medicines is he anxious to procure stools by purgatives, believing that the efficacy of these and of most other anthelmintics depends on their extensive distribution through the bowels, so that they shall come in contact with every portion of the surface of the intestinal canal, as well as with all the parasitic animals which they are intended to remove. The ordinary dose of the fern-root is from two to four drachms taken in water. Gardien says it will be found less nauseous in the form of a bolus, which is to be wrapped up in a wafer-cake and swallowed at once, than in fluids, as commonly administered; a slice of lemon or orange, or a clove should afterwards be held in the mouth for a few minutes, or a cup of strong coffee, without milk, taken to obliterate the taste.

The method of a Swiss lady, Madame Nouffer, is the most celebrated of those in which the fern-root is used: being a secret, it was purchased by the king of France for about seven or eight hundred pounds of our money, and made public about the year 1776. On the evening preceding the exhibition of her medicines, she directs the patient to take, in place of his ordinary supper, a basin of thin panada, made with a little butter and enough salt to season it, and a goblet of white wine, or of water alone if not habituated to the use of wine; and a simple lavement is to be administered if constipation exists. Early the next morning the specific, consisting of two or three drachms of the male fern-root, gathered in autumn, and reduced to a very fine powder, is to be taken in six or eight ounces of "eau de tilleul," or some other slightly aromatic distilled water. Two hours afterwards the patient should rise and take the purgative bolus, consisting of ten grains of calomel and as much scammony, along with six grains of gamboge, all carefully mixed together, and swallowed in a little conserve of hyacinth, one or two cupfuls of weak green tea being drunk after it. The patient should now walk about his chamber till the purgative effect of the medicine commences, which is to be promoted by taking a cup of tea from time to time till the worm has been passed; then, and not till then, some broth or soup is allowed and a very light dinner. If the bolus fails to purge sufficiently, a few drachms of Seidlitz or Epsom salts are to be taken in hot water about eight hours after it. Should the worm not come away at once in a ball, but on the contrary hang out from the bowels, no attempt should be made to pull it away: sometimes its exit may be accelerated by eating something, or by a lavement being injected. As for the heat and uneasiness which so violent a purgative is calculated to excite, Madame Nouffer looked upon them as merely temporary inconveniences and of no importance; and the French commissioners, to whom her treatment was submitted, never found it to do harm. The greasy panada taken on the preceding evening, and the free use of diluents, must no doubt have tended, in a very

material degree, to protect the intestines; yet M. Odier, Viusseux, and other later practitioners, have sometimes seen this very rough medicine induce considerable irritation of the intestines, as indicated by violent colics, pain in the præcordial region, vomiting, faintings, &c. In some cases it was found necessary to repeat the treatment on the following day, with the exception of the bolus, for which the aperient salts alone were substituted. It fails almost constantly, as the French commissioners were from the first aware, in cases of the *tænia solium*, but is generally quite adequate to the expulsion of the *bothriocephalus*, or *tænia lata*. In Great Britain, therefore, as well as in Germany, it need never be put in practice, and in a great proportion of cases in France, likewise, it will prove inefficient. Bremser approves of the postponement of the purgative, as directed by Mde. Nouffer, till after the specific shall have had time to take effect on the worm. The combination and simultaneous exhibition of the two kinds of medicine is an injudicious practice. Sennert has made a similar remark with respect to specific anthelmintics generally.

M. Odier's method very nearly coincides with that of Madame Nouffer, save that for the powerful purgative bolus three ounces of castor-oil are substituted, a table-spoonful of it being taken every half hour in a little thin soup. Rudolphi conceived that castor-oil was much more effectual if recently expressed than if some time kept; but we are not aware that this remark has been confirmed by the observation of others.

A variety of other methods of treatment bearing the names of the several persons by whom they were devised are given at full length in Bremser's work; but as they are admitted to be far inferior in efficacy, and many of them more dangerous than those already described, we shall not enter very minutely into their details here. Most of them consist of drastic medicines in extremely large doses, together with calomel, fern root, &c. Thus Beck's treatment consists in the administration of a scruple of calomel, with ten grains of burnt hartshorn, and of cinnabar of antimony; the patient drinking two ounces of almond-oil some time after, a practice enjoined in several of the other plans of treatment, and which will tend to protect the mucous membrane from the violent agency of some of the medicines exhibited. The following morning a powder is to be taken containing amongst other ingredients ten grains of gamboge and the like of jalap, and this is directed to be repeated every two hours, if necessary, till the third time. Clossius likewise gave large doses of calomel and gamboge. Dessault's method consisted of mercurial frictions made over the abdomen, whilst calomel was at the same time largely taken internally. Hautesierck gave ten grains of gamboge with colocynth and bitter almonds and extract of absinth, the dose being repeated in eight days; whilst pills of aloes and assafætida, and an amalgam of tin and mercury, were taken daily

in the intervals. Herrenschwand administered a drachm of fern root night and morning for two days, and then a powder containing twelve grains of gamboge and other minor ingredients; this was followed by castor-oil and injections if requisite. Hufeland directs a decoction of garlic in milk to be taken night and morning, and a table-spoonful of castor-oil mid-day and evening, and half an ounce of zinc filings in a little conserve of roses daily; the abdomen to be rubbed with petroleum, and an enema of milk to be administered in the evening, the patient all along subsisting chiefly on salted and high-seasoned meats. All this must be persisted in for several weeks, or till the worm be passed. Where this treatment fails, Hufeland recommends a course of the Pyrmont or Driburg waters. He seems, like Bremser, to have no faith in short or sudden cures. Lagene gives a powder consisting of a drachm of valerian and a scruple of powdered egg-shells for three mornings running, the patient observing a very low diet throughout. On the fourth day he administers a powerful purgative bolus containing ten grains of calomel and twelve of the diagyridium sulphuretum (a preparation of scammony), followed by the infusion of senna and enemata. When the patient is very robust, or the tongue very foul, with other symptoms of gastric derangement, he commences by a lavement of tartar emetic. Lieutaud's process comprises diagyridium, fern root, savine, rue, calomel, a vinous infusion of the kernels of peaches, &c. Mathieu's method, purchased by the king of Prussia, comprehends the use of tin filings, fern root, semen santonici, jalap, sal polychrest, scammony, and gamboge; the exhibition of these medicines being preceded by a restricted system of diet for several days, salted foods, thin panada, &c. Rathier's formula contains calomel, savine, rue, oil of tansy, syrup of peach flowers, and a vinous infusion of peach kernels, &c., and is, in short, very similar to Lieutaud's, save that the doses are larger. Schmucker's plan consisted in the long-continued use of cevadilla, a purgative of rhubarb being premised, and also occasionally interposed during the treatment. Weigel's method was to give a small dose of Glauber salt nightly, and a few drops of elixir of vitriol twice a day for several months together; but Rudolphi, with much reason, doubts the adequacy of these measures to the cure of tape-worm. Kortum gives a case in which mare's milk taken for a day or two at the recommendation of a countrywoman, caused considerable colic and the expulsion of the worm. The use of an infusion of green flax continued for ten days, reported in one of the public journals not long since, is said to have proved curative in one case.

Very cold or iced water, if taken in large quantities, seems to act injuriously on worms in the intestines,—such at least was the opinion of Rosenstein and of Pallas. As it must very quickly acquire the temperature of the body, its effects in the expulsion of these animals have been ascribed by Rudolphi in a great mea-

sure to the impression at first made on the stomach being propagated downwards to the intestines, a considerable degree of commotion taking place in them in consequence thereof. He supposes likewise that the large quantity of water absorbed by the worms will over-distend them and facilitate their displacement. Perhaps also the well-known purgative effect of large draughts of water contributes not a little to this result; for the addition of the muriate of soda, as recommended by Goeze, Brera, and Tommasini, or of various other kinds of aperient salts, contributes not a little to its efficacy. Many delicate persons, however, are quite incapable of bearing the necessary quantity of cold water. Rosenstein says, that half a large glass of it must be swallowed every four or five minutes till a gallon or upwards has been taken; the patient beginning to drink it just at the moment that an aperient of jalap or salts previously administered is beginning to operate, and thus the water will pass off rapidly and without any risk of injuring the individual by its accumulation.

The author whom we have last named mentions the case of a gentleman who cured himself of tape-worm by swallowing three or four times a week two or three cloves of garlic chopped into small pieces, and washed down with water or tea, a purgative elixir being occasionally interposed; and he alludes to several other instances where garlic proved useful when persevered in for several months. It is a very old remedy against worms, having been used in this way by Hippocrates. Any of the bland oils in large quantities, it has been said, constitutes an effectual remedy in tape-worm. Thus, in the *Bulletin de la Société Médicale d'Emulation*, for October 1822, it is asserted that if a pint and a half of either almond or olive oil be taken at the rate of about two ounces every quarter of an hour till the whole is finished, they prove a certain remedy against the disorder. The repugnance to the oil may be in some degree diminished by taking a little sugar after each dose. The patient should move about constantly to facilitate the passing off of the oil by stool.

Carbonic acid gas has been considered vermicifuge by Hartmann, Ingenhouz, and others. Meier, in cases of tænia, used to give the carbonate of magnesia, and immediately after it the bitartrate of potass, which was followed by the disengagement of much gas: a tea-spoonful of each was taken hourly, and the practice was generally followed by the evacuation of portions of the worm. Seltzer water has likewise been recommended.

Professor Dubois's mode of treating tænia, as given by Ratier, is as follows. In the evening the patient is to take some panada, and the following morning half an ounce of the powder of the male fern root in a cup of broth; an hour afterwards he has a bolus composed of jalap, diagrydium, gamboge, and scammony, two grains each, which is repeated every hour till the third time. A little broth is to be taken

from time to time throughout the remainder of the day.

M. Guilbert, as we likewise learn from Ratier, thinks it unnecessary in general to employ any remedies against tape-worm, having observed that it may exist for a length of time without exciting any disturbance in the economy, provided the patient be plentifully supplied with nourishing food. In a great number of cases which have come under his notice, drastic purgatives seemed to have been the chief cause of any disagreeable symptoms which happened to be present. His general rule is to leave the disease in most cases to nature, being persuaded that the worm will almost always eventually disappear spontaneously. In the few cases, however, where it seems really to produce serious disturbance, he employs the treatment of M. Bourdier, as practised at the *Hôtel Dieu* of Paris, in preference to all others. This consists in giving in the evening a panada along with the yolk of an egg; and the following morning a drachm of sulphuric ether in a glass of strong decoction of fern, which is to be succeeded in about five minutes by an injection composed of the same decoction with two drachms of ether. An hour after this a purgative potion is administered, consisting of two ounces of castor-oil and one of the syrup of peach blossoms, the action of which is to be promoted by drinking a few cupfuls of broth. This treatment is to be repeated for three days running. It is said to have proved successful in the hands not only of Bourdier and Guilbert, but also in those of Halle, Alibert, Fortassin, &c.

If, by means of the remedies employed, a part of the worm makes its appearance and hangs out from the anus, the protruding portion should be received in tepid milk or water, by which means the exit of the remainder of the animal, provided it be still alive, is, according to Grundler, often greatly accelerated. "As soon," says Brera, "as a part of the worm has shewn itself, one might suppose it easy to drag out the remainder. But observers are agreed that this is impossible, and I have had opportunity more than once, when attempting it, to satisfy myself that if we pull at it, however cautiously, the patient immediately is sensible of a sort of twisting or dragging in the intestines, which induces convulsions if we do not speedily desist, or cut the worm across. If, in place of cutting it, we tie a silk thread round the protruded portion, it will retreat several feet into the bowels, but some time after makes its appearance again at the anus. The moment the patient perceives the worm begin to come forth, he should place himself on the night chair, and remain there till it is entirely evacuated. It is ordinarily expelled rolled up in the form of a ball along with the fæces, but if it comes out with difficulty, whether from the head being firmly attached to the mucous membrane, or from an accumulation of mucus interfering with its expulsion, the patient should still continue quietly seated and drink frequently of an infusion of chamomile, or what is better, of a solution of sulphate of magnesia, to quicken the

peristaltic motion: If, after having taken the appropriate remedies, the worm is either not evacuated at all, or only in part, we must repeat the treatment on the following day, or substitute a more powerful one. It sometimes happens that the patient, when just about to expel the worm, experiences, after an abundant alvine evacuation, a sensation of heat, and a feeling of anxiety at the præcordial region, which terminates in vomiting. Such an occurrence should, however, cause no alarm, as the disagreeable sensation speedily passes off, and is unattended with danger."

(*W. B. Joy.*)

WOUNDS, DEATH FROM.—On the trial of Count Koningsmark for the murder of Mr. Thynne, Mr. Hobbs, the surgeon, being pressed by counsel to discriminate between the relative mortality of certain wounds found on the body of the deceased, replied, "I believe there never was a wound but it might prove mortal." This is an opinion in which every one who has had opportunities of witnessing a variety of injuries must coincide, from the extraordinary and unexpected results which sometimes follow. Thus, individuals have been known to recover from wounds which, from their extent and the importance of the organs implicated, left no room for hope; while others have perished after the infliction of violence so slight, and producing such trivial local effects, as to have almost escaped observation. Such consequences, however, must be considered as exceptions to the usual course observed in similar instances; and taking wounds in general, we must admit that they allow of classification in reference to their mortality. Any such classification can never be made complete or definite, from the exceptions just alluded to, as well as from the impossibility of proving the absolute similarity of two wounds, however they may resemble each other, when one individual dies and the other recovers, and also from the endless varieties of constitution in different individuals. It is, therefore, upon their usual or more common effects that such a division can be adopted for our present purpose.

The term wound, in medico-legal phraseology, is much more comprehensive than the same word in surgery. In the latter it means a solution of continuity; but in the former it also comprises injuries of every kind caused by mechanical violence, such as bruises, contusions, fractures, luxations, &c. in which sense it is to be understood in the observations that follow.

The chief points to be decided by the medical examiner in the case of a body found dead with wounds, are,—1st, Were they inflicted during life? 2dly, Were they the cause of death? and if so, were they the result of suicide or homicide? In order to settle these points, it will be necessary to consider the classification of wounds just alluded to. They have been divided, for the purpose of medico-legal inquiry, into four classes,—1st, those ab-

solutely mortal; 2d, dangerous; 3d, not mortal; 4th, accidentally mortal. This division of wounds is founded, as has been already stated, upon the usual terminations of such injuries, because it is well known that death sometimes follows those of the slightest description; and that others of the gravest kind terminate in recovery. Metyger* mentions an instance of death from hemorrhage brought on by the slightest scratch of the thumb-nail. Dr. Paris† states he has seen a case in which the extraction of a tooth was followed by death in forty-eight hours; and a similar case is recorded by Mr. Blagden‡. An instance occurred lately to the writer of this article, in which a fatal hemorrhage followed a superficial incision made into the upper gum of an infant to liberate one of the incisor teeth. On inquiry, it appeared that another child of the same family had died of hemorrhage from some equally slight cause. Leech-bites have been known to produce death in children; and in the case of Brain,§ tried for the murder of Watts, it was proved that the deceased died instantly from a blow on the calf of his leg. On the other hand, we are not without instances of equally surprising recoveries from injuries of the severest kind. We have seen persons survive extensive fractures of the skull, in whom portions of the brain have protruded. Dr. Male mentions the case of a mendicant in Paris, from whose skull a portion of the bone was detached, large enough to be used by him to receive alms. The celebrated case of Mr. Tipple,|| whose thorax was transfixed by the shaft of a gig, is a striking illustration of the present subject. Dr. Dunlop¶ records a case of duel in the West Indies, in which one gentleman hit another in the eye, the ball of which was completely obliterated; and the leaden bullet, passing in through the orbit, came out in front of the external ear; notwithstanding which destruction of the eye as well as injury of the brain, the officer recovered with the same facility as if he had only undergone the infliction of a flesh wound.

On account of these variations from the usual course, the consideration of injuries from wounds in a medico-legal point of view, is, on the continent, and was formerly in these countries, a matter of much more intricacy than it is at present. A person inflicting a wound on another was held amenable for the consequences during a year and a day; a most inconvenient principle of responsibility, and one particularly calculated to create confusion, by either involving the innocent or suffering the guilty to escape. Chaussier relates a case illustrative of this point. Two men who had had some previous misunderstanding, encountered each other on a public walk, when, after

* Page 327, and *Beck*, by Darwall, p. 324.

† Paris and Fonblanque, *Med. Jur.* v. ii. p. 116.

‡ *Med. Chir. Trans.* v. viii. p. 224.

§ *Cro. Eliz.* 778. Paris and Fonblanque, v. ii. p. 122.

|| Related by Mr. W. Maiden. London, 1812.

¶ *Beck's Med. Jur.* p. 332.

some altercation, one of them struck the other with a light cane and retreated; the other, enraged, pursued him, but had not advanced many steps when he fell dead. On examination of the body, it was found that he had an aneurism of the aorta, which had burst from the excitement under which he laboured at the moment. Fortunately for the administration of justice in this kingdom, that act of the legislature called the "Ellenborough Act," relieves the medical witness of the present day from those serious embarrassments under which our predecessors must have laboured; as by it, wounding with an intent to kill is deemed equally criminal whether death be the result or not. This, considering man as an accountable being, is the true and just view to take of the crime. Still, however, the testimony of the medical witness will always be important, as by the nature of the injury, its seat, and direction, the evil intent is often to be inferred.

Of *mortal* wounds those which cause instant death are wounds of the brain, of the heart and large vessels connected with it, of the spinal marrow in the neck, and blows on the stomach; these are all for the most part followed by immediate death. Wounds of the brain must be considered as less fatal than those of the heart, in consequence of the recoveries which are sometimes observed to take place after them, and even wounds of the heart are not necessarily immediately fatal. The late Duc de Berri lived for eight hours after being stabbed through the left ventricle, and similar cases are on record. Next in order as mortal wounds may be mentioned those which interfere with the function of respiration, such as extensive wounds of the diaphragm, and injuries which lay open both sides of the thorax in a considerable degree, and thus impede the dilatation of the lungs. Among *dangerous* wounds must be ranked those of the pharynx and œsophagus, stomach and chylopoietic viscera, the danger of which will be of course in proportion to the extent of the injury. Also, wounds of the urinary bladder and of large bloodvessels in the head, thorax, and abdomen; severe contusions over any of these cavities; wounds of the extremities implicating the great bloodvessels, or causing compound fractures, or in tendinous situations from the danger of tetanus supervening. In the class of *slight* wounds are included those injuries by which the skin and muscles are bruised or divided, and where no tendon, aponeurosis, large nerve, or bloodvessel are touched, and the system has not received any severe shock; to this class belong simple fractures and luxations. The last class, or *wounds accidentally mortal*, are influenced by different causes, which render this division an arbitrary one, and will be considered when we come to treat of those circumstances which alter the medico-legal character of wounds.

In the articles *PERSONS FOUND DEAD* and *PSEUDO-MORBID APPEARANCES*, allusion has been made to the spontaneous lividities which occur on the surface of dead bodies; the nature and causes of which, and the means of

distinguishing them from the effects of contusions inflicted before death, are there pointed out. But there is another source of error connected with the examination of the surface, which it is necessary to dwell a little upon before we proceed to consider wounds of particular parts; that is, the possibility of appearances being caused by violence offered to the body after death, which will resemble those that result from injuries received during life.

That such a resemblance does occur is certain, if the blow be inflicted within a certain time after dissolution, and the power of discriminating between the two is of the utmost moment to the medical jurist. We are indebted to Dr. Christison for the most accurate information we possess upon this subject.* His attention was forcibly drawn to it on the occasion of the trial of Burke and Hare at Edinburgh for the murder of the woman Campbell, for the purpose of selling her body. Before the confession of the accomplice, the whole weight of the case rested on the medical evidence; and one of the questions to be answered was, whether certain bruised marks and subcutaneous extravasations of blood, found on different parts of the body, were indications of injuries received before death. Being unable to find in authors on medical jurisprudence any information precisely applicable to the case, except what rested on physiological speculation, Dr. Christison proceeded to subject the question to the test of experiment. For this purpose a large dog being strangled, and the hair on various parts of the head, trunk, and legs being shaved, heavy blows were inflicted on these spots with a hammer, at intervals of from five minutes to two hours after death; but at the end of twenty-four hours no trace of injury appeared in the seat of any of the blows. The next experiment was made on the body of a female an hour and three-quarters after death. Several heavy blows were inflicted with a stick across both shins, on the fore-part of the thighs, on the breast, and on the side of the neck. In less than ten minutes, deep bluish-black discolorations followed the blows on the breast and neck. Twenty-five hours after death the blows were shewn on the thighs, by faint stripes consisting of bluish-black points. On the breast and neck the stripes were as deep in tint as any contusions inflicted during life, but without swelling, the colour corresponding with the prominent part of the stick. A severe blow had been struck over the crest of the ileum twenty-three hours after death, which caused ruffling of the cuticle at the time, but no further appearance of injury. The third experiment was on the body of a man. It was struck with a stick on the left side of the back three hours and a quarter after death. More blows were struck on the right side seventeen hours after death. An examination was made forty-seven hours after death, when the blows first struck were marked by two long narrow stripes of dark lividity, with an intervening colourless

* Edin. Med. Surg. Journ. v. xxxi. p. 236.

stripe corresponding with the prominent part of the stick. The redness was confined in this, as in the former case, to the mere surface of the true skin, the rest being natural. The marks of the later blows consisted of dryness and brownness of the surface, without effusion. The fourth was on the body of a young man, four hours after dissolution. It was struck with a stick, and on subsequent examination it was found that wherever the cuticle had been comminuted, the mark was dry and brown, but there was no other discoloration of the skin. The subject of the fifth experiment was a stout young man, on whose back several heavy blows were struck with a mallet two hours after death. The body was inspected five hours afterwards, and presented deep lividities in the seat of the blows, but the substance of the skin was nowhere infiltrated or discoloured. The general conclusions to be drawn from the preceding facts are thus stated by Dr. Christison.

"In respect to *external contusions*, the experiments show that for some hours after death blows will cause appearances, which, in point of colour, do not differ from the effects of blows inflicted recently before death; that the discoloration generally arises, like lividity, from an effusion of the thinnest possible layer of the fluid part of the blood on the outer surface of the true skin; but sometimes also from an effusion of thin blood into a perceptible stratum of the true skin itself; and that dark fluid blood may be even effused in the subcutaneous cellular tissue in the seat of the discolorations, so as to blacken or redden the membranous partitions of the adipose cells, but that this last effusion is never extensive. It can hardly be doubted that the appearances now described will exactly imitate slight contusions inflicted during life; but I conceive that the blows in the latter case must be trivial."

"When a blow inflicted during life is more severe, it may have the following effects, few or none of which, so far as we know, can originate in violence after death. 1. There may be swelling from the amount of the extravasation: this is certainly never caused in the dead body. 2. When the violence has been applied a few days before death, there will be a yellow margin round the black mark, which is another appearance that cannot be formed except during life. 3. There may be clots of blood in the subjacent cellular tissue, either with or without swelling: these appearances I have never seen accompanying contusions caused in the dead body; but it may be doubted whether clots might not be formed if the injury was inflicted very soon after death, and had the effect of lacerating a considerable vessel in the neighbourhood of loose cellular tissue. 4. In the instances in which the blood does not coagulate at all after death, contusions caused during life may be recognised by the extent of the effusion into the cellular tissue. In a part not liable to be infiltrated by its depending position, and not in the vicinity of a large vein, a deep effusion of fluid blood, which fills and distends the cells of the cellular tissue, can hardly be produced on the dead

body. 5. Perhaps one of the most characteristic signs of a contusion inflicted during life is, incorporation of blood with the whole thickness of the true skin, rendering it black instead of white, and increasing its firmness and resistance. This sign may not be always present, for, as every one knows, a blow may cause extensive extravasation below the skin, without affecting the skin itself. But when present, I am disposed to consider it characteristic, because I have never been able to produce it in the dead body, and it is not easy to conceive how such a change can be wrought in so dense a texture as the skin, without the force and agency of living vessels."

"It is impossible to fix absolutely the limit of the interval beyond which contusions cannot be imitated by violence applied to the dead body. It appears to vary with the state of the blood, and the time which elapses before the body cools, and the joints stiffen. Sometimes the appearance of contusions can hardly be produced two hours after death (*Experiment 5th*); sometimes they may be slightly caused three hours and a quarter after it (*Exp. 3rd*); but I should be inclined to think this period very near the extreme limit. Wherever the warmth of the body and laxity of the muscles were not considerable at the time the injury was inflicted, we may be sure the appearance of contusions cannot be considerable (*Exp. 2nd*). It is probably, therefore, only on the trunk that even in the most favourable state of the body, namely, when the blood remains altogether fluid, any material mark of contusion can be produced so late as two hours after death."

With respect to wounds of the head, it is well known that all kinds of violence are more dangerous in some constitutions than others. In good constitutions, wounds may not be dangerous, which in old, bilious, or scrofulous habits, are often attended by death, chiefly in consequence of the erysipelatous inflammation that succeeds them. Fracture of the bones of the cranium may take place without any correspondent injury of the integuments, and the symptoms in such cases are extremely equivocal and deceitful. A mere simple fracture, when no more is implied than solution of continuity confined to the bony substance without displacement or injury to the neighbouring parts, is not necessarily an event of great importance. In so simple an occurrence we can hardly suppose bad consequences to arise. Simple cases like these, however, are very rare, and these injuries are almost always complicated with some affection more or less severe of the internal parts. Although fractures may be considered more dangerous when accompanied with depression, yet we cannot ascertain the precise degree of injury sustained by the contents of the cranium from the external wound, nor does it follow that the more extensive it is, the more certain is the danger. In fact, our knowledge of the economy of the brain is very limited, and though injuries of it are generally of a most serious character, yet we find surprising recoveries take place. The effusion of a small quantity of blood or pus upon

its surface may, and often does, cause the most alarming symptoms, and terminate in death; while, on the other hand, large portions of the brain itself have been removed, and foreign bodies, as a musket-ball, and portions of the skull have been lodged in it, and recovery has taken place. It is hence exceedingly difficult to define the exact amount of injury to the head necessary to cause death; nevertheless, in case of a body found dead with fracture of the skull, and where no other sufficient cause of death can be ascertained, we are justified in attributing the event to the injury. We come to this conclusion from our knowledge of another effect of violence offered to the head, and which must always accompany the former in a greater or less degree,—namely, concussion or commotion of the brain. By concussion of the brain is meant a violent and sudden shake of the organ without any apparent wound or mark of injury being left. It may be caused by violence offered directly to the head, or transmitted to it by falls on the feet or nates. A remarkable instance of the former is given in the transactions of the Royal Academy of Paris. A stout young criminal was condemned to be broken on the wheel, and wishing to escape the execution, ran head foremost against the wall of his dungeon, and instantly fell dead. On opening the head, not the slightest appearance of injury was discoverable in either skull, brain, or spinal marrow, except a very minute separation in the squamous suture of one side.

Certain injuries done to the face belong to this division of wounds. When these are confined to the face alone, the most serious consequence may be no more than deformity; but mortal wounds have been inflicted through the face on the contents of the cranium. The most common of these is where a sharp-pointed instrument is struck into the eye, and pierces the orbital plate of the frontal bone. The celebrated comedian Charles Macklin was tried in the year 1753 for the murder of a brother-player, whom he struck accidentally in the eye with a cane, in some altercation that took place in the green-room.* Thomas Hallam, the sufferer, died the next day, and it was found that the point of the cane had passed through the orbital-plate, and wounded the brain. A case occurred some years ago in Dublin of a similar nature. A gentleman received a thrust of a watchman's pike in the eye, in some drunken broil in the street: the immediate effects were so trifling, and the external wound so slight, that he took no notice of it until he was attacked with inflammation of the brain, which killed him in a few days. Mr. Colles, under whose care he was, opened the head, and found a small round hole in the orbital plate of the frontal bone, in the neighbourhood of which there was a large collection of pus. The part is preserved in the museum of the College of Surgeons of Dublin. In like manner, blows upon the nose have not only crushed that organ, but also driven the ethmoid bone up into the

brain; and sharp-pointed instruments have sometimes penetrated the brain through this organ, and proved fatal. Such instances as these show how necessary it is to investigate with the greatest accuracy all cases of sudden death; for without the greatest care and attention, cases of this description must elude discovery. We make this observation in order to induce medical examiners to bestow more pains on the highly important trust they undertake, for it must be confessed that in investigations of this sort, we fall far short of the diligence of our Continental brethren.

As connected with wounds of the head, we may observe that children, either before or after birth, may be, and have been, destroyed by fine sharp-pointed instruments passed through one of the fontanelles. A Parisian midwife was executed some years ago on its being discovered that she was in the habit of procuring still-born children for those who desired it, by piercing the brain of the infant before its birth with a fine wire. A wound of this description leaves very little mark, and would of course escape superficial observation.

The neck comprises many important parts, a wound of which is necessarily followed by death. Wounds of the integuments and muscles of the neck may be considered simple wounds, although they are sometimes difficult to heal in consequence of the mobility of the parts; but wounds of the carotid arteries, jugular veins, and spinal marrow, are for the most part immediately fatal. Lacerated wounds of the carotid artery, however, may not be quickly followed by death, an instance of which came within our knowledge some years ago. The artery was torn by the horn of a cow, and the bleeding from the wound, although considerable, was not sufficient to destroy the patient, who survived long enough to have the artery tied, and subsequently recovered. It has been said that a complete division of the trachea is mortal; but the danger attending a wound of this sort arises from the injury usually inflicted upon the great vessels and nerves in its neighbourhood at the same time, more than from the wound of the air-tube itself, for we know that mere division of this part is not necessarily fatal, although it may be very difficult to heal from the great mobility of the part, and the constant passage of the air through it. Wounds of the pharynx and œsophagus are much to be dreaded, as well on account of the other important parts which must be wounded along with them, as from the circumstance that through this channel the nourishment of the body is conveyed, and that the act of deglutition is directly opposed to a speedy adhesion of the parts. The following case gives a good picture of the dangers and difficulties attending wounds of these parts.* A few years ago a prisoner in Edinburgh jail cut his throat transversely, dividing the larynx quite across at the upper end of the cricoid cartilage, and the separated extremities receded from each other to the distance of three inches; the great

* State Trials.

* Edin. Med. Surg. Jour. v. xvi. p. 353.

vessels and nerves escaped injury from the cut being so high. The professional gentlemen who saw him were satisfied that the œsophagus was also cut entirely across. Several attempts must have been made, as another opening was afterwards discovered in the windpipe. In this state a junction of the parts was found to be impracticable, and the ligatures that had been applied with the view of making the best possible approach were separated by his incessant exertions in passing water through the mouth, and out at the wound, in which way he used several buckets full in the course of one day. He was supported in the first instance by nutritious enemata, and afterwards by means of a tube conveyed through the wound into the œsophagus and stomach. After much trouble to the practitioners, and considerable risk to the patient, the functions of breathing and ingestion were carried on through a tube in each passage introduced by the wound, the tracheal tube being removed when it was necessary to apply the other. The man was afterwards tried, acquitted, and liberated from jail, and continued to live under the disadvantages mentioned. Besides the parts just alluded to, the neck gives passage to the par vagum and the great sympathetic nerve, injuries of which, even partial or at but one side, must be considered of the most dangerous kinds, as from them principally the cardiac and pulmonary plexuses are formed. Injuries to the spinal marrow either by fracture or dislocation of the vertebræ, or by a wound penetrating between two of the vertebræ, are absolutely fatal. Fracture or dislocation are generally the result of accident, as a fall, or what coachmen are liable to—striking the head against a low arch-way in driving under it. They also sometimes, though rarely, occur in hanging. But they may happen in consequence of disease; a striking example of which came under the observation of the writer some years ago. A boy, who was under treatment in the Richmond Hospital (Dublin) for some disease of the leg, was one morning, during the visit, sitting up in his bed talking to those around him, when his head suddenly fell forward on the breast, and he dropped dead. On examination, it was found that the root of the odontoid process of the second vertebra, and the transverse ligament that binds it in its situation, were ulcerated, and in the motion of the head it had broken off, and compressing the spinal cord, had produced instantaneous death.

A consideration of the important organs contained in the thorax will lead us to estimate the danger arising from wounds which penetrate sufficiently deep to reach them. Wounds of the lungs we know are not necessarily fatal, though for the most part they are exceedingly dangerous from the size and number of the bloodvessels by which they are traversed. These organs are sometimes seriously injured although no external wound be present. This arises from the fractured portion of a broken rib being driven into their substance, of which injury hemorrhage, emphysema, and inflammation, are the consequences most to be dreaded.

Nevertheless, although injuries of these organs are of a very serious nature, and not unfrequently terminate fatally, we find occasionally that they support most extensive injury. This is familiar to many military and naval surgeons who during the late war had opportunity of observing the powers of nature in repairing extensive injuries of these organs; and we before alluded to the case of a gentleman who recovered after having both sides of his thorax transfixed by the shaft of a gig. It is quite true that penetrating wounds of the heart are, generally speaking, mortal, but there are so many cases on record of individuals who survived, some of them for days, others entirely, after wounds of this organ, that we cannot agree with those authors who maintain that such injuries are necessarily and instantly mortal. At the battle of Corunna a soldier received a shot in the chest and fell insensible. He was found by a comrade with signs of life, who carried him off the field, and he was immediately embarked with the troops and brought to Plymouth, where he died fourteen days after the receipt of the wound. Mr. Fuge, who records the case,* states that, on examining the body, two quarts of blood were found in the left side of the thorax, the lung of that side being compressed towards the spine. A transverse opening an inch long was observed in the right ventricle of the heart near the origin of the pulmonary artery, and the ball was lying in the pericardium. To the same paper is appended an account of a suicide who lived forty-four hours after discharging a pistol into his breast, and in whom the right ventricle was found wounded, and the ball in the pericardium. Dupuytren, in his "*Leçons Orales*," expresses his opinion that wounds of the heart are oftener cured than is generally imagined. He founds his belief on the instances of animals killed in the chase, in whom balls and the cicatrices of former wounds have been found, and also on similar instances in the human subject. Many individuals have presented all the symptoms of wound of the heart, and yet recovered; and he alludes particularly to the case of a soldier, in whom, six years after the healing of a wound of the chest, a musket-ball was found in the right ventricle of the heart, near its apex. From these circumstances we think we are justified in stating that wounds of all parts of the heart, provided they are narrow, are not necessarily immediately fatal. Acupuncture of this organ has been practised at Warsaw with impunity. If, however, the wound be considerable, some lines for example, death is usually instantaneous, from the great deluge of blood that is poured into the pericardium and chest. Under a wound of less dimensions the individual may survive for some days. Thus, in one of the cases mentioned by Dupuytren, a man thirty-four years of age received two stabs of a knife, one in the belly, the other in the chest, of six and seven lines in length. He lived for eight days, and then died with symp-

* Edin. Med. Surg. Jour. v. xiv. p. 129.

toms of diseased brain, having been affected with tetanic convulsions for two days before his death. The stomach was found perforated, and there were four ounces of blood in the left side of the chest, which had come from one of the intercostal arteries opened by the wounding instrument. In the pericardium was observed a perforation three lines and a half long, and a wound of the same extent in the middle of the left ventricle. In another individual, who died mad, after attempting suicide by amputating the penis, several small wounds of the heart were found, which must have been inflicted several days before with a small round instrument found in his possession. Another man, aged forty years, lived seventy-two hours with three wounds penetrating the left ventricle, inflicted by himself with a sharpened file. In the thesis of M. Sanson numerous instances are mentioned of persons surviving wounds of both ventricles, some of them for twenty days. The late Duc de Berri, whose instance has already been alluded to, lived for eight hours, although stabbed through and through the left ventricle with a long round instrument used by saddlers in piercing leather. All these instances go to prove that wounds of this organ are not necessarily instantaneously fatal,—a very important fact in legal medicine, for it sanctions the possibility of an individual removing to a considerable distance after the receipt of a mortal wound, and being found dead some hours or days after. As an illustration of this fact, involving a question of life or death, we may adduce the following case mentioned by Dr. Dunlop,* as having been tried in Glasgow in the year 1819.

The keeper of a house of bad fame in Greenock was indicted for the murder of a sailor by shooting him through the chest. It appeared from the evidence of the medical witnesses, that the auricles and part of the aorta next the heart were shattered to atoms by the slugs and brass nails with which the piece was charged, and in their opinion he must have dropped down dead the moment he received the shot; therefore, as the body was found in the street, and the door of the house was eighteen feet up an entry, it followed that the prisoner must have run after him into the street, and there shot him. For the prisoner, it was urged and proved that he had shot him through the door of his own house, which he was attempting to enter by force. And besides direct testimony to this effect from those within the house, and from a lad who was along with the deceased at the time, it came out in evidence that there was a stream of blood from the door of the house to the spot where the body was found, which could not have run from the body towards the house, as the threshold of the door was on a higher level than the pavement of the street. On this evidence the prisoner was acquitted. In judging of wounds of this organ, the size and shape of the instrument, and the depth and direction of the wound, are to be considered. The extent of the wound,

as we have already stated, makes a great difference in the chance of recovery. But there is one circumstance which is not very easily explained, that is, how so large a wound as a musket-ball must make, permits life to be carried on for an instant. It is generally admitted that wounds of the aorta and vena cava are mortal; but this must be taken with limitation, for very small punctured wounds may certainly be inflicted without involving the life of the individual. What the extent of a wound necessary to cause death is, we cannot precisely say; but we can conceive the possibility of these vessels being pierced with an acupuncture needle with impunity.

The thoracic duct, from the important function it performs, can scarcely be wounded without inducing fatal consequences. This arises as well from the extravasation of its contents into the thorax, as from the interruption to the supply of nutriment to the body. Wounds of the diaphragm have been generally divided into those of its tendinous and of its muscular portions; but the distinction is useless, for it is not ascertained that injuries of one portion are less serious than those of the other; and it is certain that both are highly dangerous. There is a source of danger connected with wounds of this muscle, which it is well to bear in mind, and that is, the possibility of some of the abdominal viscera being pushed through the opening, and there being strangulated. Dr. Gordon Smith* relates a case of this sort. A sharp-pointed weapon had passed through the diaphragm, notwithstanding which the patient made a rapid and perfect recovery to all appearance. At the end of about three months, he died from strangulated hernia of the stomach, which had passed through the wound of the diaphragm into the thorax.

Wounds of the abdomen, however slight, provided they penetrate its cavity, must be considered dangerous, from the great tendency of its lining membrane to take an inflammatory action, and the rapidity with which inflammation runs over its surface when once established. Penetrating wounds may also strike one or more of the viscera contained in the abdomen, in which case the danger arises both from the lesion of the organ itself involving derangement of structure and function, and from the effusion of its contents into the abdominal cavity.

Wounds of the stomach are to be deemed highly dangerous, although there has been great diversity of opinion concerning their mortality. Dr. Beck takes notice of the declared opinions of some of the German colleges upon this point. A wound of the stomach was declared only accidentally mortal by the faculty of Giessen, and absolutely mortal by the college at Frankfort; while, in another case, a wound was considered mortal by the faculty at Leipsic, and not so by that of Helmstadt and Wirtemberg. The fact is, that very extraordinary escapes have followed wounds of this viscus. The writer

* Beck, by Darwall, p. 335.

* Principles of Forensic Medicine, p. 279.

recollects the case of a pauper in the house of industry in Dublin, about the year 1814, who had received a wound of the stomach some years previously, from which he recovered, with a fistulous opening in the side, of considerable size, communicating with the stomach. He kept this plugged with a tent of lint or tow, and, to gratify visitors, he would, for the reward of a few pence, take a large drink of milk or other fluid, and, withdrawing the plug, suffer it to flow out through the external opening. This and similar instances tend to shew that wounds of the stomach inflicted from without, although highly dangerous, are not absolutely mortal. But we can scarcely say the same of rupture of the stomach caused by a blow or contusion on the part, inasmuch as the contents have then no chance of an external outlet, and must be poured into the peritoneal cavity. While upon this subject, we may remark that rupture of the stomach may take place without external violence, and it then commonly causes death after a train of symptoms that closely resemble the effects of the irritant poisons. This accident usually occurs from the efforts to discharge, by vomiting, the contents of an over-filled stomach. When the organ is in this condition, it is carried forward, and makes an abrupt turn on the lower end of the œsophagus, which acts as a valve, and opposes the exit of the contained matters. A striking case of this kind is related by Dr. Lallemand.* A woman, convalescent from a long attack of dyspepsia, being desirous to make amends for her long privations as to diet, ate one day to satiety. Ere long she was seized with a sense of weight in the stomach, nausea, and fruitless efforts to vomit. Then she all at once uttered a piercing shriek, and exclaimed that she felt her stomach tearing open; afterwards she ceased to make efforts to vomit, soon became insensible, and in the course of the night she expired. In the fore part of the stomach there was a laceration five inches long, and a great deal of half-digested food had escaped into the cavity of the abdomen. Professor Barzelotti† notices a case in which the rupture was caused, not by the accumulation of food, but by the accumulation of gases arising from depraved digestion, similar to what arises in cows which have eaten largely of clover. In these cases the train of symptoms would lead one to suspect the administration of an irritant poison, but sometimes death is instantaneous. Dr. Christison‡ mentions the case of a coal-heaver in London, who, while attempting to raise a heavy weight, suddenly cried out, clapped his hands over his stomach, drew two deep sighs, and died on the spot. On dissection, a lacerated hole was found in the stomach, big enough to admit the thumb, and the stomach did not contain any food. These cases show the great danger arising from simple rupture of the stomach, but the danger is still more increased when the laceration is effected

by external violence; for then, besides the injury done to the organ itself, the solar plexus and semilunar ganglion are implicated in its effects. These parts are so essential to life, that injuries to them are sometimes followed by the most rapid and perfect death, the entire vital power appearing to be at once extinguished.

Persons suffering laceration of the intestines from blows or contusions are likewise exposed to the greatest danger; but perforated wounds do not appear of the same mortal character; and when proper treatment is pursued, very surprising recoveries have taken place. Wounds of the small intestines are said to be more dangerous than those of the larger, in consequence of the more important functions they perform, and of their being supplied with a greater number of nerves; but we cannot perceive the value of this distinction, as the principal dangers, extravasation and inflammation, are not influenced by either of these circumstances.

Individuals may be killed by wounds of the liver; although small superficial wounds, if the sufferer escapes inflammation, may not be attended by serious consequences; but more extensive and deeper injuries may cause a fatal hemorrhage, by opening some of the numerous and large bloodvessels by which that viscus is traversed. Laceration of the liver by falls is not an uncommon occurrence; and when it happens, it most commonly causes the death of the patient. Besides the injury to the liver itself, its great reservoir, the gall-bladder, is exposed to perforation and rupture; and this is an accident of the most fatal character, from the effusion of bile into the peritoneum. This secretion and the urine are the most irritating of all the fluids of the body, and never fail to cause death when suffered to escape into the belly. Wounds of the urinary bladder, therefore, except at the part uncovered by peritoneum, are of the most fatal kind.

Before we leave this part of our subject, we wish to make some remarks upon a form of accident which has been long known and described, but about which very vague and unphilosophical notions were entertained;—we allude to what have been termed wind-contusions. It is not rare to find upon a field of battle dead bodies preserving their form and the integrity of their surface, and not presenting externally any lesion by which death can be accounted for; but if the body be opened, some of the viscera of the thorax or abdomen are found bruised and ruptured, and an extravasation of black fluid blood or of the contents of the stomach and intestines. When the nature and extent of these internal lesions are considered, it is evident that death must have been instantaneous, and the vital powers so quickly and completely destroyed, that there has not been time sufficient to allow of the infiltration of blood into the cutaneous tissue, so as to produce ecchymosis. As this kind of injury has been observed particularly after battles, it was imagined that death was caused by the wind of cannon-balls, that is, by the compression of the air caused by the passage of the shot in the vicinity of the

* Inaug. Dis. Paris, 1818. Christison on Poisons, first edition, p. 88.

† Medicina legale, ii. p. 22.

‡ Loc. cit.

individual. But when we consider the fluidity and elasticity of the atmosphere, and the little resistance it makes to the passage of bodies through it, we must perceive that this explanation is untenable; for the unconfined air never can be compressed to such a point as to become a mass capable of confounding or even giving a severe shock to our bodies. It is now generally believed that these lesions are caused by the contact of the cannon-shot itself when towards the close of its trajet. For the first moment of projection, when the force is greatest, it pierces, tears, and carries off all that occurs in the line of its direction; but when it approaches the end of its course, and its velocity is considerably diminished, it loses the power of producing these effects, and as the skin is supple and extensible, and the parietes of the thorax and abdomen are flexible and elastic, and protected by clothing, they yield to the impetus without tearing, and resume their original form as soon as the compressing force ceases to act. But the parts which lie deeper than the parietes, and whose tissue is less flexible, and supported by bone, experience necessarily the whole force of the compression, and are thus contused, bruised, or, in some instances, reduced to a complete pulp. Any doubt of the validity of this explanation is removed by a reference to reports of cases of injuries not dependent on fire-arms, in which the same laceration and contusion of the viscera of the abdomen and thorax have been found without any appearance of external injury. Chaussier relates the case of a strong man, thirty years of age, who, while driving a cart heavily laden with stones, attempted to get on the back of one of the horses, and falling in the endeavour, the wheel passed slowly over his left shoulder, crossing the clavicle near the sternum, and continuing its course obliquely over the entire left side of the thorax. The body was found the following morning on the road, lying on the back with the track of the wheel marked on the clothes by a broad streak of mud. Nevertheless, on stripping the body, there was no appearance on its exterior that could lead to a knowledge of the cause of death. However, after removing the integuments and muscles of the thorax, it was found that the clavicle was torn from the sternum, and all the ribs of the left side were fractured, but there was no ecchymosis under the skin or round the fractures. The first rib was broken in one place near the sternum, but all the rest in two, about three inches apart, which corresponded with the breadth of the wheel. These fractures were not complete, but were limited to the inner surface. On opening the thorax, the pericardium was found distended with coagulated blood, and a large rent was discovered in the left auricle of the heart. From this it is evident that pressure by the passage of a heavy body may cause bruising or rupture of the internal parts, without leaving any appearance of its action on the exterior; and in like manner those great contusions and sudden deaths, without external mark of violence, observed after actions, are

to be ascribed to the size and weight of cannon-shot striking the body with diminished velocity.

We do not think it necessary to dwell upon wounds of the extremities, as the danger of speedy death in these cases depends upon the escape of blood from some of the great blood-vessels implicated in the injury, a complication which is easily detected by dissection. But there is a form of injury connected with this part of our subject on which it is necessary to make a few observations. We allude to wounds of the external parts of generation in the female, which may prove fatal by excessive hemorrhage; the peculiar structure of the parts, consisting of erectile tissue, which is very vascular, giving rise to a continued, steady, though not very rapid flow of blood. In illustration of this point we may refer to two cases related by Mr. Watson. The first is that of a woman who resided near Edinburgh, whose husband was tried and convicted of having murdered her in the year 1826. "The body," says Mr. Watson, "of this unfortunate person was inspected by Mr. Newbigging and myself. We were informed of her having died suddenly. She seemed to be about fifty years of age, of stout form, of very low rank, having lived in a small, dirty, ill-furnished house, having only some shavings and straw upon the floor, covered with a rug for a bed. The clothes in contact with the private parts were stained with blood. No appearance of injury could be perceived on any part of the body externally; but upon separating the labia pudendi a wound about an inch and a quarter in length was observed upon the inner side of the right nympha. This wound was evidently recent, its surface being covered with coagulated blood. Externally it consisted of a remarkably clean, straight incision parallel with the nympha. Internally the finger could be introduced in four different directions to the depth of about two and a quarter inches in each: upwards and backwards towards the division of the iliac artery; backwards towards the tuberosity of the ischium; laterally towards the hip-joint; and upwards towards the mons veneris. In each direction the wound was of nearly the same diameter, which readily admitted the finger, and had distinctly an obtuse termination. By injecting warm water into the large vessels, we found that none of them had been wounded, and the penetrating instrument seemed to have been forced only through the cellular tissue. The weapon had passed up to the peritoneum at the right side of the pelvis, under which there was a considerable effusion of blood, but had not penetrated it. Another very small, but also very clean external incision was observed at the side of that above described. The cavities of the cranium, thorax, and abdomen, were each examined, and their contents found to be quite healthy and natural. The hemorrhage, therefore, which had taken place from the wound was the only cause which we could assign for her death, and this we knew from the nature and structure (erectile spongy tissue) of the parts cut, must have been

profuse." It was proved on the trial that the wound was inflicted by a razor.

The second case is very similar to that first described: it occurred in the person of a woman who lived in Edinburgh, and whose sudden death was occasioned by a wound received on the morning of the 1st of January, 1831. This case was examined by Mr. Mitchelhill and Mr. Watson. They found the body dressed in the ordinary day-clothes, which they removed carefully, and observed no wound or tear on them, but the lower parts were drenched with blood. They then discovered that the hemorrhage had proceeded from a wound of the left labium pudendi, consisting of a very clean incision about three quarters of an inch in length, parallel with the margin of the labium. When the finger was introduced into this wound, it entered a bloody cavity sufficient to have contained a small hen's egg, and from this cavity the finger could be passed upwards towards the symphysis pubis, downwards towards the perineum, and backwards by the side of the vagina and rectum. Its greatest depth at any of these places was between two and three inches. When the internal part of the wound was laid open, the divided orifices of several pretty large arteries and veins were seen, and particularly the divided extremities of the large artery going to the clitoris. By the evidence adduced at the trial of two young men, brothers, for the murder of this woman, it was obvious she had received a wound at the first floor of a common stair, almost immediately after which she was precipitated headlong to the bottom of the stair. In reference to these cases Mr. Watson remarks, "In both, this part of the body seems to have been selected by the murderers to effect their design secretly; for in both, but particularly in the first, the wound was concealed to a superficial observer; and they may have had an idea, from the frequency of flooding in females, that their death might have been supposed to have happened either from this cause or by accidentally injuring themselves by sitting down upon some sharp body. For it is a curious fact that in both cases the probable murderers were the first to go for medical aid to the deceased.

Circumstances affecting the medico-legal character of wounds.—So far we have considered wounds according to the consequences that usually attend them; but the medical jurist should ever bear in mind the fact, that injuries, naturally belonging to the class of slight wounds, may acquire the character of severe, dangerous, or mortal, from the co-operation of circumstances more or less extraneous, and, therefore, relieving the inflictor more or less from responsibility. We have already alluded to the memorable aphorism of Mr. Hobbs, that there never was a wound but it might prove mortal. Let us now inquire into those circumstances that are thus capable of altering the medico-legal character of wounds: these are age, sex, constitutional peculiarities, previous injury or disease, subsequent injury or disease; malum regimen.

Of age, it may be said that adult age is on the whole the most favourable to recovery from injuries: of this we have a very striking example in the case of burns, the effects of which are much more severely felt by young subjects, and the mortality attending them is greater in this class than in persons who have reached adult age. Fractures may, perhaps, form an exception to this, as it is observed that this species of injury is less fatal in children.

Sex is a circumstance of aggravation in the case of blows on the breast of a female. This organ being in early life endowed with peculiar sensibility, and in later years being prone to take on cancerous action when excited by injury, is naturally a very vulnerable part, and a comparatively trifling blow in this situation may be followed by the severest effects. In like manner, an injury on the abdomen of a pregnant woman must be regarded as a more dangerous accident than the same force applied under different circumstances.

Constitutional peculiarities do not form a good exculpatory plea unless the wound be slight. They are of two kinds, constitutional infirmities and malformation. Slight wounds may be rendered dangerous, and even mortal, from an extreme irritability of the nervous system. We see this in the different effects produced on different patients by surgical operations, some bearing with fortitude what others unaccountably sink under. The scrofulous diathesis and venereal taint influence the result of wounds, and diseases of the bones and joints have succeeded in such constitutions to injuries which would have been of little consequence in sound ones. The hemorrhæal diathesis is one calculated to increase the danger of slight wounds in a remarkable manner, some striking examples of which have been already mentioned. Original or accidental malformation may likewise contribute to the fatal effects of a slight injury. Thus transposition of the viscera may bring an organ within reach of a wound that might have been otherwise harmless. A very remarkable instance of such malformation is preserved in the museum of the Dublin College of Surgeons. The subject was a woman advanced in life, who died in one of the hospitals of the House of Industry, and who had never given any indication during life of her peculiar formation. On examination of the body after death, all the viscera of the thorax and abdomen were found transposed. The heart was at the right side, the liver at the left, the stomach and spleen at the right, the cæcum in the left iliac fossa, and the sigmoid flexure of the colon in the right, and all the bloodvessels were transposed to correspond. But besides such a general transposition, there may be a partial malposition. Thus, an artery usually deeply-seated may take a superficial course, and prove a source of danger in case of a slight wound inflicted in that situation. A case in which death occurred in consequence of malposition of an artery, happened in the hands of one of the most experienced surgeons in Dublin some

years ago. A fish-bone stuck in the throat of an individual, who applied to the gentleman alluded to for relief. A probang was passed down the œsophagus, when suddenly an immense gush of blood took place from the mouth of the patient, and he dropped dead in his hands. On examining the body to ascertain the cause of this unexpected fatality, it was found that the arteria innominata, instead of following its usual course in front of the trachea, had dipped down between it and the œsophagus, just at the spot where the fish-bone had lodged, the point of which had been forced by the probang through the œsophagus into the artery, and thus caused the death of the patient. Besides these congenital malformations, there may be accidental displacement of a viscus, as in hernia, by which a blow in certain situations will be made more dangerous.

Previous injury or disease is a plea sometimes set up in extenuation of guilt, but it is a feeble one, and in fact untenable if the injury is of a usually dangerous character, or has manifestly accelerated the death of the individual. It may, however, be used with advantage if the injury was slight; but the degree of weight that should be allowed to it in law is sometimes very difficult of decision. The chief questions on the subject are, 1st, Was the new injury adequate to cause serious mischief in ordinary cases? 2nd, Whether did the injury, or the previous disease or accident occasion death? 3rd, Did the alleged previous harm really exist, or was it the consequence of the injury? Chaussier relates the case of a boy who was killed by a very gentle stroke of a switch upon the head, which in ordinary cases would have caused no mischief, but proved fatal in this in consequence of previous absorption of the skull at the particular part struck. An interesting illustration of the second question has already been quoted from the same author, in which death was produced by the bursting of an internal aneurism. Cases that come under our third head are very common; we will content ourselves by quoting one by Dr. Klapp of Philadelphia.* An individual in that city, who was in habits of intemperance, engaged in a brawl, received an injury, and died thirty-eight hours after the affray. He walked and spoke after receiving the injury, and even drank part of a pint of spirits, but was shortly seized with insensibility, dilated pupils, oppressed breathing, and died without any return of sense. The bone and the brain beneath the injured part were examined and found natural. The mucous membrane of the cardia and the upper part of the stomach were greatly inflamed; the other parts were not diseased. Before the court, Drs. Hartshorn and Klapp gave it as their opinion that the injury to the head had not been the cause of death, and that there was no appearance of a blow on or near the region of the stomach. A verdict of acquittal

was the result. But supposing the injury to be of such a kind as would alone prove fatal, then the second question arises, Whether did the injury or the previous disease cause death? There are circumstances which may render this a nice question to answer: thus, for instance, the disease and the injury may cause the same symptoms and appearances, as in the case of apoplexy and extravasation of blood from a blow. In cases of this kind confusion and difficulty are sure to occur, when the investigation is made according to the Continental system; but in these countries the animus with which the injury was inflicted being the chief object sought after, the medical witness is saved from the nice distinctions laid down in foreign authors.

Subsequent injury or disease may also alter the medico-legal character of injuries. It may happen that a disease totally unconnected with the effects of an injury, may invade a person who has received a wound, and carry him off. This is a case that sometimes creates great difficulty. Thus, a typhous fever may attack an individual labouring under a wound of the head, or spontaneous pleurisy may occur after injury to the chest; in both of which cases it is evident that great obscurity must exist. We recollect the case of a boy who was admitted into the Richmond Hospital, Dublin, labouring under a wound of the head with a small depressed fracture of the right parietal bone. He went on well for some days, when headach came on, flushed countenance, fast and hard pulse, dry and burning skin, and thirst with sickness of stomach. It was at once supposed that inflammation of the brain had set in, and preparations were making for trephining him, when attention was accidentally turned to his right arm, from which he had been bled on the day of his admission, and in it, in the neighbourhood of the puncture, and spreading up the arm under the fascia, a large collection of matter was discovered, on the liberation of which, all the bad symptoms gradually disappeared, and the boy recovered well without any operation. This was a case in which a subsequent disease put on the appearance of the worst consequences of the injury, and was at first mistaken for them.

Zacchias relates an instance illustrative of the difficulty that may occur in these cases. During a period in which the plague raged at Rome, a man received a wound on the head, which denuded the bone, but left no fracture. The wound appeared favourable for the first three days; but at the termination of that period a fever came on, accompanied with bilious vomiting and violent inflammation of the wounded part. On the fourth day the wound was gangrenous, petechiæ and buboes occurred, and he died on the sixth. It appeared afterwards that he had been visited during the first two days of his illness by a friend, who had died of the plague on the fourth day after communicating the disease to the wounded person. Tetanus is a conse-

* American Medical Recorder, v. i. p. 156, and Beck, by Darwall, p. 352.

quence of wounds which must occur to every one as likely to alter their medico-legal character. A case occurred a few years ago in England, in which the supervention of this disease upon a slight injury had a great influence upon the fate of a prisoner. A gentleman fired a gun, loaded with small shot, at a boy whom he found trespassing on his ground. He wounded him slightly in the leg, and the boy appeared going on well until he was attacked with tetanus, of which disease he died. The gentleman was tried, found guilty of murder, and executed. This case forms a good example of what has just been stated respecting the English practice in such cases; for if the wound had been inflicted with a stick or whip, or other implement, it is almost certain that a verdict of murder would not have been returned against the prisoner; but a gun having been used, made it appear that the intent was to do some grievous bodily harm, and the heaviest penalty of the law was accordingly inflicted.

Malum regimen, or improper treatment, often constitutes a very strong exculpatory plea, as by it the character of wounds may be materially altered for the worse. Accidental or inevitable want of skilful attendance is not a valid plea; but if the omission was intentional or avoidable, it takes off the responsibility of the inflictor in a great degree. If a patient should refuse to submit to proper treatment, or should persevere in the use of forbidden articles of food, or should expose himself to cold or a vitiated atmosphere, it is plain that he must contribute to place himself in a more unfavourable position, the result of which can only be charged on himself. On the part of the medical attendant, misgovernment may arise either from negligence or bad treatment, by either of which the danger of a wounded person may be greatly aggravated. "In general," says Dr. Beck, "when a dissection proves that no wound mortal in its nature has been received, and when none of the circumstances already enumerated can be urged as causing its fatality, the death of the patient should be attributed to the surgical attendant rather than to the author of the wound, provided it can be proved that he neglected the sick person, or maltreated him by leaving foreign bodies in the wound which might have been taken away; by not suppressing hemorrhage; by not evacuating collections of pus when necessary; by employing tents unnecessarily; by neglecting or hurrying operations; or by not causing the proper regimen to be observed."*

In cases where bodies are found dead from wounds or bruises, a very important question arises which the medical jurist is frequently called upon to solve,—that is, are the wounds the result of suicide, of accident, or of murder? In the greater number of cases in which our assistance is required, the circumstances of the case are so well known, or can be so proved

by witnesses, that there can be no doubt of the cause of injury or of the true author of it. But there are cases in which, to fulfil the objects of justice, it is necessary to determine whether the wounds inflicted on an individual were by himself or others. The solution of this question is always delicate, often embarrassing, and very difficult. The circumstances to be attended to in this inquiry are,—first, the seat of the wounds; secondly, their direction; thirdly, the probable weapon used. There are few wounds that one person can inflict upon another that may not be accomplished by an individual on himself. Some, however, form an exception on account of their extreme difficulty. For instance, it would be hard to believe that a wound with a sharp-pointed instrument in the spinal marrow was inflicted by the individual himself; and in death from fire-arms, wounds inflicted from behind can scarcely be supposed to have been voluntarily effected. Incised wounds are seldom inflicted except on the throat, for the purpose of suicide; but instances have occurred where individuals have resorted to wounds of the extremities and amputation of the penis for this purpose. A case occurred recently within our own knowledge, where the suicide, having failed, as often happens, to destroy himself by cutting his throat, deliberately bared his left arm, and cut it across to the bone, above the elbow, dividing the brachial artery, from which he bled to death. The circumstance of fire-arms being discharged in the mouth of an individual is sufficient to warrant the belief that it was not done by the hand of another. Thus, attention to the seat of the wound will often determine whether it is the result of accident, suicide, or homicide, and will throw light upon the evidence of witnesses as to the circumstances under which the injury was inflicted. The direction of the wound will often likewise determine the intent, and the question of suicide or homicide. When a wound does not pass through the body, there will be little difficulty in ascertaining the direction in which it came and in which it passes. In a case of supposed suicide by means of a knife or pistol, the course of the wound should be examined, whether it be upwards or downwards, and the length of the arm should be compared with the situation and direction of the injury. It should be ascertained whether the right or left hand has been used; and as the former is that most commonly employed, the direction should correspond with it; but if the direction corresponds with the left, it should be inquired whether the deceased were left-handed. When a wound is alleged to have been inflicted by accident, we may inquire into the probability of the statement by comparing the stature of the body with that of the inflictor, and the relative position of the two at the moment the wound was received. In fact, a stab given by an individual of small stature to one of greater size is naturally directed from below upwards, and the contrary if it is the larger of the two who has inflicted it. An

* Med. Jur. by Darwall, p. 327.

example of this occurred some years ago at Marseilles,* in two men of different height, who fought a duel with swords on a public walk. The weapon of each of the combatants reached the heart of the other at the same moment, and they fell dead together. Their bodies being examined, it was found that the wound given by the small man was directed from below upwards, and that by the larger from above downwards. The situation and mode in which a wound is inflicted will often point out the intention of the perpetrator. Fodéré† relates a case illustrative of this point. A miller was assassinated at his own door by a butcher, who pretended that he had no intention of killing him, but had only threatened him with his knife in consequence of some maltreatment which he had received; that the miller renewed the attack, and in attempting to pursue him, made a false step and had fallen on the weapon. A single external wound, which led downwards to two wounds of the left ventricle of the heart, separated from each other by an interval of two lines, shewed that the accused had employed the same method to destroy his victim as that used by butchers in that country to kill cattle; that is, after having driven the knife into the heart, they withdraw it some distance, and replunge it, so as to make a second internal wound. Thus the direction of the wound compared with the respective statures of the two adversaries, (the butcher being much smaller than the miller,) proved that the blow had been inflicted obliquely from above downwards, that is, whilst the miller was sitting at his door, and not by a fall after getting on his feet, in which case the wound must have taken an opposite direction.

In case of wounds from fire-arms perforating the body, different opinions have been formed as to whether this circumstance should determine the distance at which the shot was fired; and at first we might be led to suppose that if a pistol bullet passed through, the instrument from which it was discharged must have been very near. But this is found to depend so much upon the strength of the charge, the direction of the ball, and the resistance offered by the parts of the body, that we cannot venture to draw any conclusion from it. It is, however, of importance to be able to discriminate between the entrance and exit wound, as a means of ascertaining the direction of the shot. That made on entering is smaller than the other, and has its edges inverted and depressed, while the latter is much larger, with ragged, everted, and uneven edges,—a circumstance depending upon the direction in which the force is applied to the skin, as well as upon the diminished velocity of the ball. When flat bones are perforated by balls, the same difference in the size and appearance of the two openings is to be observed. A trial, in which the defence rested upon the difference between the wounds, took place a few years ago in Kent, and is recorded by Dr. Gor-

don Smith.* An officer in the preventive service was indicted for the murder of a man who was shot in the night, under circumstances of a suspicious nature as to his pursuit at the time. There was no doubt that he was in company with a party of smugglers, and came by his death accidentally. He was retreating before the prisoner, who tripped, and in the fall his gun went off. It seems that, on the other hand, several shots were fired on the part of the smugglers in their retreat, and that the deceased was killed by one of them. This appeared from the testimony of a navy surgeon of considerable experience, who examined the body. He found the wound in the upper part of the groin much smaller than that in the lower part of the buttock, which was twice or three times the size of the former, and was ragged and uneven. Fragments of the bone were likewise felt at the hinder opening, but none in the cavity of the pelvis. From these appearances he gave his opinion that the ball had entered in front, and had consequently come from his own party.

The probable weapon with which a wound was inflicted will often assist in disclosing the true nature of the accident. The singularity of shape that some wounds present, and the comparison that may be made between them and that of different instruments, has sometimes served to illuminate obscure cases. Such is the case related by Desgranges, and quoted by Fodéré, of an individual, who, having got drunk in a pot-house, left it to return home at eleven o'clock at night, the ground being covered with snow. He was found dead the following morning, beside a ditch near his own house. Desgranges examined the body, which at first offered no trace of wound, bruise, or violence; but on turning the head from left to right, an oblique wound was discovered scarcely three quarters of an inch in extent, under the base of the lower jaw, and about the height of the larynx. The little finger introduced into this wound shewed it to be wider and more extensive within than appeared from the external incision. The clothes of the deceased were stained with blood, and there was a large quantity poured out on the snow. It appeared that this wound had been inflicted with an auger, which the deceased had carried out of the pot-house under his arm, with the point foremost, and upon which he, being drunk and hardly able to walk, had fallen. This instrument was found lying beside him covered with dry blood, having been extricated by the deceased from the wound, but not before it had wounded the left carotid artery.

While upon this point, we think it well to insert the declaration of Sir Everard Home, relative to the remarkable case of the death of Sellis, a servant of the Duke of Cumberland, and the simultaneous injury received by His Royal Highness. Sir Everard's declaration seems to indicate that Sellis had committed suicide after attempting the life of the duke. "I visited the duke," he says, "upon his being wounded, and found my way from the great hall to his apart-

* Méd. Lég. t. iii. p. 195.

† Ibid. p. 196.

* Principles of Forensic Medicine, p. 290.

ment by the traces of blood which were left on the passages and staircase. I found him on the bed, still bleeding, his shirt deluged with blood, and the drapery above the pillow sprinkled with blood from a wounded artery, which puts on an appearance that cannot be mistaken by those who have seen it. This could not have happened had not the head been lying on the pillow when it was wounded. The night-riband, which was wadded, the cap, scalp, and skull, were obliquely divided, so that the pulsations of the arteries of the brain could be distinguished." "While dressing these wounds, a report came that Sellis was dead. I went to his apartment, found the body lying on its side on the bed, without the coat and neckcloth, the throat cut so effectually that he could not have survived a minute or two. The length and direction of the wound was such as left no doubt of its being given by his own hand; any struggle would have made it irregular. He had not even changed his position: his hands lay as they do in a person who has fainted. They had no marks of violence upon them. His coat hung upon a chair out of the reach of blood from the bed; the sleeve from the wrist to the shoulder was sprinkled with blood, quite dry, evidently from a wounded artery, and from such kind of sprinkling the assassin of the duke could not escape."*

Some light may be thrown upon cases of death from fire-arms by attention to collateral circumstances. Thus, in some instances the crime has been brought home to an individual by means of the wadding employed. A case of this kind occurred in France in 1818, and a similar one more recently in England; in both of which the wadding was examined, and discovered to have been torn from paper found in the possession of the murderer. If the ball is discovered, a comparison of it with the gun or pistol from which it is supposed to have been fired may assist in the inquiry. Thus, in a case of alleged suicide, in which a pistol was found beside the body, on comparing the ball with the barrel of it, it was found too large to have entered it, and so the question of suicide was set at rest, and attention was directed to detect the murderer. If a flint pistol have been employed for the purpose of suicide, it has been imagined that the discoloration of the fingers from the combustion of the priming would confirm the case as one of suicide; but this mark, besides being capable of imitation by a crafty assassin, is becoming every day of less value, in consequence of the general application of detonating locks to all kinds of fire-arms.

(T. E. Beatty.)

YAWS.—A word which has its origin in the vernacular dialect of Guinea and other parts of Africa, where it has been used to designate the fruit of the *rubus idæus* (raspberry); and from an imagined resemblance between it and certain fungoid excrescences from the dermoid tissue peculiarly character-

istic of a disease indigenous in that territory, the latter has obtained the same denomination. Yaws continues also to be its popular name in our own language, and in its translation into others its etymological signification has been retained. Thus, on the coast of America it is vulgarly called *pian* or *epian*, and by the French *framboise*, whence systematic writers generally have adopted the name frambœsia. By Mason Good, the more chaste and legitimate term *rubula*, the diminutive of *rubus*, (blackberry or raspberry,) has been substituted, and he has classed it under this name as one species of the genus *Anthraxia*. The common distinctions into African and American yaws, adopted by the last-mentioned nosologist, as they had been previously by Sauvages and Cullen, appear to be void of foundation.

The yaws first became known to Europeans as an endemic disease in that part of Africa called Guinea, but from what period it had prevailed amongst its uncivilized inhabitants it is of course impossible to ascertain. With the commencement of the slave-trade in the sixteenth century, it is probable that it was imported into our West India islands and America, where it has since prevailed to a great extent amongst the negroes, and has been found occasionally, but with comparative rarity, to affect individuals of the white population.

Dr. John Hume, formerly surgeon to the naval hospital in Jamaica, and a commissioner of the sick and hurt, was the earliest writer who drew the attention of British practitioners to the phenomena of this disease, in an account of it published in the sixth volume of the *Edinburgh Medical Essays* in 1744.* It was next treated of by M. Virgile, who practised for several years in the island of St. Domingo; subsequently, by M. Desportes, Peyrilhe, Dr. Hillary of Barbadoes, and Dr. James Grainger of St. Christopher's. To Drs. Winterbottom, Dancer, Moseley, Ludford, Thomson, Thomas, and Wright, we are indebted also for the results of their immediate and extensive experience of it. The last-mentioned writer supplies us with much of the information (not otherwise acknowledged) in this paper.

It appears that in general, if not always, the occurrence of the yaws is consequent to the application of its specific virus to an abraded surface of an individual in whom it has not previously existed, and this, although frequently by accident, not unfrequently by design,—in some instances with a view of obtaining exemption from labour, but in many from a popular though erroneous notion amongst the negroes,

* This writer pointed out the resemblance of the yaws with the disease described in the thirteenth chapter of *Leviticus*, as affecting the Israelites in their passage through the wilderness, and Adams has expressed his belief of their identity. (*Obs. on Morbid Poisons*, p. 206.) Dr. Hillary supposes that Haly Abbas, who lived in the tenth century, refers to the yaws under the general term *lepra*, both kinds of the Arabian leprosy having been described in a preceding chapter under the name (as it is translated) *elephantia*. 'Inquiry into the Means of improving Medical Knowledge, by W. Hillary, M.D.'

* *Edin. Ann. Regist.* v. vi. pt. ii. p. 19, and Beck by Darwall, p. 308.

that, like measles, scarlatina, and small-pox, its invasion at some period or another (being common at all ages) is a fixed law of the animal economy. Observing also, as in these, that the constitution is rendered insusceptible of a second attack,* and that childhood is the most favourable period for its endurance, the parents are apt not only not to guard against the intercourse of their children with the infected, but even to contrive their exposure to it. The most usual circumstances, however, under which it is contracted, says Dr. Wright, are, first, by sleeping in the same bed, and the ichor getting on the wounds or scratches of the uninfected; secondly, by handling the infected, and allowing the virus to touch scratches or excoriations; thirdly, by the use of the same bowl or basin in washing their sores which had been previously used for similar purposes by the infected negroes; fourthly, and most usually, by small flies, which, having gorged themselves with the virus of the diseased, alight on the ulcers of the hitherto uninfected, its propagation being as certain by the minutest quantity as if it were ever so considerable.†

The accession of yaws may in many instances be suspected by pre-existing lesions of the cutaneous surface assuming the appearance of its characteristic ulcerations; and if with such suspicious appearance the individual has frequented the company of the infected, and has for some weeks had pains in his joints and limbs, the disease will sooner or later take place, according to the condition of the individual. In some cases the eruptive fever is pretty smart, but in others scarcely discernible; frequently, says Dr. James Thomson,‡ prior to the eruption, the whole surface is covered with a white scurf, as if it were dusted with flour. The eruptions are at first about the size of a pin's head, and scarcely rise above the level of the skin, but soon increase and become protuberant like pimples. Some time after this the cuticle falls off, leaving the parts covered with white sordes or sloughs; under these, small red fungi or excrescences spring up, and increase daily, some resembling in appearance and size the wood-strawberry, others the raspberry, and others even mulberries, being granulated, as it were, like them. They appear in all parts of the body, but mostly on the face, in the axillæ, on the groins, genitals, and perineum. The size of these fungi, as well as the number, depend on the state of the patient's health and habit of body; a healthy strong person will have few, but of a large size, whilst those of a thin or reduced habit will have a vast number of small eruptions, scarcely exceeding the size of a millet. In healthy subjects the disorder will arrive at its height in a month's time; in those that are sickly the period will be three or four months. At length the fungi

decline; yellow scabs are formed, and the skin is left smooth and in general without cicatrices. One or two of these, however, larger than the rest, continue some time after the others have disappeared: these are called the master, mother, or mamma yaws, from the absurd idea that the others are supplied from them; they leave scars resembling, says Thomson, those of the cow-pox, but are broader and more superficial.

In the mean-time the patient loses neither appetite, flesh, nor strength; he suffers no pain or uneasiness except from the nastiness of the disease, and a slight sense of soreness when the excrescences are rubbed or pressed. It is stated by Dr. Hume, Dr. Hillary, and others, that the hair proceeding from the spots where the peculiar fungi of the yaws have grown, changes gradually in colour until it becomes perfectly white; others have contradicted this assertion, and it has been suggested from this discrepancy, that it must have been mistaken for leprosy. It is much more probable, however, that the occurrence is an occasional though by no means a constant one, amongst the phenomena of the disease.

Such is the progress of the symptoms when left to nature, and neither retarded nor forwarded by medicine taken internally or used by application to the parts first infected; but if a yaw-sore, for example on the leg or foot, be treated as a common ulcer, or the patient continue to work or stand as in health, it soon assumes an unhealthy appearance, the neighbouring parts become inflamed, its edges are ragged and turn back like those of cancerous ulcers; its surface looks foul and is covered with small specks or sloughs; the discharge is ichorous, black, and extremely offensive, and the patient's strength is wasted and worn out with pain. Under such circumstances the eruption of the yaws is retarded, and, when it appears, is of long continuance, especially if mercurials have been employed too early.

The fungous excrescences break out also in the soles of the feet and palms of the hands, where, from walking barefooted as the negroes commonly do, and from hard labour, the integuments are excessively thickened. Hence, the eruption of the yaws is very painful, and the excrescences are sometimes so large as to extend over a great part of the sole of the foot. In this situation they are called by the negroes in the West Indies, "tubba" or "crab yaws." These, unless skilfully treated, are apt to continue troublesome for a number of years. Like corns, they are frequently affected by different states of the atmosphere, but more particularly by rainy weather. When the yaws have been repelled by the too early use of mercury, or, as was frequently the practice in the ships employed in the slave-trade for the fraudulent purpose of enhancing the price of the damaged commodity, by various external applications, as the sulphate of copper and corrosive sublimate, the risk has been considerable to the life of the sufferer. If the eruption have been thus suspended for any length of time, it has subsequently recurred with redoubled violence.

* Dr. Owen, who had considerable experience of the disease, saw only two instances of its second occurrence in the same individuals, and that after an interval of twenty years. Edin. Med. and Surg. Journal, vol. xviii. p. 36.

† Memoirs of Dr. Wright, p. 408.

‡ Edin. Med. and Surg. Journal, vol. xv. p. 322.

In some it has caused the most obstinate and ill-conditioned ulcers, in others erosions of the nose and palate, bone-ach, and distortions of the limbs: occasionally the whole cellular substance has been infiltrated with serum or even purulent fluid, and the wretched sufferer has fallen a victim to the injudicious treatment; in many instances, it is to be feared, instigated by a murderous cupidity. A glossy smoothness of the skin where this peculiar eruption commonly makes its appearance is often an indication that the disease has been suspended only by the means already adverted to. It is a singular fact with regard to the manifestation of yaws, that if a person with a large ulcer be infected, he may pass through the disease without any eruption,—at a certain time the sore begins to acquire a new granulated appearance and becomes elevated, the edges assume their characteristic form, and a constant discharge is kept up. If an attempt be made to heal the sore and is successful, an eruption of yaws follows in the regular manner; otherwise it goes on and generally remains as an ulcer for life. The practice always to be pursued is to endeavour to heal the sore as soon as infection is suspected.*

To some of the eruptive diseases of the inferior animals in the West Indies, the appellation yaws has been indiscriminately applied, but comparison has sufficiently disproved the identity of their nature, and repeated experiments have served to show the incapability of the disease in question being transferred by inoculation beyond the human species. Desportes asserts, and Alibert has taken it for granted in support of his idea of the dependence of yaws upon unwholesome nutriment, that he has seen it declare itself in some of the Gallinacæ of St. Domingo, especially Guinea fowls and turkeys, after feeding entirely on the seeds of the holcus spicatus. But although we know by sufficient experience that the exclusive use of similar and equally unwholesome food has been conducive to the eruption of lepra, pella-gra, and other diseases of the skin, it is the peculiarity of yaws in the human species to be propagated only by contagion; hence we are entitled to infer that the correspondence did not exist.

The identity of many of the phenomena, as well as of the original signification of the names of the disease under our consideration, with sivvens or sibbens,† a malady well known in the western parts of Scotland, renders it a matter of interest if not of importance that we should notice their characteristic distinctions. The sivvens, it is remarked, at first seizes the throat and nose; the yaws never, until after a length of time or improper treatment. The eruptions in sivvens are watery, of a dirty hue, and of intolerable fetor; those of the yaws are at first as small as a pin's head, hard, and without any peculiar odour. In sivvens boils appear here and there, forming deep and ill-disposed ulcers, a character which does not

belong to yaws. In sivvens itchy tetters break out in form of ringworms, and occasion either a deep ulcer or a scabby large spot with inflammation; the yaws have no such appearances. The sivvens rarely affect the bones, the yaws always unless well managed. In the yaws the excrescences succeed the pimples as well on the face and body as on the axillæ and pudenda; in sivvens the fungi appear on the groin and perineum in a very advanced stage of the disease. The sivvens is highly contagious without sensible inoculation, the only mode, as it appears, by which yaws is propagated. The sivvens may be cured early by mercurials, but mercurials in the yaws, at least in the early stage, are pernicious. In constitutions otherwise healthy the yaws will usually run a definite course, be spontaneously exhausted, and terminate in health even without medicine; but if speedy and effectual means be not used to counteract sivvens, it will almost certainly proceed to a fatal issue.

The yaws and syphilis have frequently been considered as modifications of the same disease, but a comparison between the descriptions of the two will at once establish some important distinctions. It is true that the yaws will affect the bones, the cartilages of the nose, and the palate, like syphilis, and will admit of cure by similar means; but in primary syphilis neither eruptions nor fungi appear as in the yaws, except on the pudenda, and then only in the form of warts. Syphilis will never cease spontaneously, like yaws, and, unlike yaws, it may be and is contracted repeatedly. Persons who are suffering from the yaws may contract gonorrhœa, and even syphilis; and it is very remarkable that the former may be cured independently of the yaws, but that the latter cannot until the yaws have begun to decline.

If the patient be a person of a previously healthy constitution, and be judiciously and carefully managed, even under the most formidable appearances of yaws, it is rarely attended with danger; but if otherwise, and there has been much preceding debility, by whatever causes induced, if the eruptions have been repelled, or if mercury have been used in the early stages, it is liable to a tedious if not dangerous protraction, and often proves fatal under the best directed efforts. When there has been any tendency to hereditary disease, yaws will always excite it into action, and the probability of its issue will of course be materially influenced by the nature and effects of the former, whatever it may be.

It has been imagined that the seeds, as it were, of yaws are implanted in the negro constitution, and that they must necessarily be developed at some future period without any obviously exciting cause. It need scarcely be observed that reasons are wanting in support of this hypothesis, and it has been denied by Dr. Wright and others that the habits and circumstances of negroes predispose them more than Europeans to receive the specific infection. Alibert has advocated the more popular belief, and accounts for a superior susceptibility of this and other cutaneous diseases in negroes by

* Dr. Thomson on Yaws, Edin. Med. and Surg. Journal, vol. xv. p. 325.

† Sibbens in the Erse dialect signifies a raspberry.

the circumstance of their dermoid tissue being endowed with a larger share of sensibility. He considers, also, in accordance with the commonly accredited assertion, that the diet of the negroes contributes in a great measure to the ready propagation of yaws amongst them, their food, particularly in Guinea, being of a nature little accommodated to the wants of the system, naturally untractable by the organs of digestion, and scarcely rendered less so by the very imperfect modes of cookery to which it is subjected. It is obvious that the circumstances of the climate, the customs, and domestic habits of this uncivilized race must very powerfully co-operate with the diet above noticed in inducing as well as in keeping up disorder of the cutaneous surface; but in the West Indies we are informed that the negroes, though well-fed and healthy, are as readily affected by this morbid poison as the puny and debilitated; that the diseases of the former are often of the inflammatory kind, and are advantageously treated by repeated bleedings, the blood being generally firm and buffy; whereas the diseases of white people in the same locality mostly partake of the remitting fever, in which, if the lancet is at all used, the greatest caution is requisite, and the blood is generally loose, discoloured, and watery.

Of the immediate operation of the virus of yaws on the animal economy, we know nothing more than the effects already detailed; the progress of its operation, unlike that of small-pox, is very variable in different individuals; but from the experiments of Dr. Thomson it may be inferred that from seven to ten weeks is the usual period which elapses between the insertion of the virus and the development of the eruption. In one instance, however, for which we have the authority of Dr. Adams, the interval appears to have been ten months. It has been remarked that the blood of yaw patients does not differ in appearance from that of healthy persons, and that, when used for inoculation, it fails to communicate the disease; moreover, that the infected are as liable to other diseases as persons in a healthy condition.*

Treatment.—The prevention of yaws may be, and is almost always, successfully accomplished by the simple observance of avoiding the sources of its contagion, principally by an entire and distant separation from the infected, and by the strictest care in not participating with them in the use of any articles of clothing or domestic utensils through the medium of which the virus might by any possibility be conveyed. The intervention of authority, however, is often absolutely necessary to enforce the requisite precautions on the negroes, who, reckless of the consequences, would rarely avoid even the most familiar intercourse with the infected. The adoption of the usual means for the maintenance of the general health, such as good clothing, wholesome food, and usage otherwise conducive to mental content and cheerfulness, doubtless imparts considerable power to the constitution, if not of resisting the contaminating

influence of the virus, of very much mitigating the consequent injury to the constitution, and shortening the duration of the disease.

On well-grounded suspicion, or the earliest appearance of yaws, its extension should be guarded against by the removal to a distance of the infected from the healthy, and by cutting off entirely all intermediate communication. In the best regulated of the West India estates a house is provided in a convenient situation for the reception of the infected negroes. The planter selects for its management a careful and discreet matron, who is insusceptible of the contagion, by having experienced the disease at some former period. He provides them with plenty of good food and raiment, and takes care that they have easy work, as weeding and cleaning their own provision grounds, watching a cane-piece, or following sheep and cattle. Thus they are prevented from indulging, as they otherwise would do, in sloth and indolence, and their attention is diverted from brooding over the affliction they labour under. Their health also is improved by the same means. He further insists on the most strict attention to personal cleanliness and neatness of apparel.

During the eruptive stage, according to Dr. Thomas, who had considerable experience of its management, (and such appears to have been the line of treatment generally recommended by the West India practitioners,) the efforts of the system should be assisted by some mild diaphoretic, and with this view precipitated sulphur, contrayerva in powder or infusion, decoction of China-root, or infusion of sassafras, and vapour or warm baths have commonly been resorted to.

When the eruptions begin to dry off, a course of the compound decoction of sarsaparilla is found to be of great service, and other tonics of the vegetable kingdom, such as contrayerva, sassafras, guaiacum, &c., are occasionally used. Towards the decline, says Dr. Wright, if the disease do not go off kindly, mild mercurials may then, and not till then, be given with safety and advantage, so as to act as alteratives, and not occasion a pytalism. Minute doses of a solution of the oxymuriate of mercury have generally been preferred, together with the use of the compound decoction of sarsaparilla. When erosions of the cartilages of the nose and of the palate, obstinate foul ulcers, bone-achs, &c., have taken place, the most appropriate counteragents will be a generous diet, and a plentiful use of sarsaparilla, both in decoction and powder.

With regard to ulcerations from the yaws, it is to be remarked that simply unctuous dressings and warm fomentations are rarely serviceable. Washing them with cold water and certain vegetable applications will often have a good effect. If the ulcers are small, it will be sufficient, says Dr. Wright, to cover them with a leaf of the cissus cicyeides or snake-wyth, commonly called the yaws-bush, or with a leaf of the iatropa curcas or English physic-nut. If the ulcers are large, a poultice of these leaves beaten and mixed with a little sugar, or with

* Edin. Med. and Surg. Journal, vol. xv.

the pulp of roasted Seville oranges and sugar, forms an antiseptic well adapted to the purpose for which it is required. To the master yaw, which is apt to degenerate into a troublesome ulcer, the ung. hydr. nitrico-oxydi is often a good application. A combination of carbonate of iron with citric acid and prepared lard is also much employed in the West Indies for the same purpose, and is said to be very efficacious.

When the excrescences proceed from the soles of the feet, the thickness of the cuticle there occasions a resistance to the discharge, which leads to extensive ulceration, very difficult to heal, but best treated by a poultice of the fresh cassava-root, a plant possessed of a narcotic quality, and well known in every West India island.

Hard swellings of a very painful nature, which do not suppurate, sometimes appear in the soles of the feet as a consequence of the yaws, and occasion lameness. To remove them the patient should bathe his feet in warm water until the swellings are softened; they should then be seared with a hot iron, which produces an eschar. The consequent sore is readily healed by dressing it with some mild escharotic.*

Under all the usual circumstances of yaws, and in every stage except the primary febrile one, it is necessary that the patient's strength should be supported by a generous diet, including a full allowance of animal food, with a due proportion of wine or of diluted spirits.

The liability of persons in yaws to other exanthemata, as measles and small-pox, is a feature which has been taken advantage of for the purpose of expediting the cure of the first-

named disease: by inoculating for the small-pox when the yaws are on the decline, the latter will entirely subside, or if perchance any of the excrescences should re-appear, their continuance will be of short duration.*

It has been proposed also, as in small-pox, to inoculate the unaffected with the specific virus of the yaws, in order that the symptoms may be rendered milder in their nature, and quicker in their progress; but the inducements, if there be ground for the anticipation, which is very doubtful, are by no means equivalent to those of the analogous process in the former disease, as the latter is infinitely more easily avoided, never proves fatal when judiciously treated, and even after the operation, under the most favourable circumstances, is often many months in going through its regular course.

In some instances it is to be remembered that after every appearance of the yaws shall have passed away, even for months, and all possible care has been taken of the convalescent, the disease will break out afresh. The separation, therefore, of the diseased from the healthy should be continued for some time subsequent to the last appearance of an eruption or ulcer, be either apparently ever so unimportant.

(*W. Kerr.*)

* "All this is perfectly analogous to what has been traced in other morbid poisons. It is probable that the irritation from small-pox and measles being greater than that from yaws, may interrupt the latter at any time. But the laws of that poison requiring a certain course to be pursued, if the new irritation is induced before that course is completed, the disease must return as that new irritation ceases. If, on the contrary, that irritation has not been induced till the course of yaws is completed, and nothing remains of it but an habitual ulceration, the new irritation will not only supersede the old action, but by breaking the habit, very much expedite the cure."—Adams on Morbid Poisons, p. 212.

* Practice of Physic, by R. Thomas, M.D. 8vo. p. 645.

S U P P L E M E N T.

CONSTIPATION.—The word constipation is derived from the Latin *constipo*, to crowd together, a compound of *con* and *stipo*, to fill up close. The corresponding term *obstipatio*, under which costiveness is usually described by Latin authors, is from *ob* and *stipo*, to stop up, and the root of the Latin *stipo* seems to be the Greek *στυφω*, to bind as an astringent, to thicken. The true import of the word constipation, therefore, would appear to be the collecting and impacting of the excrementitious matters, the residuum of the various processes concerned in alimentation, in some part of the intestinal tube.

Constipation is not so much marked by the infrequency of the evacuations from the bowels as by their firmness of consistence, and by the occurrence of fulness and tension in various parts of the abdomen, and other symptoms indicative of impaired or impeded action in one or more of the various organs contributing towards the passage of the refuse of the alimentary process. The observations of Heberden afford so apposite an illustration of these views that we shall not hesitate to refer to them in this place:—"Homines frequentia alvum exonerandi plurimum inter se differunt. Alteri semel tantum singulis mensibus venter solutus est; alteri duodecies quotidie descendit per triginta annos, uti ipse mihi narravit, et dein septies quotidie per septem annos; neque vir hic interea macuerat, quin potius aliquanto habitior factus erat." It is obvious that with one of the persons here alluded to a daily evacuation would have been in fact an attack of diarrhoea, while with the other it might have been justly considered as indicative of constipation, and in either case much general disturbance of the system would probably have arisen. Similar instances, though not to so great an extent, frequently present themselves to our notice, especially amongst females, with whom the functions of the intestinal canal seem generally to be less regular than in the male sex.

Constipation has commonly been considered by writers on nosology as it occurs in persons of a lax and weak habit of body; in those of greater rigidity of temperament; and as arising from obstruction in some part of the intestinal tube. It will be sufficient for our present

purpose if we treat of it under the heads of simple constipation and constipation from obstruction, leaving the more refined divisions till we come to consider the variation produced in the symptoms by the immediate pathological state to which they may owe their origin.

Under simple constipation we mean to include those morbid affections which, without more prominent disease, are characterized by a confined state of the bowels arising from various causes, so acting upon the mucous and muscular coats of the bowels as to impede the regular and efficient performance of the functions of these organs.

In accordance with these views, the leading symptom of simple constipation is a costive or more consistent state than usual of the faecal excretions, with a less frequent call for evacuation than is customary with the individual when in a state of perfect health. Other symptoms usually attendant upon this state are, more or less pain in the frontal or occipital regions, some degree of fulness and tension of the abdomen, a foul tongue, with loss of appetite, and often an undefinable sense of oppression, accompanied with corporeal languor and listlessness of mind. These symptoms are, however, materially modified by the immediate cause giving rise to the attack; and since it is of the first importance, in respect of treatment, that the relation which the symptoms and causes bear to each other should be fully established, it will be desirable to consider the variations thus induced somewhat more at length when passing the causes under review.

1. The first cause of constipation to which we shall allude, because the most simple in its nature, is laxity or debility of the fibre of the muscular coat of the intestines. Constipation from simple debility is not an infrequent occurrence, and is apt to arise during the debility which attends convalescence from acute diseases. It is also observable in those who lead a sedentary life, and have a general pallid look and relaxed fibre. An opportunity of verifying, by *post-mortem* examination, the state of debility and wasting of the muscular fibres of the larger intestines, which occurs in this condition of the system, does not often arise; but the following example affords a good illustration

of this lesion, and serves also to shew, that without care and circumspection, the diagnosis is not always easy to be attained. A bookseller, aged forty, who led a sedentary life, had from his youth experienced great difficulty in regulating his bowels, and had constantly been using bitters and cathartics under medical advice. Latterly, vomiting had succeeded to the symptoms, and he had become pale and emaciated, which induced a suspicion in the minds of his medical attendants that he was labouring under diseased pylorus. Under this view of the case the use of active aperients was discontinued, and an attempt was made to regulate the action of the bowels by enemata, but without avail, as the attendant could never succeed in injecting any quantity of liquid into the rectum, and consequently small portions only of liquid fecal matter were ever brought away. The patient, finding himself grow weaker, and considering that he had no hope of relief, would not consent to any examination of the rectum; and as the vomiting and constipation continued, he gradually became exhausted, and died. On examination after death, the stomach was found to contain nearly three pints of a dark coffee-coloured fluid. The mucous membrane of the organ was not redder than natural, but it was generally thickened. The small intestines were nearly empty, and were not diseased. The colon throughout its whole extent was enlarged, and its muscular fibres were thin and pale; it also contained fecal matter and a great quantity of gas. In the descending colon and in the sigmoid flexure this was more particularly remarked, and the fecal matter was here very hard. The whole of the rectum was enormously distended with very hard feces. On pursuing the investigation downwards to the termination of the rectum at the anus, nothing like stricture was discovered; but the intestine was much dilated, and the muscular fibres, even near to the anus, were remarkably thin and pale. The intestinal mucous membrane did not seem to be at all diseased.

It is not often that we have an opportunity of witnessing so decided a case of debility of the muscular fibre producing constipation as this example affords; but analogous instances, in debilitating diseases, occasionally happen, where the feces will lie for a length of time in the extremity of the rectum, without the patient having the power of voiding the accumulated hard mass, and surgical aid is sometimes necessary for its removal.

This accumulation of the feces from debility of muscular fibre is by no means uncommon in old people; indeed, we believe the existence of a weak propulsive power in the large intestines to be the most frequent cause of constipation in advanced age.

When any part of the intestinal canal has been inflamed, the care which is subsequently required in regulating the diet and in selecting the aperients necessary to keep up a due action of the bowels is familiar to every practitioner of medicine. In fact, the necessary consequence of inflammation having existed in any

part is debility, and when this occurs in a hollow organ, such as the intestinal canal, we are naturally led to expect, after the acute symptoms have been subdued, a loss of power in the inflamed muscular fibre, and consequently distention of the bowel and retention of its contents. "Inflammation," observes Dr. Abercrombie,* "seems also to destroy the action of muscular fibre. Thus, intestine which has been inflamed is generally found in a state of great distention, shewing the complete loss of its healthy muscular action; and, if the disease has gone on until the intestine has either become ruptured, or has given way by ulceration, it is found to have fallen together like an empty bag, without any appearance of muscular contraction; whereas healthy intestine, when it is empty, contracts uniformly into a round cord." The constipation, then, which arises during convalescence from inflammation of different parts of the intestinal canal, and which is so readily induced by slight irregularities of diet, is the direct result of debility of the muscular fibre, and in cases where the inflammation has arisen from obstruction, may be altogether independent of the original cause of disease, though perhaps often attributed to its continued or renewed operation. Several cases illustrative of the preceding observations will be found in the work which has just been referred to. The following affords a similar example, and at the same time shews the tendency of previous debilitating causes to produce constipation. A female servant, aged twenty-four, had miscarried about the fifth month of pregnancy, and was much weakened by profuse hemorrhage. She then had diarrhoea, which was checked by appropriate measures. Subsequently the bowels became obstinately constipated, and there was tympanitic distention of the abdomen with some pain on pressure, especially in the right iliac region. The skin was jaundiced, and there was bilious vomiting, with much depression and sunk countenance. The vomiting was checked by the application to the epigastrium of a fold of linen soaked in laudanum; but the measures employed to procure an evacuation from the bowels were unsuccessful, and the enemata administered were returned without effect, though it was ascertained by examination that the rectum contained fecal matter. She gradually sunk, having had one copious evacuation a few hours before she died. On examination of the body, the capillary system in general was found injected with dark-coloured blood, the heart and larger bloodvessels being empty. In the abdomen, the omentum and peritoneal coat of the intestines were vascular in places, the colour of the vascular injection being more florid than in other parts of the body; and upon some portions of the small intestines circumscribed patches of lymph were found adhering to the surface of the serous membrane. Portions of the mucous membrane of the stomach, duodenum, and small intestines were also injected,

* *Pathological and Practical Researches on Diseases of the Stomach, &c.* 2nd edition, p. 7.

and there was evident thinning of the coats of the ileum near its termination in the valve of the colon. A sac formed by the doubling of the peritoneum between the rectum and uterus was found filled with purulent matter, which was confined by recent adhesions in its vicinity. Pus was also found in the substance of the uterus near the cervix. This case was obviously one of inflamed uterus with subsequent peritonitis; but the constipation appears to have resulted from the general debility, induced in the alimentary canal by the acute disease which had previously existed there, and the remains of which were found on examination.

2. The secretions concerned in the process of alimentation may be vitiated in quality or deficient in quantity. Under these circumstances there will be a want of stimulating power in the alimentary mass resulting from their combination with the food; the propulsive powers of the muscular coat of the bowels will not be so efficiently called into action, and constipation will necessarily result. Slight changes of this kind in the nature or quantity of the secretions are of very common occurrence, and are perhaps the most frequent cause of the more trivial and temporary irregularities in the excretive function, to which every one is more or less liable. When these causes are more permanent in their action, they become of greater importance. Thus the biliary secretion is frequently disordered without giving rise to any other inconvenience than the omission or retardation of a customary evacuation; but when the morbid change is more intense in degree, or prolonged in its duration, the constipation is more marked, and inspection of the evacuations commonly shews the impaired state of the function of the liver, by deviation from the healthy colour and consistence of the faecal matter. The evacuations will be found of firmer consistence, less homogeneous in their appearance, frequently containing portions of considerable hardness, and the colour will be pale and clayey, dirty or muddy, greenish or dark, accordingly as the bile is less copiously poured out from the biliary ducts, or so vitiated in its nature as not to preserve its usual characters. In such conditions of this secretion, in addition to the constipated and otherwise altered state of the alvine discharges, there is more or less uneasiness in the region of the liver, scarcely, however, amounting to pain; tension of the upper part of the abdomen; a moist brownish fur coating the tongue; a muddy colour of the conjunctiva, and pain of the head, usually referred to the occiput, with a sense of heaviness or oppression.

The existence of an altered state of the mucous secretions poured out from the surface of the inner membrane of the intestinal canal, and from its numerous glands and follicles, though probably of not infrequent occurrence, is much more obscure in its characters, and consequently less easily recognized. In the early stage of fever and of most inflammatory diseases there is a suppressed or diminished state of these as well as of most of the other secretions, which appears to contribute

much to the confinement of the bowels occurring in such cases. And hence we have more or less of oppression at the epigastrium, with tension and fullness of the abdomen, constantly attendant upon febrile diseases. The oppression and tension of the abdomen have been referred to an inflamed condition of the stomach and small intestines; but we are inclined to question the correctness of ascribing those symptoms which are indicative merely of oppression, and are of such frequent occurrence in various febrile states, to inflammation, when the vascular fullness arising from suppressed secretions affords so adequate an explanation of the attendant phenomena. Many cases of diarrhoea, and especially such as arise from exposure to cold and wet, if closely investigated, will be found to be preceded by costiveness of some duration. In such instances one of the first links in the chain of causation appears to be a suppression of the secretions from the intestinal mucous membrane, while the general progress of the symptoms affords a striking analogy with the effects produced by a similar exposure upon the corresponding membrane of the pulmonary system. The primary effect of the exposure is in either case the same, the capillary vessels of the membrane become distended by the blood thrown into them in an increased proportion, and a suspension of secretion, producing local oppression and constitutional disturbance, is the immediate result. Should this condition not be relieved, a degree of inflammatory action is induced, which is subsequently followed by the pouring out of the altered secretions, the products of that inflammation, constituting coryza, catarrh, or diarrhoea, according as the Schneiderian, the bronchial, or the intestinal mucous membrane may have been originally acted upon by the exciting cause.

Cases of disordered digestion not unfrequently occur in which much tenacious mucus is occasionally brought up from the stomach, and it will readily be allowed that, the surface of the mucous membrane being thus covered with its morbid secretions, the customary changes cannot take place in the food, and much distress must be the necessary consequence. Such a state of the follicular and mucous secretions existing in other portions of the intestinal tube will necessarily tend to lessen the susceptibility of its internal surface to the stimulating impression of its contents, and may thus prove a cause of constipation. We have witnessed cases in which such seemed to be the sole cause of the detention of the alimentary mass in various parts of the bowels; and in these examples we have found the evacuations to consist sometimes of a mucous or muco-gelatinous substance, at others of faecal matter mixed, or, when formed, smeared with a mucous fluid, apparently of considerable tenacity. In Dr. Abercrombie's work upon Diseases of the Abdomen there is a case,* which, as far as the state of the bowels is concerned, affords a good illustration of

* Op. citat. p. 314.

these remarks; and the slowness of the bowels in the following case, related by the same author, probably admits of explanation upon the views here advanced. "A lady, aged about thirty, had been in bad health for four or five months, and when I saw her was wasted like a person in an advanced stage of phthisis. She had a small frequent pulse and bad appetite, but complained of nothing except some undefined uneasiness in the abdomen. The bowels were slow, requiring the constant use of medicine; the motions were consistent and formed, but always of the deep brown colour of dark mahogany or rosewood; and no treatment had any effect in correcting that colour. The abdomen was collapsed, and nothing could be discovered by examination. Some time after I saw her, she began to have uneasiness in her chest, with slight cough; she then became liable to fits of coma, in which she lay with her eyes open, but unconscious of any thing; at length she had repeated paroxysms of convulsion, and she died in a state of the most extreme emaciation, after an illness of eight or nine months' duration. On inspection, no disease could be discovered in the brain, and the lungs were quite healthy, except some very old adhesions of the pleura. The intestinal canal was throughout so thin as to be transparent like goldbeaters' leaf. On the mucous membrane there was in many places a tenacious mucus of a dark brown colour, but no disease could be discovered in the membrane itself, and no morbid appearance could be detected in any organ."^{*}

3. Perhaps the most common cause of simple constipation of the bowels is to be found in the nature of the diet to which, in the present artificial state of existence, we are accustomed to resort. Food which is imperfectly soluble in the gastric secretions, unless of an irritating quality, must necessarily impede the process of digestion and assimilation throughout its several stages. It is unnecessary here to point out those articles of diet which come under this description; but it may be stated as a general principle, that according to the readiness and completeness with which this solution is accomplished within the stomach, except in cases where the product of the digestion is of a too stimulating or irritating nature, will be the perfection of the subsequent parts of the process, and the gradual and regular transmission of the mass through the whole course of the alimentary canal. There are, however, many substances used for food, which, after they have passed the stomach, are so little fitted for the purposes of alimentation that they are not taken up by the absorbent vessels which open upon the intestinal mucous surface, and consequently form a part of the refuse to be propelled onwards, and ultimately rejected as excrementitious. When these substances are taken in considerable quantity, they give rise to constipation, and occasionally even to fatal obstruction from the firmness and intractability of the resulting mass. The seeds of

various plants seem especially to have this tendency when taken in any quantity, and instances in which the kernels of the nut, walnut, or almond have been productive of injurious and even alarming effects by inducing constipation and obstruction of the bowels, must have occurred to almost every practitioner extensively engaged in the duties of his profession. Two cases of fatal obstruction, the one resulting from almonds eaten in considerable number, the other from nuts, have arisen within the knowledge of the authors of this essay.

4. Increased tone of the muscular fibres of the middle coat of the intestines may not infrequently give rise to a remora in the passage of their contents, and the effect of many of that class of medicines called astringents appears to be owing to their tonic powers. It has been remarked by Dr. James Johnson, that the beneficial effects produced by travelling, on the general strength and health, are commonly accompanied by a confined state of the bowels. This is no doubt to be attributed partly to the increased activity of the absorbents, by which the alimentary mass is left in a drier state than when the assimilating organs generally are in a more debilitated condition, but in part also to the increased tone of the muscular fibre, by which its contractions are rendered more equable, and consequently the resistance offered by one portion of the intestine to the propelling powers of another so adjusted as, by retaining the mass longer in its passage through the bowel, to co-operate with the increased tone and activity of the absorbents in extracting a greater quantity of nutriment than under other and less favourable circumstances could be obtained. Such a state is a frequent accompaniment of a healthy and effective performance of the functions of digestion, and may be considered rather as indicative of the excess of health than as requiring to be interfered with by having recourse to remedial measures.

5. Constipation is a symptom of very common occurrence in those morbid states of the encephalon in which more or less oppression is observed to exist; and in such a condition of the brain and nervous system it is probably owing to the deficiency of that influence exercised by these important parts of our frame over every organ, and in the performance of every function of the body. Usually the existence of this state of cerebral oppression is sufficiently evident from symptoms more especially characterizing it, in itself constituting the disease; but cases occasionally occur in practice in which the constipation will be found to be the prominent morbid condition, and the oppressed state of the brain not more marked than is usual; more or less headach, as we have before observed, commonly attending a confined state of the bowels. For instance, a child may have had no evacuation from the bowels for two or three days; there may be considerable fullness and uneasiness of the abdomen, with a white tongue and loss of appetite. There may also be some dulness of expression, and headach. The symptoms are naturally considered to depend upon the con-

^{*} Op. cit. p. 336.

finest state of the bowels, and appropriate purgatives are given. No action results, however, from these measures. There is oppression of the brain, and the impressions, which under other circumstances would have been sufficient to have excited the dormant powers, are here insufficient. If a few leeches be now applied to the head, the bowels will be almost immediately relieved. The constipation, then, in such a case will clearly have arisen from the interchange of communication between the brain and the organs of alimentation being suspended, or at least materially impeded. It is, in fact, symptomatic of a morbid condition of that organ, as in other cases it may be of a morbid condition of the liver, of the intestinal mucous membrane, or of the muscular coat; it is, however, the prominent symptom, and indeed the actual expression, of disease to be removed only by remedying the cause giving rise to it.

The obstinate constipation which occurs in connection with irritation of the spinal chord in some cases of irregular hysterical disorders, should here be noticed, since we have seen instances of young females in whom all the symptoms of obstruction of the bowels have apparently arisen from no other cause. The possibility of the symptoms arising from this cause should always be borne in mind when the patient is of the age and temperament liable to hysteric paroxysms; and where such is the case, particular inquiry should be made into the state of the menstrual secretion, and the most careful examination of the medullary column instituted, both by pressure over the vertebrae, and by drawing a sponge, which has been immersed in water as warm as can be borne, down the spine. Not unfrequently some irregularity of the periodical discharge will be discovered to exist, and some portion of the spinal column will be found tender. When such is the case, by having recourse to the appropriate remedies for this class of diseases, an apparent obstruction, which had withstood the best-directed measures, and in which the most powerful cathartics had been of no avail, will rapidly give way.

6. Another cause of confined bowels is an increase of the secretions from other organs of the body. There is an adaptation of the several functions to each other, and a relation existing among them, which, if disturbed, gives rise to many very interesting morbid affections. If any one function be either diminished, increased, or otherwise altered, some one, or perhaps all the others, will also be disturbed. Thus, if the functions of the skin be interfered with, and the perspiration be checked, we have diarrhoea not unfrequently established as a compensation, or there is an increased flow of urine to obviate the injurious effects which would otherwise be induced by the suppression of the natural secretion. Again, in diabetes, where the urinary secretion is increased, the secretions both from the skin and the intestinal mucous membrane are considerably diminished; and we have the constipated bowels, the dry glazed tongue,

and the harsh dry skin, which so commonly accompany that disease. Thus, also, in cases where the powers of life are breaking up, an alternation in the state of the impaired functions may not unfrequently be observed strikingly illustrative of these views.

We come now to consider the second class of cases; namely, those in which a constipated state of the bowels is produced by obstruction to the passage of the faecal mass through some part of the alimentary canal.

1. One of the most important causes productive of constipation by obstruction, both on account of the very precarious state in which the sufferer is often placed, and the nature of the remedies to be adopted, is the constriction of some part of the intestines in consequence of hernia. The consideration of this cause belongs more especially to surgery; but whenever obstruction of the bowels exists, careful examination of the usual seats of ruptured intestine should be made. But without producing actual obstruction, the existence of a hernia necessarily interferes with the regular performance of the functions of that portion of the intestines in which it is situated, both by inducing a tendency to lodgment of the faecal matter in the sac, and by disturbing the peristaltic action of the muscular coat. In the treatment of constipation it will be necessary, therefore, to keep this in view, since very different measures may be required when a portion of the intestine is in such a state, from those which would be proper under other circumstances.

2. In enteritis, colic, and ileus, constipation forms a very prominent part of the disease, and one which, independently of the morbid state giving rise to it, frequently requires much and anxious attention. The subject has already been amply discussed under the articles COLIC and ENTERITIS. We should, however, observe that it is doubtful how far those cases of colic which have been referred to obstruction arising from spasmodic constriction of a portion of the bowels are really owing to this cause. We are convinced that many of these are to be attributed to a paralysed state of portions of the muscular coat of the bowels rather than to spasm; that, in fact, the obstruction arises rather in that part of the bowels in which the faecal mass is retained from defect of propulsive power, than from spasmodic action of the muscular fibres of the portion immediately beyond it: and the *modus operandi* of opium in such cases seems to consist in moderating the action of the propelling fibres behind, and thus affording time for the over-distended bowel gradually to empty itself of its contents, rather than in resolving the supposed spasm of the portions beyond. This explanation is likewise more in accordance with many of the causes concerned in the production of these forms of colic: thus, in the colic produced by lead, it is more consonant with the known effects of that deleterious agent upon other parts of the body, to infer that partial and irregular paralysis of portions of the intestinal canal, rather than obstinate spasmodic contractions, should result from exposure to its influence. Dr. Abercrom-

bie's observations upon this subject, with the cases of which they are illustrative, are well worthy of attentive study, and the conclusions at which he has arrived are in strict accordance with the preceding observations. The following considerations are adduced by him as confirmatory of the view which he is disposed to take:—1. that the collapsed state in which it assumes the form of a cord appears to be the natural state of healthy intestine, as indeed of other muscular organs when they are empty, as, for instance, the bladder;—2. that a state of uniform distension with lividity may occur as a primary disease of the intestinal canal without any appearance of obstruction, and without any part of it being in a contracted state;—3. that in ileus the collapsed parts are almost invariably found in a healthy condition, the morbid appearances being for the most part confined to the distended part;—4. that the suspended action has continued when the obstruction below has been entirely removed, and the parts above were apparently healthy;—5. that in a case where the application of galvanism was uniformly followed by copious evacuations from the bowels, the agent employed must have acted upon a part the functions of which were impaired, not upon one which was spasmodically contracted;—6. that cases occur in which the state of distension arises from causes entirely of a different nature, without the peculiar contraction referred to, at the same time that there are others in which, though the disease may be traced to a mechanical cause, this peculiar contraction existed below the seat of obstruction, but could not be considered as having any influence in producing the disease; as, for instance, where there is adhesion of a portion of intestine, the regular peristaltic action of the part is impeded, and this peculiar state of contraction is found to exist below the obstructed part, though in such a case it can scarcely be supposed to arise from spasm.*

3. But of all the causes which occasion constipation of a very obstinate nature, none are more frequent and important than certain changes of structure which occur in the large intestines, the whole course of which, commencing with the cœcum and terminating at the extremity of the rectum, is liable to various, and some of them intractable morbid affections. It will be desirable, in enumerating some of these, to enter rather more into detail than might seem at first sight to be necessary, as it will be impossible to lay down any thing like correct rules, with respect to the management of a costive state of the bowels, unless an accurate view is taken of the more obvious deviations from health in the large intestines which are connected with this affection.

The diseases of the cœcum alone are of great importance, and until lately have attracted very little attention. Looking to the structure of this portion of the intestinal canal, and considering the complexity of its mechanism, it cannot be a matter of surprise that it frequently becomes the seat of disease, and that

occasionally we find the contents of the alimentary canal lodged in large quantities in this pouch. Any one who reflects on the manner in which the fold of mucous membrane projects from the ileum, and is connected with the corresponding membrane of the cœcum to form the valvular mechanism, by which a barrier arises between those two portions of the alimentary canal, must be prepared to find in this part occasional obstruction, and cannot fail to wonder, that from year to year, in many individuals, the functions of this admirable portion of the human machine are performed with the utmost regularity and integrity. If it be considered, further, that where the cœcum connects itself with the colon, and for some distance afterwards, the contents of this part of the alimentary canal are propelled forward in opposition to the laws of gravity, additional reasons will appear why it should frequently happen that when the larger bowels become overloaded, the cœcum should more especially suffer.

The natural construction, then, of this part of the alimentary canal is such as to render it probable that impediments might arise to the propulsion of its contents onwards. A state of costiveness is not unfrequently connected with intestinal concretions, and these are most commonly lodged in the cœcum; and instances are recorded, where, after having been retained there for a considerable length of time, they have been discharged by the rectum. A nucleus is often found imbedded in the centre of these concretions, as, for instance, some extraneous substance, which may have been accidentally swallowed, and after having passed into the cœcum, have there gradually collected around it a considerable quantity of faecal matter: thus it is well known that pins, needles, pieces of bone, and stones of fruit, may be detained, and become the centre of alvine concretions. Upon this point much valuable information will be found in Dr. Monro's work on Morbid Anatomy, where several interesting facts are described concerning these productions, and their influence is shewn in interfering with the propulsive action of the bowels, and inducing constipation.

It is of great importance to bear in mind that these concretions, as well as scybala, collect in large masses in the cœcum and colon, as a want of accuracy in distinguishing this accumulation has often been the occasion of embarrassment to the practitioner, by leading him to suspect the existence of some more important lesion in the adjoining viscera. An accurate examination of the abdomen by compression will generally enable him to distinguish the tumour which is produced by distention of the cœcum, in the right iliac region; and where this is unconnected with inflammatory action in the investing peritoneum, but little tenderness is discovered in the part. The extent to which the cœcum, on some occasions, becomes enlarged, is very remarkable. It has been found sometimes nearly equal in size to the stomach, and the pressure produced under such circumstances by its accumulated contents, has occa-

* Pathological Researches, &c. p. 145.

sionally been so great that rupture of the distended bowel has occurred.

We have now been considering the least formidable of those conditions of the cæcum, which are productive of constipation; and all that is necessary in such cases for the restoration of a more healthy state of this part is, that the accumulated load should be removed. This, however, in the case of concretions, is not always an easy matter; for they are often very firm in texture, and cannot be dissolved by any medicinal agent; and even when they are dislodged from the cæcum, and carried on into the rectum, they are sometimes productive of acute pain, and a constant and ineffectual effort to evacuate the bowel by stool, and may ultimately require surgical assistance for their removal. The following case, detailed by Dr. Walker, of Huddersfield, in a communication published in the *Midland Reporter*,* is worthy of attention.

"Lydia Turner, aged forty-two, had for *twenty-three years* suffered from pain in the right iliac region, with considerable tumour, which varied in size, and was larger at the time of menstruation. She was subject to great irregularity in her bowels, had frequent diarrhoea, and could part with little at once, which was as frequently followed by constipation. On January 21st, 1827, whilst carrying a can of water, she felt, as she described, something break and fall down, which was followed by immediate desire to have a motion, but nothing passed. After having had a restless night, she sent for Mr. Jubb, of Halifax, and stated she had something to part with, and that she had had pains, as strong as labour pains, all night. On examination he found a hard substance in the rectum pressing against the sphincter ani, which appeared too large to pass. It was, however, with some difficulty, removed with a pair of lithotomy forceps, and proved to be a very large, hard, and tough scybalous mass. The woman lost the pain, and had never afterwards a return of the tumour in the right iliac region."

The immediate cessation of all symptoms on the removal of the hard substance, necessarily implies that there was little or no disease in the texture of the cæcum in this case, and that the accumulation arose from want of proper propulsive action in the part. There are, unfortunately, cases where the accumulation in the cæcum is combined with considerable disease, either in the peritoneum investing this part of the alimentary canal, or in its mucous lining; either of which occurrences makes the constipation more formidable than if it arise solely from a want of proper muscular action. This is not the place to enter very fully into a description of this particular form of disease, but its frequent connection with constipation makes it necessary to place before the reader the more prominent characters which shew the existence of this lesion. In addition to the tumour, which is felt in the right iliac region where the cæcum is simply distended by an

accumulation of fecal matter, there is, when its peritoneal covering is inflamed, tenderness on pressure, usually confined to the part, though not unfrequently extending more generally over the abdomen. Sometimes the functions of the bladder are affected by the contiguity of the disease, and a morbid irritability of that organ results. The constitution, also, is generally more affected; the tongue becomes white and flabby, and occasional nausea arises. If the inflammatory action extend itself to the general peritoneal covering of the intestines, there are then present the more obvious symptoms of peritonitis, under which the patient usually sinks. The following case strongly illustrates the destructive effect of this diseased action, when it commences in the peritoneal investment of the cæcum, and extends over the abdomen.

A healthy boy, aged ten years, received some months before his death a blow on the lower part of the abdomen, after which he complained of a good deal of pain in the right iliac region, and his bowels became costive. As but little importance was attached to the accident, no advice was taken upon the subject, and being at school, he allowed his bowels to remain for a length of time inactive, occasionally complaining of a good deal of pain in the abdomen. At length, after continuing for some weeks in this state, without any medical assistance, he became so ill that prompt measures were demanded. The case then presented all the appearances of peritonitis; and, more especially, the tenderness on pressure was remarked in the region of the cæcum. The most active treatment, by bleeding, general and local, large doses of calomel, the warm bath, and blisters, was adopted, but without avail; and he died in a week after medical advice was resorted to. On examination of the body after death, the abdomen was found distended; and when a section was made, so as to expose its contents, a sero-purulent effusion, amounting to about eight ounces, was discovered. The omentum adhered slightly to the peritoneum. The peritoneal covering of the intestines generally seemed inflamed, and towards the right iliac region the intestines were evidently united together by the deposition of lymph. The principal disease was in the peritoneum investing the cæcum, the commencement of the colon, and the termination of the ileum. The colon and the ileum were united to each other and to the cæcum. In all of these parts the peritoneum was much thickened and injected with blood. Part of the peritoneal covering of the cæcum was ulcerated, and corresponded to an ulcerated portion of peritoneum lining the lower part of the abdominal muscles, just where the spermatic vessels enter the abdominal ring. There was a considerable accumulation of fecal matter in the cæcum, but the mucous membrane lining this part was free from disease.

Affections of the mucous membrane lining the cæcum are likewise not unfrequently the cause of constipation. Thickening of the membrane forming what is called the valve of the

* Vol. iii. p. 236.

cæcum, occasionally occurs, and produces obstruction to the free passage of the contents of the bowels. The following case occurred in a young lady of delicate constitution, who had throughout life been of a costive habit of body. For many weeks previous to the acute attack which seemed to be the immediate cause of death, the bowels had been unusually inactive, never indeed being moved without the use of active aperients. She often complained also of uneasiness in the right iliac region, but on examination, no particular tenderness was produced by pressure, nor was there any remarkable tumour or fulness in that part. After having taken some active doses of cathartic medicine, without any effect being produced on the bowels by them, this young lady was seized with violent vomiting and general pains over the surface of the abdomen, with considerable tenderness on pressure. Very active remedies, as copious bleeding, large doses of calomel, blisters, warm baths, were used without any relief, and she died in thirty-six hours after the severe symptoms came on. On examination after death the peritoneal covering of the bowels was very slightly inflamed; but when the mucous membrane lining the bowels was exposed, it was found extensively diseased. A great portion of the ileum shewed marks of inflammatory action, and as that part of it was approached which terminates in the cæcum, considerable thickening was observed, and when the cæcum itself was opened, the whole mucous membrane lining this bowel manifested great alteration of structure. The valve of the cæcum especially was much thickened, shewing that chronic inflammatory action had for a length of time been going on in that part. The diseased action extended to the mucous membrane lining the commencement of the colon, but did not proceed further.

It sometimes happens that without any very acute pain or other severe symptoms, a considerable thickening takes place in the membranes which compose the cæcum, and, excepting constipation and emaciation, no other remarkable change arises in the state of health. For example, a young woman, who had for the most part enjoyed very good health, became costive, and was not in her usual spirits; but not being otherwise unwell, no attention was paid to this state of things, although progressive emaciation was, after two months, added to the symptoms. She at length complained of pain in the right iliac region, and on examination a tumour, which was tender on pressure, was discovered there. After this was known, remedies were promptly employed; leeches and blisters were repeatedly applied to the neighbourhood of the affected part; and a course of mercurial alteratives and saline aperients was combined with these remedies; but they proved unavailing, for the young woman gradually emaciated and died. On examination of the abdomen, the mesenteric glands were found to be enlarged. The stomach was healthy, and so were the small intestines. When the cæcum was examined, its coats appeared much thickened; indeed, in

some parts the coats of this bowel were nearly half an inch in thickness. This was produced by a deposit of layers of lymph upon the mucous membrane. The commencement of the colon was also similarly, though not to the same degree, affected.

But thickening of a chronic nature in the mucous membrane of the cæcum is not the only pathological change of this portion of the intestinal canal which occurs in conjunction with a costive state of the bowels. The very reverse now and then happens, and this membrane becomes exceedingly attenuated, and in patches ulcerated, notwithstanding which the costive state continues, as the following observation testifies.

The subject of this case was a lady of a delicate constitution, who was about forty years of age. She through life had been a victim to the most obstinate constipation, and had suffered so much from this cause that she had for years been in the habit of taking daily aperients; at the same time that the most drastic purgatives, which had often been given, had occasionally failed in producing the desired effect. Her last illness commenced with severe vomiting, accompanied by acute pain in the epigastric region, and complete inactivity of the intestinal canal. In despite of all remedies that could be applied, the vomiting and constipation continued. She lingered many weeks in this state, gradually emaciating, and rejecting every kind of nourishment. She continually referred to the epigastrium as the only seat of uneasiness; and as there was no tenderness on pressure of any part of the abdomen, the sense of sinking at the pit of the stomach and the continued vomiting led the medical attendants to suspect that there was disease either in the stomach or the duodenum. Not a suspicion was ever entertained that the cæcum or any part of the larger intestines was the seat of disease. On examination after death, the stomach and duodenum were found perfectly healthy. The small intestines were empty: the peritoneal covering of the ileum seemed redder than natural. The mucous membrane of the small intestines was healthy. In the cæcum the mucous membrane displayed a very curious alteration of structure: it was of a very dark colour, and had become very thin, so that the muscular coat of the bowel was readily exposed. In one part the membrane was ulcerated for the size of a bean. At the commencement of the colon the mucous membrane was of a dark colour, and as thin as gold-beaters' skin. The least touch separated it from and exposed the muscular coat of the intestine. This condition extended for about a foot, when the mucous membrane was observed to be thickened, and appeared inflamed, and in patches ulcerated. The inflamed and thickened state of the mucous membrane with occasional ulceration continued until the colon terminated in the rectum, which latter throughout its course from thence to the anus seemed to be free from any disease. The large intestines throughout were loaded with hardened fæces. The liver was not quite

healthy; it had a nutmeg appearance, and its texture was less firm than natural. The spleen and pancreas were healthy.

There is much reason to believe that affections of the cæcum producing constipation, have been frequently mistaken for diseases of other organs, and certainly for none more commonly than for diseases of the liver; an organ which, for a long period, was regarded as the fruitful source of all abdominal disorders, whilst the affections which arise in the course of the alimentary canal itself were much neglected. The functions of the cæcum are likewise liable to be interrupted by any deviations from health in the contiguous parts, whereby the propulsive force may be so deranged as not to transmit the feculent mass from the small to the large intestines; for if the neighbouring viscera are only slightly altered in their structure, the passage of the contents of the bowels through the valve may be materially impeded, if not altogether obstructed. The part which is more especially liable by its derangement of function to impede the propulsive action of the cæcum is the colon, particularly the ascending portion, and the transverse arch.

Simple want of propulsive power in the colon is sufficient to cause accumulation in this bowel; and when the ascending portion and the transverse arch become thus distended with feces, the pressure upon the liver occasionally so interferes with its functions, that the diseased condition may, without care, be mistaken for hepatitis itself. The pressure upon the *ductus communis choledochus* induces an icteric appearance, and there is even, at times, uneasiness and fulness in the right hypochondrium. Constipation is of course the result, and the cæcum suffers distention and consequent disease. We cannot, however, at all times, under these circumstances discover any tumour in this part, as the enlargement must be considerable before it can be ascertained by external examination. An erroneous judgment, therefore, may readily be formed; and the affection, which is arising simply from the distention of the colon and cæcum, may be mistaken for enteritis or hepatitis, or even nephritis; for it is by no means uncommon for the urine to be scanty and very high coloured, and for pain to extend up the right side of the loins and to the region of the right kidney. But under such circumstances, the constipation continuing, and the feces being pent up in the colon and cæcum, much irritation is of course excited, and long-continued disease of the mucous membrane of these parts may be thereby induced; for the secretory glands of this part of the colon being necessarily obstructed, chronic inflammation may be produced in them, and thickening of the coats of the bowel to a prejudicial extent eventually ensue.

Other and more serious organic affections may also result from this disposition to constipation, and from the disease of the mucous membrane connected with it. Ulceration may arise, or, what is more common, a portion of this large intestine may become contracted,

and thus oppose a permanent obstruction to the free passage of the contents of the alimentary canal. Examples are not unfrequent, and the following instance may be sufficient to adduce. A labouring man, aged forty, had been for many months liable to constipation. His bowels occasionally would not be moved for a week, and he had been subject to an appearance of icterus when the constipation was most urgent. During the paroxysms of pain, which often came on when the bowels had been some time confined, he writhed about in great agony, and the pain was generally accompanied with violent vomiting. When, at length, by the assistance of enemata and active aperients the bowels were acted upon, a very large quantity of fecal matter usually passed away, and it was often of a pale colour. In this case there was not any tenderness in the right iliac region, nor was there any tumour to be discovered in that situation. The patient was, however, a corpulent man, and the examination was thus rendered more difficult than it would otherwise have been. After various paroxysms of the nature above described, and from which he had been recovered by enemata and aperients, he died in very great suffering, apparently exhausted by the frequent recurrence of vomiting and pain. On examining the abdomen there was not discovered any disease of the peritoneum; the liver, spleen, and pancreas were likewise healthy. The stomach also and the small intestines were not apparently diseased. The cæcum was enlarged, and contained a large quantity of fecal matter. At about three inches from its commencement the colon became very much contracted, and for nearly an inch in length it had a scirrhus appearance, and when a longitudinal incision was made in this part, the coats of the bowels had a cartilaginous feel. The calibre of this part was so much narrowed that the little finger could scarcely pass through it. No other alteration of structure was discovered in any part of the larger intestines to their termination at the anus.

It is worthy of remark that a stricture of any portion of the colon may exist for a series of years, and the only result observable from it shall be an habitual state of constipation, which, after the occurrence of paroxysms of severe pain resembling colic, may end by abundant and relaxed stools, into which state of softness it appears to be, under such circumstances, necessary that the alimentary mass should be reduced before it can pass freely from the bowels. After such a state has continued for years, and a costive condition of the bowels has been almost habitual, an opposite state occurs, and a tendency to diarrhoea constantly prevails. There is reason to believe that this change in the condition of the bowels, where constipation has been long kept up by a stricture in any portion of the colon, sometimes arises from ulceration taking place in the constricted portion of the intestine, by which means a more easy transit is afforded to the contents, and a greater degree of irritation of the mucous membrane lining the bowels is

produced. The following case strikingly exemplifies this circumstance. A gentleman, aged sixty, had for more than twenty years been troubled with habitual constipation and occasional colicky pains. After a severe cold, which very much affected the bronchial membrane, and from which he with difficulty recovered, the condition of the intestinal evacuations became very much altered, and, instead of being costive as they formerly were, always of a liquid nature, two or three motions occurring daily. Under this increased evacuation from the bowels he became thinner and weaker. His tongue also continually shewed a morbid incrustation, and the skin was dry and rough. The most careful examination of the abdomen could not discover any unnatural tenderness; and although he occasionally complained of griping pains, it was not very common for him to do so. The relaxation of the bowels continued for many months, and he sensibly declined in flesh and strength. At length, after an unusually severe attack of diarrhoea, which was also accompanied with hemorrhage from the bowels, his life fell a sacrifice to this prolonged disease. On examination of the abdomen, the peritoneum generally appeared free from disease, excepting at one part, where the arch of the colon was adherent to the edge of the liver. The stomach and small intestines were healthy; the mucous membrane lining the cœcum as well as at the commencement of the colon was healthy; but near the transverse arch it bore marks of inflammatory action, and when the investigation was pursued to that part of the colon which was adherent to the liver, a large ulcer was discovered, surrounded by very hard edges. The ulcer extended nearly through the circumference of this part of the intestine, and the intestine itself was contracted for half an inch, as is customary in scirrhus. The mucous membrane of the colon, extending onwards to its sigmoid flexure, was a good deal inflamed. It may be inferred that the habitual constipation which marked the life of this gentleman for twenty years, was owing to the contraction of the colon, and which was only succeeded by some months diarrhoea, when ulceration had so destroyed a portion of the contracted part as to render the passage of the contents more easy, and when in consequence a greater degree of irritability had been given to the whole course of the large intestines.

But it is not either in the ascending portion or in the transverse arch of the colon that alterations of structure, producing constipation, are most frequently brought under our notice. It is at its sigmoid flexure that this intestine seems more especially prone to fall into a state of disease. Spasmodic stricture, in this part, appears often to arise and to be the cause of constipation. On examining bodies after death, the tendency to contraction of this portion of the alimentary canal has been frequently observed, and where this tendency exists to any great extent during life, it must prove an obstacle to the free transmission onwards of the fæces contained in the arch of the colon. But in addition to this very

common state of contraction of the sigmoid flexure of the colon, it appears to be correctly ascertained that organic stricture of the intestines is more frequent in this part than either in the ascending portion or in the arch of the colon. If, indeed, we attend to the annals of medicine, and consider the many instances there are on record of this form of disorganization in this portion of the alimentary canal, we are compelled to admit that it is not an unfrequent cause of obstinate constipation. At the same time it should be observed, that in proportion as organic constriction approaches the exit of the bowels at the anus, so does it become more easily investigated by external means; and consequently, as a cause of constipation, it is more frequently ascertained when it occurs in the sigmoid flexure of the colon than when it is produced in the ascending or transverse portion. For in addition to the signs depending upon the disturbance of the intestinal action which direct us in this as well as in other intestinal affections, we have it also in our power, in this instance, by passing bougies and flexible tubes, to become tolerably certain of the diseased state into which the intestinal tunics have degenerated, at least when the scirrhus condition is so far advanced as to produce any extraordinary obstruction to the transit of fecal matter. It is true that this investigation may not be very easily made by those who hastily come to a conclusion with respect to the state of their patient, yet the anxious inquirer after truth, although not always able to cure the affection, may have the satisfaction of discovering the cause of the constipation, and of laying down such a plan as may materially alleviate the suffering, and for a time at least arrest the fatal termination. There is nothing novel in cases of this kind, but still it is not amiss to impress the mind with striking facts which bear directly upon any subject under consideration, and the following example seems very much to the purpose. A gentleman, aged fifty-eight, who had for many years been in the East Indies, and was of a full habit, and what is commonly called a strong constitution, became, after his return from India, liable to constipation, for which during the space of two or three years he was in the habit of taking aperient medicines. At length the constipation assumed a more serious aspect, for it became very difficult to move the bowels excepting by the exhibition of very active cathartics; indeed, so obstinate did they become, that they resisted altogether ordinary measures, and in consequence vomiting and distension of the abdomen came on. He was treated as for enteritis, by bleeding, warm bath, calomel, and castor-oil, and enemata were administered. He recovered under these measures, but it was only to suffer at the end of a short time a recurrence of the symptoms. The same remedies then failed to relieve him, and the common form of enemata returned without any quantity of fecal discharge. It was at this juncture that it was thought desirable to ascertain whether, by introducing a hollow tube into

the colon, and by injecting warm fluids into it, any beneficial effect might result, and whether any obstruction might thereby be discovered in the sigmoid flexure. No obstruction was experienced within ten inches of the anus; but at about twelve inches there seemed to be a difficulty in passing on the instrument. A considerable quantity of fluid, however, was injected into the intestines, and it was happily followed by a free evacuation of their contents. The patient from that time again recovered, and by the habitual use of gentle saline aperients, and the daily injection of warm fluids into the colon, he was for several months kept in a very comfortable state, and enjoyed very tolerable health; fatal obstruction, however, in the end took place, and he died about a year after the attack before mentioned. On examination after death, all the viscera of the abdomen were quite healthy, excepting the cæcum and colon. The cæcum shewed marks of much distension, and its coats were thickened, and the mucous membrane lining this part was inflamed and thickened. There was nothing worthy of notice in the ascending portion or transverse arch of the colon; but in the sigmoid flexure, not far from the rectum, there was a very remarkable narrowing of the intestine. For the space of half an inch the coats of the bowel had here become scirrhus and cartilaginous, and ulceration was commencing in the inner portion. The colon and cæcum were much loaded with fecal matter.

But without any particular contraction occurring in any one portion of the large intestines, it sometimes happens that habitual constipation is accompanied with a general thickening of the mucous membrane lining the cæcum and colon, and the sigmoid flexure of the colon is more especially the seat of this alteration of structure. The means of investigating this state of the large intestines do not often occur, as, unless some other disease be connected with it, fatal effects seldom result. A lady, aged forty-five, who died of cancer of the breast, had always been of a very costive habit of body, and had latterly never been moved without the aid of aperients or enemata. She had occasionally suffered very much from pains of the abdomen and griping, and when the bowels were much constipated had been subject to attacks of vomiting. Death took place apparently not so much from this state of the bowels as from the exhaustion induced by the cancerous affection. On examination of the body, the stomach and intestines as far as the sigmoid flexure of the colon were healthy, but from that part to the middle of the rectum there was considerable disease. The mucous membrane was thickened and highly vascular, and the inflammatory action had extended to the other coats of the bowels, and the peritoneum covering that part of the colon was found adhering to the contiguous parts. The thickening and adhesions seemed to be of long standing.

4. Numerous, however, as are the instances in which a costive state of the bowels is produced by disease in the cæcum and colon, they are not so frequent as those which arise

from affections of the rectum. The structure and functions of this part of the intestinal canal, and its contiguity to important viscera in the pelvis, in some measure account for this. "The rectum," observes Mr. Chevalier, "commences from the colon, close to the last vertebra of the loins, and passing down into the hollow of the sacrum, it takes the curvature of that bone, in which it lies comparatively loose, invested anteriorly, but not posteriorly, by the peritoneum. When it reaches the os coccygis, it quits the peritoneum entirely, and is connected loosely by cellular membrane with the bladder, in the male, and the vagina in the female, with the muscles of the perineum, with the levatores ani, the sphincter ani, and the common integument. This lower portion of the rectum is easily distensible; but while it is in a natural state, the peculiar sensibility of its internal surface speedily excites it, when moderately distended, unless the fæces are unnaturally hard, to expel its contents, and its muscular fibres are competent to enable it to do so, with a very moderate assistance from the action of the abdominal muscles. It is needless to say of how much consequence it is to the general health that the sensibilities of this important organ should remain unimpaired, and that strict attention should be paid to the regular performance of its functions; if this be long neglected, its natural sensibility becomes gradually diminished, it will remain overcharged for an undue time; the energy of its muscular fibres will become impaired, so that a more forcible exertion of the abdominal muscles will be required to expel the stools, and not unfrequently this will often be insufficient, without some medicine be taken to quicken the action of the bowels."*

The morbid affections we shall notice as occurring in the rectum, so as either to cause or increase a constipated condition of the bowels, are, relaxation of the rectum, stricture of the rectum, hæmorrhoids, and spasmodic contraction of the sphincter ani.

Relaxation of the rectum is not unfrequent in delicate children, in whom, when the bowels have been for some time in a very irregular state, the rectum is often found to become prolapsed, apparently from the want of a due degree of contractile power in the muscular parts of its lower portion. This form of relaxation of the rectum is very common; but there is another which is not so open to observation, and which has consequently often been passed without being noticed. It exists sometimes without any external protrusion of the bowel, for the whole of this portion of the intestinal canal becomes much distended, whilst the colon, and the rectum itself above the distended part, retaining their contractile power, the upper part of the rectum sometimes falls down within the lower, constituting what may be termed an internal prolapsus. The harmony of action between the upper and lower part of the rectum being thus destroyed, the stools are expelled with difficulty in small

* Medico-Chir. Transactions, vol. x. p. 402.

irregularly-shaped pieces. The difficulty thus occasioned becomes a source of considerable irritation to the lower part of the rectum, and tenesmus, with ineffectual straining, leads to distention of the hæmorrhoidal veins and increased secretion of mucus from the intestine. The parts adjacent do not fail to suffer from this disturbance: in men, the prostate gland and neck of the bladder become affected; and in women uterine irritation and frequent micturition are the result. In other instances the rectum becomes dilated to an almost incredible extent, and the whole pelvis filled with fæces; whilst, at the same time, little or no effort is made by the bowels to discharge this extraordinary accumulation. This state of the rectum is most commonly observed in females, and in those whose sedentary occupations lead to a neglect of those measures necessary to ensure regularity of the functions of the intestinal canal.

Stricture of the rectum is, doubtless, a much more frequent disease than, until within these few years, it was supposed to be. In all cases of constipation of long duration the state of this part of the intestinal canal should be particularly examined, with a view to ascertain how far it is connected with stricture. Mr. Salmon, in his late Essay on Stricture of the Rectum, considers this bowel as composed of three portions; the first, or upper portion, extending from the termination of the sigmoid flexure of the colon half way to the anus, and having its concavity forwards; the second, or middle portion, extending to the prostate gland, and having its concavity upwards; the third comprehending the last two inches of its course, and having its concavity turned slightly backwards; and he is of opinion that stricture always occurs at the junctions of the upper and middle, or of the middle and lower of these component curves of the rectum with each other, or at the point where the upper curve unites with the sigmoid flexure of the colon. Its most frequent seat appears to be at the junction of the upper and middle curves, five or six inches from the anus, and consequently beyond the reach of the finger. The next most frequent seat is where the sigmoid flexure of the colon terminates at the rectum; and it is least frequently found in the immediate vicinity of the sphincter ani.

Many symptoms are written down in books as attending upon a contracted state of the rectum, but little dependence can be placed upon these as being always present; and with the exception of constipation, we cannot rely with confidence upon any. It cannot, therefore, be too often repeated, that when costiveness exists habitually, the state of the rectum should be closely examined. For it has been clearly proved by the labours of Sherwin, Mossman, Home, Copeland, White, Howship, and Salmon, not only that scirrho-contracted rectum,—a disease, the carcinomatous malignity of which but too surely defeats the best directed attempts of the practitioner to save the life of the sufferer,—is of not infrequent occurrence, but also that much more often stricture of the rec-

tum may arise from other causes of a far less serious nature, which by skilful management admit of cure or alleviation. It seems now to be pretty generally conceded that stricture of a spasmodic nature, not dissimilar to spasmodic stricture of the urethra, may arise in the rectum, and, if not judiciously managed, may lead on to thickening and induration between the muscular and villous coats. Even in this stage, however, the suffering may be considerably alleviated; and when the disease arises from causes of an accidental nature, as the irritation of drastic purgatives, it may be altogether removed. Should it originate even in some defect of structure, as from narrowness of the sigmoid flexure of the colon, or from unusual prominence of the superior part of the sacrum, still the practitioner may hope to afford some alleviation of the costive state, by bearing in mind the cause upon which it depends.

Habitual costiveness, then, being the most constant effect produced by a strictured state of the rectum, we need not dwell here on the sense of fulness, which is said generally to be felt in the transverse arch of the colon, and especially towards the sigmoid flexure of that bowel; on the sense of pressure, and sometimes acute pain with violent spasmodic contractions near the same part; on the uneasiness felt on going to stool, attended with difficulty in voiding the fæces; on the sensation of tenesmus and uneasiness still continuing after the evacuations, or on the changes in quantity, size, and figure induced in the evacuations.

We must not allow ourselves to be lulled into a false security by the stools not having an irregular figure and not being in small quantity at a time, for Mr. White very justly remarks, "if the stricture should happen to be so low in the rectum as not to allow room for the accumulation of the fæces, it must appear evident that they will be found uniformly small in diameter (in proportion to the degree of stricture,) while they continue to be discharged in a figured state. And also, when the stricture is high up in the rectum, so long as the gut below retains its natural expulsive power, an accumulation will be prevented, and the diminished size of the fæces will continue. But as the disorder increases, the inferior portion of the intestine gradually loses that power; and when the contraction becomes considerable, a small quantity of fæces only passes at a time through the stricture, and being insufficient to stimulate the lower part of the rectum, which in a great measure is deprived of its natural action, an accumulation goes on from time to time, until at length it becomes difficult to remove; and on these occasions fæces of a natural size are oftentimes discharged."

In the costiveness which depends upon mechanical obstruction to the fæces in their passage through the rectum, we have before observed that pains of a spasmodic nature in the course of the colon occur; and there is also often a sensation as if a cord were tightly tied around the abdomen. The great distention to which the colon is occasionally subjected from

the accumulation of *faeces*, owing to the costiveness produced by the strictured state of the rectum, may explain these distressing feelings. The enormous extent to which the colon becomes dilated, in some instances, in consequence of this mechanical obstacle to its passing forward its contents, is truly astonishing. Its circumference, under such circumstances, has been found, throughout its whole course, equal to that of a stomach of the full size, and the muscular fibres and longitudinal bands proportionably increased in size.

It is usually in cases where the costiveness has been in existence for a very long period that the colon is found so enormously distended, and when stricture of the rectum has proceeded gradually, and has at length arrived at so aggravated a state that scarcely any *faeces* can pass through the contracted part, that this dilated condition of the colon is most remarkably developed. The following case occurred some years ago at the Worcester Infirmary. The patient, Elizabeth Stockall, was for three or four years the victim of stricture in the lower part of the rectum, which was sufficiently near the sphincter ani to admit of her being relieved from time to time by dividing the stricture with the bistoury; and for two years the accumulated *faeces* arising from the costiveness were, as it became necessary, removed either by a division of the stricture, or by the use of glysters. She never complained of much pain down at the strictured part of the rectum, but very often in the direction of the sigmoid flexure of the colon. There was in this case so little contractile power in the rectum below the stricture, that the *faeces* passed by little and little through the contracted part, and accumulated in large quantities in a pouch below the contraction, and it was necessary to wash this accumulation away by the repeated use of clysters. At length, the strictured part would no longer admit of the passage of any *faeces*, and stercoraceous vomiting took place, soon after which her existence terminated. On examination of the abdominal viscera, the first thing that claimed attention was the arch of the colon distended to the size of a large stomach, and completely concealing the small intestines. On further tracing the colon, the dilatation of it was found to be equally great from the cæcum to its termination in the rectum. The sigmoid flexure of the colon was displaced from its usual situation, and lay across from the left to the right iliac region. The rectum, also, from its commencement to the strictured part, near the anus, was equally distended. The fecal matter contained in the cæcum was hardened, but that in the colon and rectum was soft and pul-taceous.

Numerous, then, as are the instances in which costiveness depends upon stricture of the rectum, we must again revert to the importance of attentive examination of this part in habitual costiveness; for although additional symptoms often unequivocally point to this lesion when it exists, as in the above examples, in a very marked degree, yet there are instances

in which, with the exception of costiveness, no symptoms point to this diseased state of the bowel, and the practitioner cannot have this important truth too strongly impressed upon his mind,—that *actual examination* by the finger or bougie, after the *faeces* have been evacuated, during which the patient should make an effort as if to go to stool, is the only means of detecting this disorder.

Hæmorrhoids have an intimate relation to costiveness. This affection, in its commencement, appears generally as a determination of blood towards the rectum, recurring periodically and irregularly, and may be produced by any cause which interrupts the free return of blood from the rectum. The pressure of *faeces* habitually retained in this bowel is, consequently, one of the chief causes from which this troublesome affection arises. It would be deviating from the subject of this article to enter into any lengthened statement regarding the pathology of piles; neither is it necessary here to enter at any length into the inquiry, whether they are to be generally regarded as merely a topical affection. Dr. Cullen was of opinion that the disease is purely local, and his reasons for so considering it were, that piles take place before the period of life at which a venous plethora happens; that they frequently arise in females in whom a venous plethora determined to the hæmorrhoidal vessels cannot be supposed to occur; and that they happen to both sexes, and to persons of all ages, from causes which do not affect the system, and which are manifestly suited to produce a topical affection only. According to Martinet, “piles appear under the form of tumours, varying in size and more or less thickly set, arising from the dense cellular tissue which connects the mucous to the muscular coat, contained in a sort of cyst, thin, smooth, or sometimes villous in its interior, and adhering by its external surface to the submucous cellular membrane. In many instances these tumours are formed of a reddish vascular spongy tissue, or of a sort of parenchyma or fungous flabby tissue, analogous to the erectile. Sometimes they depend upon partial dilatation of the veins, which may be easily proved by the introduction of a probe into the vessels.”

Mr. Calvert, in his practical treatise on hæmorrhoids, makes a very proper distinction between the two kinds of hæmorrhoidal tumours, viz. the firm, fleshy, tubercular masses which form the proper and genuine piles, and the dilated vein or hæmorrhoidal varix, which essentially differs from the former in morbid structure. It is scarcely necessary to point out the importance of a cautious examination of these tumours when they arise in persons of a costive habit of body. Their frequent connection with stricture of the rectum, with diseased uterus, with diseased prostate gland, and with prolapsus ani, all force upon us the necessity of carefully investigating all the circumstances arising in or near the rectum which may exert any influence in keeping up the costive state. (See HÆMORRHOIDS.)

The fact is incontestible, that piles are not only a common effect of constipation, but that they likewise frequently themselves become a cause of aggravating the previous inactive condition of the bowels. This manifestly arises from their offering a mechanical obstacle to the descent of the fæces; for by their number and magnitude they sometimes block up the lower part of the rectum. At the same time it is also by no means uncommon for these tumours, by their long continuance or frequent recurrence, to produce considerable thickening in the cellular membrane which surrounds the lower part of the rectum, and in this way materially to interfere with the action of the sphincter ani. Persons who suffer from hæmorrhoids are very subject to prolapsus ani; and the thickening which occurs in the cellular membrane near the anus often increases the uneasiness that arises from this cause. In the common accident of falling down of the lower part of the rectum this bowel is generally soon replaced; but if there be thickening of these parts, an unyielding ring is sometimes formed which does not readily return, a circumstance which sometimes operates very unfavourably as an obstacle to the evacuation of the rectum. It must also not be forgotten that internal piles occasionally occur from the enlargement of the veins higher up in the rectum, and there offer a mechanical obstruction to the passage and discharge of the fæces.

Spasm of the sphincter ani.—But there is another mode in which piles may prove a cause of constipation. These tumours are liable to become inflamed, and when they are so, the sensibility of the mucous tissue surrounding them is greatly increased. This is propagated to the sphincter ani, and sometimes violent contraction of this muscle takes place, and thus spasm of the sphincter ani, by impeding the evacuation of the rectum, becomes an occasional cause of constipation. The office of this important muscle is, so to close the extremity of the rectum as to prevent the escape of its fæcal contents, unless when a voluntary effort is made for that purpose. But under some circumstances of increase of the sensibility of the mucous surface lining the lower part of the rectum and the verge of the anus, this muscle sometimes becomes spasmodically affected, or contracts with too much power, and in this manner offers a barrier to the evacuation of the rectum. When this condition arises, it requires a more than ordinarily powerful voluntary effort to pass the fæces; and if they happen to be hardened and in large quantity, the evacuation is with great difficulty, or not at all, effected.

Spasm, however, and increased action of the sphincter ani may exist without our being enabled to detect any inflammatory or other local affection likely to call it forth, and thus may become in itself a legitimate cause of constipation. In delicate females of high sensibility, and who are of the idiosyncrasy usually called nervous, it is not unusual to observe obstinate constipation, the fæces being retained

in the rectum. On examination of the rectum we may fail to find any local cause capable of accounting for this effect, excepting a highly spasmodic state of the sphincter ani. In such cases the vehemence with which this muscle contracts on the slightest stimulus being applied to it is so great, that it is often with difficulty that, for a time, even the tip of the finger can be passed within its circumference. In short, the sphincter seems to partake of the increased mobility which characterizes the general system. When, however, such a state takes place, it must obviously oppose an obstacle to the passage of stools from the rectum; and we need not, therefore, further insist on the necessity, in all cases of nervous excitement, of taking the spasmodic affection of the sphincter ani into consideration, when endeavouring to obviate habitual constipation.

We have now passed under review the principal causes existing within the alimentary tube or in immediate connection with its functions, which concur in producing a constipated state of the fæcal discharges; and we have only further to offer a few observations respecting those causes which may be termed external or adventitious, to conclude this part of our subject.

Among the most important of these are tumours existing in various parts of the abdomen, which, by their pressure upon different portions of the intestines, frequently obstruct the passage of the fæces. When these tumours are of considerable size, they may in general be readily detected, and their connections by a careful examination to a certain extent ascertained. Those existing in the neighbourhood of the rectum, sigmoid flexure of the colon, and cæcum, are most likely to produce constipation. It is, however, in cases in which, in consequence of inflammation, adhesions and connections of portions of the intestine have been formed, that obstruction of the bowels generally occurs. These adhesions may be such as materially to impede the ordinary and regular progression of the fæces by interfering with the vermicular action of the muscular coat of the bowel, or they may be such as to produce complete obstruction by the constriction and pressure induced. The following case affords an illustration of these observations. A woman of middle age, the mother of several children, had a tumour occupying nearly the whole of the abdomen, in which fluctuation was distinctly perceived. The urine was scanty and turbid, and there was much constitutional disturbance. Digitalis and other diuretic remedies were employed with the effect of inducing a free discharge of urine and the rapid subsidence of the tumour. Some months afterwards the swelling had partially returned, and the bowels had become constipated. The abdomen was now found irregularly tumefied and painful on pressure, but not much enlarged; and at this period fluctuation could not be satisfactorily made out. There was, however, obstinate constipation, vomiting, quick small pulse, shrunk countenance, and prostration of strength. She lingered some

days in this state, but no means which could be employed produced any effect upon the bowels. On inspection both ovaria were found to be enlarged; the left was not much larger than a full-sized orange, but the right ovarium occupied nearly the whole of the lower part of the right side of the abdomen, and upon being opened was found filled with fecal matter. The intestines and other abdominal viscera were so agglutinated together that it was impossible to trace any portion of them, but it appeared that the communication which had formed between the right ovarium and the large intestine was at the spot where from the pressure complete obstruction must have been produced.

The importance of instituting an examination of the rectum in all cases of obstinate constipation has already been fully insisted upon. In the thirty-first volume of the Edinburgh Medical and Surgical Journal a case is reported by Mr. Alexander of Wooller, which, at the same time that it affords a singular and interesting example of obstinate constipation caused by the pressure of an enlarged and scirrhus uterus, forcibly shews the necessity of careful examination wherever there is any difficulty in tracing the constipated state to its cause. "The patient, a woman who had been labouring under habitual and in the present instance obstinate costiveness, stated that for a long time past she had had great difficulty in voiding her stools, which were always passed in small quantity, and very much flattened. Upon examination per anum the obstruction was found to be produced by an enlarged and indurated uterus mechanically compressing the rectum against the upper part of the sacrum. At a little distance from the anus a part of the scirrhus mass could be felt of a pyriform shape, and after the finger was carried over this, a still larger projection could be discovered extending backwards and upwards, and partially occupying the hollow of the sacrum; beyond this neither the finger nor any instrument could be passed. The coats of the rectum appeared perfectly sound, and could be made to slip backwards and forwards over the surface of the tumour, indicating that, as far as the finger could be passed, there existed no adhesion between them and the morbid parts. The os uteri examined per vaginam was considerably dilated. Its lips and the inner surface of the cervix, so far as could be felt, were thickened and of a cartilaginous hardness. By introducing the fore-finger of one hand into the rectum, and of the other into the vagina, a considerable portion of the indurated mass could be as it were embraced between them, which could thus distinctly be felt to involve almost the whole substance of the womb." The passage was kept open for a few days by rendering the feces liquid, but in the course of little more than a fortnight the obstruction became complete, all measures made use of to remove it being of no avail. In this state she lived nine weeks, during which time she suffered much from paroxysms of severe pain and from sense of distension. At the expiration

of this period, probably from some change having taken place in the tumour, violent diarrhoea came on, under which she ultimately sunk exhausted. No inspection could be obtained.*

A similar effect upon the function of defecation may be produced by displacement of the uterus,—a morbid condition which, although not strictly speaking a tumour, yet by the unnatural pressure which it occasions upon the bowel, may act precisely in the same manner in obstructing the passage of its contents. An example of this kind is narrated in Hufeland's Journal, by Dr. Pitschaft of Baden, and quoted by Dr. James Johnson in a late number of the *Medico-Chirurgical Review*:—"A woman who had passed through several difficult labours, suffered for three months (during which time the catamenia were absent) from various distressing feelings in the abdomen, and at length from a retention of urine and from a most obstinate constipation. The urine was discharged only by drops, and the use of the catheter was therefore required. For the space of twelve days no evacuations from the bowels could be procured, although all sorts of purgative medicines had been tried, and the distress of the patient was extreme from an almost constant tenesmus, complete loss of appetite, nausea, and a tympanitic distension of the belly. Dr. Pitschaft was summoned to her relief; he at once suspected the existence of a *retroversio uteri*; and his suspicions were verified by a vaginal examination. The uterus was easily replaced, and anodynes and gentle aperients soon restored her to perfect health."

Other causes productive of constipation by pressure upon the bowels from without might be enumerated, but it will be sufficient in this place briefly to allude to diseases of the spinal column and undue prominence of the upper part of the os sacrum. Either of these causes may be instrumental, under certain states of the alvine discharges, in producing constipation. When the distortion induced by disease of the spine is considerable, the narrowing of the pelvic orifice which occasionally occurs is such as very materially to interfere with the propulsion of the feces through the lower bowel, and accumulation in the sigmoid flexure and descending portion of the colon is a necessary consequence. The projection of the sacrum may also occasionally act in a similar manner, namely, by narrowing the pelvis, and thus impeding the passage of the feces from the lower portion of the colon into the rectum. It is necessary to keep these causes in mind, since in every case the degree of relief afforded must necessarily in a great measure depend upon a correct estimate being formed of the morbid condition from which the symptoms take their rise.

Treatment.—Perhaps there is no variation from the state of health to which the human frame is liable, in which the importance of correct rules of practice is less understood and appreciated than that under consideration, and certainly none in which the habitual comfort of

* Edin. Med. and Surg. Journ. vol. xxxi. p.220.

a large proportion of the community is more intimately concerned. The annoyance arising from the constant necessity of taking aperient medicines is only to be conceived by those who have in their own persons experienced it, or have been in the daily habit of witnessing it in others. The habitual use of strong cathartics, the necessity for which is often induced by the practice of taking them, affords in but too many instances most forcible illustrations of the evil effects of empiricism, various instances of organic disease of the stomach and intestines being manifestly derived from their employment. We can scarcely therefore estimate too highly the importance of establishing those principles which may lead to a more correct mode of treating, not only the severe forms of constipation, but those minor degrees of this affection which, arising from various causes, are of daily occurrence, and require for the most part much care and attention to rectify. In the observations which follow we purpose to pursue the same divisions of the subject by which we have been guided in the preceding part of this essay; and by pointing out the relations existing between the various morbid conditions giving rise to this functional disturbance and the general principles of treatment applicable to each, we hope to lay down such rules as may prove serviceable in the management of a class of diseases which every practitioner will find to be of nearly equal extent with the practice in which he is engaged, and the correct treatment of which involves the comfort of almost every patient intrusted to his care.

We have referred simple constipation to debility of fibre, to deficient or altered secretions, to indigestible or improper food, to increased tone, to an oppressed state of the cerebral functions, and to an increase of one or other of the secretions from the skin, kidneys, and other organs not so immediately connected with the intestinal canal.

1. The indications of treatment in constipation arising from the first of these causes, where there is simple debility of fibre or loss of tone in the muscular coat of the bowels, are, manifestly, great care in the regulation of the diet, and such a combination of mild aperients with tonics as shall effect the object to be attained without inducing local irritation or over-excitement of any portion of the affected organs. A weak muscular organ may be completely paralyzed by over-exertion, at the same time that moderate exercise with appropriate support may restore its tone and enable it to fulfil its functions with efficiency and regularity. Nothing can be more injurious, therefore, in the convalescence from acute diseases, during which, as has been before shewn, a degree of this weakened condition is always to be found, than the practice of giving powerful doses of cathartic medicine, because the debilitated intestines do not evacuate their contents with the same regularity and precision as when their powers are in the efficient state of perfect health. A protracted convalescence is the least evil likely to result from such a procedure, and

we feel convinced that a recurrence of the original disease is not unfrequently produced by these measures. This is especially the case where the intestinal canal has been the seat of inflammation. In such cases it is of the first importance to guard against any thing capable of exciting local irritation of the debilitated organs, whether in the shape of food or medicine. The food should be altogether of liquid consistence until the bowels are disposed to act without the assistance of medicine, and to procure the necessary evacuations the mildest aperients only should be had recourse to. Castor-oil, or a few grains of rhubarb and magnesia with aromatic powder, or the hydragryrum cum creta with rhubarb, will be found in such cases safe and in general effective aperients; or a dram of the sulphate of magnesia in infusion of rhubarb or chamomile with some tincture of bitter orange-peel may occasionally be taken with advantage. Should these measures fail, it is better to have recourse to enemata than to employ more drastic purgatives.

When, however, this state of debility has been of long continuance and unconnected with any preceding acute disease, as frequently occurs in persons of advanced life, it will be necessary to have recourse to more powerful measures. It is in such cases that the sulphate of quinine in combination with some of the resinous cathartics is often productive of the best effects. Four or five grains of aloes or cathartic extract with one grain of sulphate of quinine and a small quantity of some aromatic essential oil, given at intervals of eight hours, will be found to regulate the discharges from the bowels, and not unfrequently, after having been persevered in for a few days, the dose of the aperient part of the combination will require to be gradually reduced. It should be borne in mind that from the accumulation which occasionally takes place in such instances, the fæces are apt to lodge in various parts of the intestinal tube. When this has taken place in the rectum, they may require to be broken down and removed by manual means, and where the accumulation occurs in the colon or cæcum, which may usually be ascertained by careful examination of the abdomen, copious enemata should be thrown up, and the contractions of the bowel promoted by occasional frictions over the surface of the abdomen with stimulating liniments, and by the wearing of a flannel roller passed round the body so as to afford moderate compression and support.

2. When a deficient or vitiated state of the biliary, mucous, and other secretions poured into the intestines proves a cause of constipation, it will be necessary in the first instance to have recourse to measures fitted to correct the deranged function. We know of no medicine which exerts so powerful an effect in promoting and restoring the biliary secretions as mercury, and accordingly in some or other of its forms this agent is employed whenever the bile is supposed to be deficient in quantity or impaired in quality. There can be no doubt that where there is a torpid state of the liver and much general oppression of the system

with constipation, a full dose either of blue pill or of calomel combined with the compound extract of colocynth, at bed-time, and followed up in the morning by a solution of salts in infusion of senna, will often materially relieve the symptoms, and indeed may generally be had recourse to in the first instance with marked advantage; but unless there is evidence of inflammation existing in the liver, or some change of structure in that or some other organ—in short, where the disease is simply functional, we do not feel disposed to recommend the plan of mercurialization to the extent to which it has been carried in such cases. The particular attack is certainly in many instances quickly removed under this treatment, but we doubt much whether there is not a greater disposition to a recurrence of the symptoms than where the case has been treated by other measures, less powerful indeed in the first instance, but perhaps on that very account more permanent in their effects. Where the deviation from health of the biliary secretion is but slight, and its effects are chiefly discernible in the constipation induced, we have seen the bowels brought into a regular state, and the evacuations restored to their natural appearance, simply by small doses of colocynth with Castile soap taken at regular intervals of eight hours, and that even in cases where this condition has been of long standing, and to remedy which the habit of taking large doses of strong cathartics had been acquired. The effect of this plan of treatment, when steadily pursued for some time, has been such as to require the gradual diminution of the quantity of the aperient, and at length its entire discontinuance.

Constipation, with pale colour of the evacuations, muddiness of the conjunctiva, and sallowness of countenance, is often found to occur in individuals of sedentary occupations and torpid habit, in conjunction with a feeble circulation and highly nervous temperament. In such cases, large or even moderate doses of mercurials are productive of very serious injury, either inducing great constitutional depression or considerable irritation in some part of the intestinal tube. Small doses, however, occasionally prove beneficial, as for instance, a single grain of blue pill with an equal quantity of extract of henbane and camphor, followed by a few grains of carbonate of ammonia in infusion of dandelion with a dram of some bitter tincture, taken twice or three times daily, the bowels having been previously evacuated by a combination of some of the resinous cathartics. Under this treatment we have seen all the symptoms rapidly give way, the bowels becoming regular, the colour of the evacuations healthy, the conjunctiva and skin clearing in the very same individual in whom larger doses of mercury had induced local irritation of the intestinal mucous membrane to a very serious extent.

Of those more obscure cases in which the secretions from the glands, follicles, and surface of the mucous membrane appear to be deranged, we have so little definite information, that in the present state of our knowledge it is

scarcely possible to say what measures are most likely to be beneficial; but where the evacuations have been scanty and covered with slimy mucus, or have consisted almost entirely of a gelatinous matter, much benefit will be derived from a combination of blue pill with ipecacuan in moderate doses given at proper intervals, until the stools become more healthy, and followed by the tincture of benzoin in doses of from ten to fifteen drops three times daily. Where there is reason to suppose that the secretions from the mucous membrane are very viscid and adherent to its surface, the croton oil will be found a valuable remedy in obviating the attendant costiveness.

3. In the treatment of cases where a slight degree of constipation has been induced by taking improper food or that which is indigestible in its nature, the first object is fully to evacuate the bowels of their contents, which may be done by almost any of the usual cathartics,—for instance, five grains of calomel with eight or ten of compound extract of colocynth, followed by the common black draught, after an interval of six hours, or on the following morning, according to circumstances. The subsequent measures will, of course, be chiefly dietetic, such as the prohibition of that species of food which has been found injurious, and the recommendation of that which is more soluble in the secretions of the stomach, and more readily assimilated in the subsequent parts of the processes of digestion and nutrition. Should more permanent disturbance have been produced, and the secretions have become disordered so that the constipated state continues, it will be necessary to have recourse to the measures recommended under the preceding division.

It is, however, in constipation arising from this cause that we find those severe cases of obstruction of the bowels which not unfrequently demand all the resources and all the perseverance of the physician to conduct to a successful termination. Some hours after a hearty meal in which there has been either excess in the quantity of food taken, or inattention to its quality, the bowels will become constipated, at the same time that there is a sense of distention of the abdomen generally, with fulness and uneasiness on pressure in some part of the larger intestines. Under these circumstances a dose of aperient medicine is taken, which may either give rise to considerable pain without affording any relief, or may be rejected by vomiting. More powerful cathartics are now given, and the distended bowel, through the injudicious and hasty use of such measures, is irritated into inflammation, and much and often irremediable mischief done before medical advice is had recourse to. The first efforts of the physician, under such circumstances, should be directed to subdue the inflammatory action by general and local bleeding, and having accomplished this object, without which all that can be done for the relief of the patient must be in vain, he may direct his attention towards the removal of the obstruction and procuring the evacuation of the contents of the bowels. We will not say

that in no instance where constipation arises from undigested food, is the removal of it to be attempted by aperient medicines, for if the patient be seen before any threatening of inflammation has taken place, it may be right to give a full dose of calomel combined with cathartic extract and extract of henbane, but if this fail of its effect, and local uneasiness be induced, or if the medical practitioner be called to see his patient under the circumstances before mentioned, it will be desirable to avoid giving purgatives by the mouth, and to endeavour to remove the obstruction by the use of copious enemata, assisted by frictions of the abdomen, &c. The following case, though one of frequent occurrence, will perhaps point out the mode of treatment to be pursued in such cases better than more general observations.

A man of middle age had experienced a severe attack of colic with constipation, for which he took some strong cathartic medicines without relief to his symptoms, but with the effect of inducing considerable tenderness in the left iliac region, where there was also some fulness. Leeches were applied to the seat of the pain with immediate relief, and after the pain had subsided the bowels were readily evacuated by enemata, followed by a saline aperient. In the course of a few days, in consequence of some irregularity in diet, his bowels became again constipated. Three grains of calomel, combined with eight of compound extract of colocynth and three of the extract of henbane, were ordered. No evacuation followed, but the pain returned in the left iliac region, and was now accompanied by general tenderness and tympanitic distention of the abdomen, and some nausea and disposition to vomiting. He was bled from the arm, and leeches were twice applied to the abdomen within a few hours, and afterwards warm anodyne fomentations. Under these measures the inflammatory symptoms gave way, the tenderness and tension of the abdomen subsided, but the descending colon just above the sigmoid flexure could be felt distended, and the part was uneasy when pressed. Copious enemata of thin gruel and of salt and water were repeatedly thrown up, and as there was some difficulty experienced in passing them, the rectum was examined, and a bougie introduced as far as it could be passed without giving pain, but no unnatural state of the lower bowel was detected. The enemata were returned at first without change, but subsequently they became more and more coloured. The obstruction now appeared to descend; gentle friction was made over the part with castor oil, and the enemata were persevered in, till at length a considerable quantity of fecal matter, in a dissolved and fluid state, came away. The local uneasiness then completely subsided, and the bowels were subsequently regulated by a tea-spoonful of sulphate of magnesia with fifteen drops of tincture of henbane, taken in peppermint water every morning. The duration of the constipation in this case was eight days. An enema of cold water, as recommended by some of the French practitioners, was thrown up once, but without pro-

ducing any apparent effect; and as the measures employed were found to be gradually effecting their object, it was not thought necessary to have recourse to others the success of which might have been doubtful. Among those means which have been recommended in such cases, the dashing of cold water over the lower extremities has succeeded in removing the obstruction where other measures have failed; and the warm bath is frequently a very effectual remedy. The principles of treatment, however, to be kept in view are manifestly to subdue and keep down inflammatory action, and steadily to persevere in soliciting rather than in forcing the evacuation of the contents of the bowels.

4. Where a constipated state of the bowels is produced by increased tone, it is scarcely such as to require remedial measures for its removal, and is best counteracted by taking a greater proportion of ripe fruit or well-boiled vegetables, or other food of a slightly laxative nature.

5. The treatment to be followed in cases where the constipation is complicated with and the effect of an oppressed state of the functions of the nervous centre, may be deduced from the observations which we have already had occasion to make in the first part of this paper, while considering this cause of the functional disturbance. The attention must, in all such cases, be directed to relieving the cerebral or spinal oppression by the application of leeches to the temples or by drawing blood by cupping from the back of the neck, at the same time that efficient doses of aperient medicines are given to act upon the bowels. The use of calomel is especially beneficial in such cases, probably on account of the tendency of this medicine to equalize the circulation.

Children seem to be very liable to this form of constipation, and in consequence of the predisposition which the age of infancy gives to hydrocephalus, it becomes a subject requiring close and anxious attention. Whenever, therefore, there is a confined state of the bowels existing in a child, accompanied with heat of the scalp and any dulness or heaviness of expression, it is of the first importance carefully to watch the progress of the case. From two to ten leeches, according to the age of the child and severity of the symptoms, should be immediately applied, and from one to three grains of calomel, with four or five of jalap, given and repeated according to circumstances. When the head has been relieved by the local depletion, the subsequent operation of the cathartic will be materially assisted by the employment of the warm bath.

The obstinate constipation which occurs in females of an hysterical constitution, and where spinal irritation has been ascertained to exist, requires a mode of treatment materially differing in many respects from that which is adapted to other forms of this functional derangement. In such cases it will be necessary to apply leeches and blisters over the painful vertebræ, with other measures recommended under the head of spinal irritation. The most

efficient aperients will be found to be combinations of aloes with myrrh, galbanum, and other antispasmodics, together with terebinthinate enemata, and where the symptoms of hysteria are more decidedly marked, clysters containing assafœtida will occasionally be found successful when other remedies have failed of their effect. In a very interesting case reported by Dr. O'Beirne,* in which there was most obstinate constipation, (no fœces, it is affirmed, having been passed for six months,) attended with great constitutional disturbance, and subsequently ascertained to be connected with spinal irritation, immediate relief to the constipation was experienced from the employment of the tube and syringe as recommended by the author in cases of constipation. A gum elastic tube was introduced into the sigmoid flexure of the colon, and an injection thrown up through the tube with the effect of removing, in less than two minutes after the withdrawing of the tube, an enormous mass of solid fœcal matter. The patient was not, however, restored to health till proper measures had been adopted for the cure of the spinal disease.

6. In the case of excessive secretions from other organs of the body inducing constipation of the bowels, the obvious indication is to moderate the activity of the disordered functions, and to restore the general equilibrium; but as this is a subject which scarcely falls within the compass of our present object, we shall content ourselves with referring to such of the essays in the preceding pages of the *Cyclopædia* as relate especially to these diseased states, and in which the measures to be pursued in such cases will be found detailed.

In the second class of cases, or those in which the constipated state is connected with and dependent upon obstruction taking place in some part of the intestinal tube, the treatment will often be found to require the greatest circumspection.

The frequent connection of this condition with hernia is one which should ever be borne in mind, and in no instance is it of more importance to ascertain the cause giving rise to the attack than in the cases where constriction of the bowel arises from this source. A careful examination should therefore always be made, to ascertain this point, and should a portion of intestine be found displaced and incapable of being reduced, no time should be lost in requesting the assistance of the surgeon. The measures to be subsequently pursued fall under the department of surgery, and will be found detailed in the valuable works of Sir Astley Cooper and others upon this subject, with which that branch of the science of medicine is enriched.

2. For the treatment of constipation, when it arises from inflamed states of the serous and other textures forming the coats of the bowels, we must refer to the articles *ENTERITIS* and *PERITONITIS*; and where it occurs in connection with what has been considered spasmodic constriction of the muscular coat, to the article *COLIC*. We have already expressed our opinion

respecting the infrequency of the existence of spasm as a cause of constipation and colic, and shall therefore only further observe that the measures which are commonly found successful in such instances, viz. local bloodletting, frictions, anodyne fomentations, and the internal exhibition of opiates, are precisely those which are calculated to moderate the action of the propelling fibres of the muscular structure, which by the twisting pain experienced in these affections would appear to be in a state of partially increased activity above the distended portion, rather than of fixed spasmodic constriction below it.

3. The treatment of that form of constipation which arises from an affection of the cœcum, must be regulated by the kind and degree of disease existing in that part. If there be reason to suspect that the cœcum has become distended with fœcal matter, but without any chronic inflammatory thickening of the intestinal tunics having taken place, then a plan of stimulating purgatives may answer well the object we have in view. Two pills, for example, may be given every other night, containing five grains of blue pill and five grains of compound extract of colocynth, and a mixture may be directed twice a day, of carbonate of soda, compound decoction of aloes, and infusion of quassia; in addition to which an enema of salt and water may be injected by means of the syringe every morning, taking care that a sufficient quantity of fluid shall be thrown up to pass into the cœcum.

If, however, there be reason to suppose that the inactive state of the cœcum arises from, or is connected with, a chronic inflammatory action in the mucous, muscular, or peritoneal coat of this intestine, then it will become necessary to conjoin local bloodletting and blistering with the purgative plan, and the kind of purgative must be changed. Calomel, in conjunction with cathartic extract, may then be given every night, and a saline aperient, consisting of sulphate of magnesia, carbonate of magnesia, and peppermint water, may be administered every four hours. If the symptoms do not give way to these measures, it will be desirable to employ the mercurial inunction over the abdominal surface, or, what appears to answer still better, to use an ointment consisting of one ounce of the mercurial ointment with half a drachm of hydriodate of potash. An ointment thus formed is singularly efficacious in promoting the absorption of thickening produced by chronic inflammation. In some obstinate cases of inactivity of the cœcum, we have seen the best possible effects follow the use of the compound gamboge pill, ten grains of which may be given every night at bed-time, and may be continued until the tumour which is felt in the region of the cœcum, is lessened by the free evacuation of the bowels. It is surprising to observe the immense discharge of offensive fœcal matter, bearing the appearance of having been long retained in the bowels, that is passed away in some examples of constipation connected with accumulation in the cœcum; and those unaccustomed to watch the progress or

* New Views of the Process of Defœcation, &c.

such cases would scarcely be disposed to believe that so much could be retained in the intestinal canal. Where once the disposition has taken place in the cœcum to allow its contents to accumulate, and thus to form a large pouch full of feces, it requires much caution in diet and regimen to prevent a recurrence of the same affection, and indeed we believe in many instances, despite of all the care that can be taken, this occurrence cannot be averted. A due attention to exercise of the body, and a proper regulation of the diet, taking the precaution to eat such things as are light of digestion and of rather an aperient quality, will often for a length of time secure a due degree of peristaltic action in this part of the intestinal canal, and preserve it from undue distention. In addition to this the application of a stimulant mercurial plaster over the part, and the frequent use of an enema, especial care being taken that a sufficient quantity of fluid is injected into the colon, are very important.

The treatment of constipation which depends upon a diseased condition of the colon requires great discretion in the use of remedies; for if in this case irritating cathartics are injudiciously used, much mischief may be produced, and there can be no doubt that the continued use of violent cathartics may go far to occasion permanent stricture of the colon.

When it happens that from any cause the colon has not for some time passed on its contents, but has allowed the feces to accumulate there, spasm of the muscular bands of this intestine is sometimes produced. This is not a state in which the use of drastic purgatives can be of any service; on the contrary, they may increase the spasmodic action and add to the griping pains, without relieving the bowels of their load. The exhibition of a dose of calomel and opium, with half an ounce of castor oil, repeated every four hours, will in such cases often act freely upon the bowels and relieve the pain.

Where the longitudinal bands of this part of the intestines are in a painful state, it is more especially necessary to avoid inducing any appearance of dysenteric motions by the use of irritating cathartics, such as senna, &c., but those of a milder and more soothing nature may be employed. Sometimes, in an inactive state of the colon, stools are passed containing much mucus and very little fecal matter, whilst at the same time a large quantity of feces may be retained in the cells of the colon. The daily use of unirritating injections is in this case often attended with much advantage, and the decoction of linseed is particularly suitable for the purpose. It is not, however, well to trust entirely to enemata. The use of alterative and gently aperient medicines will greatly assist in bringing about a more healthy action of the colon: one grain of blue pill and one grain of extract of henbane taken three times a day, together with a mixture consisting of fifteen grains of sulphate of magnesia, one drachm of mucilage, and an ounce and a half of water, will very frequently greatly assist in discharging the accumulation from the colon, and in bringing

about a healthy secretion from its mucous membrane.

If constipation be depending upon an inactive state of the colon, unconnected with any disease of its mucous membrane, the compound extract of colocynth in combination with calomel may be given at bed-time twice a week, and a senna draught the following morning. This plan, however, should not be long continued, but after a time recourse should rather be had to daily enemata of salt and water, or of gruel. It is in this form of constipation, when of an obstinate nature, that we think much benefit arises from the use of croton oil, one drop of which may be given in combination with soap every four hours; or half a drop of the oil may be administered with cathartic extract and calomel, in the proportion of four grains of the former to one of the latter, every four hours.

Should constipation be dependent upon stricture either in the ascending portion or in the sigmoid flexure of the colon, it is usually attended with peculiarly severe pain and much flatulence. It is here of particular importance to avoid all violent and irritating medicines; for the most part the preparations of mercury are not of any avail, and if calomel is given, it should be combined with an anodyne. As an aperient, sulphate of magnesia in small doses, dissolved in water, with the addition of a few drops of laudanum, and given every three or four hours, when assisted by injections, will often succeed; or castor oil in small doses frequently repeated, and combined with a few drops of laudanum, will act upon the bowels without exciting much pain.

It is of great importance when stricture of the colon exists, to be enabled to use some remedy, which, without proving in any way irritating, may keep up the peristaltic action of the bowel. The tincture of benzoin is a medicine of this kind, and we have often known twenty drops of it taken three times a day succeed in keeping the bowels active, in some instances of constipation apparently dependent upon some stricture of the colon. In constipation also of this nature we observe the happiest effects from the occasional use of aperient saline mineral waters. The waters of Leamington or Cheltenham have often succeeded in giving temporary relief to many persons who have looked for it in vain from other remedies.

When the cause of obstruction exists in the sigmoid flexure of the colon, we have the disease more within reach than in its ascending or transverse portions. If, therefore, the ordinary measures which are employed fail in getting rid of the fecal accumulation, we may sometimes obtain relief by passing a hollow flexible tube into the colon, which if possible should be carried through the strictured part. We are then enabled to inject the fluid immediately through the affected part, and in this manner the colon is sometimes called into action, and a very large quantity of feces is passed away. It is difficult to say how much fluid may in some of these cases be thrown up, it depends so much on the degree of dilatation that the colon will admit of in par-

ticular instances. The quantity we have known to vary from less than a pint to as much as a gallon. This latter quantity we remember to have seen frequently thrown up in an old gentleman, who for years had been the subject of constipation from enormous accumulations in the colon, which appeared not to be the result of stricture in any part of it, but merely from want of action in its muscular fibres. In this case, after constipation of long duration, as much as a gallon of salt and water has been thrown up every morning for a week successively, and scarcely any fecal matter would for several days pass; but at length the repeated use of the injection would call the muscular fibres into activity, and then an enormous mass of fecal matter would be parted with, sometimes amounting to so great a quantity as to render it a matter of astonishment how the colon could have been so far distended as to contain so large an accumulation. This was an instance of paraplegia; and it is in cases of this kind that we believe the colon, without any stricture, is most liable to become enormously distended by its fecal contents.

A modification of this practice has lately been recommended by Dr. O'Beirne of Dublin, in his work on the Process of Defecation, which he considers to be applicable in most cases of constipation. His plan consists "in the introduction of a large sized gum elastic tube through the anus into the sigmoid flexure of the colon, and, after giving exit to such flatus and fluid feces as may happen to escape, adapting to it a proper syringe, and throwing up such purgative fluids as circumstances may make it necessary to select." For more particular details we must refer to the work itself, and to the cases with which it is illustrated.

4. *Relaxation of the rectum.*—When constipation depends upon relaxation of the rectum, we cannot expect to produce any great effect upon the disease by remedies taken into the stomach. It may nevertheless be sometimes desirable to improve the general tone of the alimentary canal, and to stimulate the muscular fibres of the relaxed intestine. With this view the use of a mixture twice or three times a day, composed of carbonate of soda, infusion of senna, and decoction of bark, will often prove beneficial. But in this affection, as Mr. Chevalier very properly observes, "the principal and most certain relief is to be obtained from the proper employment of glysters, the composition of which is to be regulated by circumstances. At first those of a mild aperient nature should be preferred, and thrown up by a syringe; and these should be repeated after regular intervals, so as to re-acustom the rectum to empty itself in an habitual way. Gruel, the decoction of mallows, broth, or milk with some honey, will answer the purpose very well; but more permanent good will be derived by using afterwards the infusion of chamomile, or the old decoction *pro fotu*, which, by gently stimulating the torpid surface of the bowel, may bring on a proper contraction of its coats. Where the very lowest part of the rectum con-

tinues so dilated as to allow the upper still to descend, from four to six ounces of a strong decoction of oak-bark, or an infusion of galls, thrown up as gently as possible every night, will be attended with the most beneficial effects. If this be not readily retained, a little starch, or a few drops of tincture of opium, or both, may be added to it; and care should be taken, at the same time, so to regulate the diet and medical treatment, that the upper part of the intestinal tube may be excited to due action, regularly, but not violently."

Stricture of the rectum.—It is particularly important that judicious management should be adopted to keep the bowels properly open in stricture of the rectum. So much mischief may be done by irritating the bowels by drastic purgatives, that no reflecting practitioner will now venture to use this class of aperients where stricture of the rectum exists. But we may often, by mild and frequently repeated doses of gentle aperients, which have a tendency to keep the feces in a liquid state, succeed in preventing severe constipation from taking place. The remedies which are most beneficial in this state are combinations of small doses of simple extract of colocynth, extract of henbane, and blue pill, to be repeated every or every second night, castor oil taken in the dose of a teaspoonful every second or third morning, or one drachm of sulphate of magnesia dissolved in six ounces of water, and taken every morning. We have known instances where, by this means, life has been apparently much prolonged in stricture at the lower part of the rectum, as the feces have been kept continually liquid, and all accumulation above the strictured part has been prevented. On the same principle great benefit occasionally arises in constipation from stricture of the rectum, by having recourse to the use of mineral waters. During a residence of three weeks or a month at Cheltenham or Leamington, we have known persons thus affected greatly relieved, and the bowels kept in an open state, without any irritation of the strictured part being thereby produced.

We must not, however, trust to these or any other remedies given by the mouth, as, fortunately, the cause of constipation in this case is sufficiently near the anus to allow of remedies being there applied, and sometimes with great effect, to remove it. The stricture may sometimes be dilated by means of bougies, and the mechanical obstruction to the evacuation of the feces in this way removed; or we have it in our power to throw up glysters through the strictured part, thus rendering the feces more pultaceous and more readily transmissible through the narrowed part of the intestinal tube.

There may be doubts as to the applicability of bougies in every case of stricture, the irritation produced by them being so great as to counterbalance any advantage that may be expected to be derived from their use. Where the stricture is of a scirrhus or carcinomatous nature, there is but little prospect of any benefit being derived from their em-

ployment, and we have oftentimes known, where the introduction of the bougie has been attempted in such cases, that the pain arising from it was so great, that the patient would rather suffer from the disease than the remedy. Indeed, it is obviously most judicious in this form of the malady to abstain from using any means that cause irritation, and all that we can attempt in this unpromising condition is to relieve the bowels of their load with as little disturbance of the affected part as possible. On this account glysters of milk and water, or decoction of linseed, are preferable to those of a more stimulating nature, and where the evacuation produced by their injection is productive of much pain, it will be desirable even to allay the irritation thus occasioned by a small glyster of laudanum and starch.

It is, however, in strictures which are originally of a spasmodic nature, and in which afterwards thickening and induration are occasioned by an effusion between the muscular and villous coats, that bougies are used with greatest advantage. But surgeons seem very properly to be far more cautious than they were formerly in the employment of the bougie even in these cases. Mr. Salmon is entirely opposed to the daily use of the bougie. He maintains that the advantage derived from dilatation of the passage is counterbalanced by the frequency of the irritation, and informs us that since he has ceased to use the bougie daily, and made it his practice to introduce it only once every three or five days, he has effected the required dilatation more rapidly. The manner of introducing the bougie we will give in the words of Mr. Salmon. "A full-sized bougie, not less than eleven inches in length, thoroughly softened and well oiled, adapted to the shape of the passage through which it is to be passed, is to be introduced with the convexity of its curve towards the sacrum, in which way it is to be passed upwards and backwards about two inches through the third portion of the bowel, provided it gives no pain; for the introduction will commonly produce an uneasy sensation. We continue to propel the bougie in the same direction, about three or three and a half inches higher, or through the second portion of the rectum. The point of the instrument will now bear directly upon the hollow of the sacrum, and the but-end towards the left side of the body. With the view, therefore, of avoiding the sacrum, and of accommodating the instrument to the great curve of the rectum, we change its position by describing the segment of a circle from left to right, with the but-end, turning it upwards, at the same time continuing to propel the instrument. Having described this segment, we shall have carried the bougie full four inches farther, or to what may be considered the extent of the rectum. But it is yet to be introduced into the sigmoid flexure: we therefore slightly depress the but-end of the instrument, at the same time propelling it upwards till the whole is fairly within the sphincter. Upon encountering obstruction, trifling pressure is to be maintained for a minute or two; and if under this careful

pressure the pain increase, and the instrument remain stationary, it is to be withdrawn, the next size introduced, and so on from above downwards, till we ascertain the size of the bougie, which passes with trifling pain or difficulty fairly into the sigmoid flexure."

We have here given, we believe, the latest and best authority with respect to the use of the bougie; and, without denying the utility of bougies in some cases of constipation from stricture of the rectum, we must again repeat that the irritation of the bougie is sometimes more intolerable than the stricture itself. We, therefore, prefer in all cases of this nature, where any degree of irritation is produced, trusting to the daily administration of an enema of gruel or of linseed tea, which will generally, unless the contraction is to a very great extent, succeed in emptying the rectum, and in checking the further progress of the disease.

With regard to dividing the stricture by the knife, as a means of relieving constipation, we believe it is now rarely practised; and, indeed, the numberless instances in which fatal peritoneal inflammation has succeeded to that practice are quite sufficient to deter us from further trials of it.

As regards the management of constipation where it is connected with *hæmorrhoids*, it would require a full consideration of the manifold circumstances which should regulate our treatment of the latter affection to enable us to do full justice to this question. *Hæmorrhoids* and constipation stand so immediately in the relation of cause and effect, that it is often difficult to determine their mutual dependence upon each other. It is the general opinion that the frequent necessity for the use of cathartics, and more especially those of a drastic nature, as aloes, colocynth, scammony, &c. is the chief cause of the appearance of *hæmorrhoids* in constipation; but there is after all a great source of fallacy in this conclusion; for it must be evident that the same constitutions which require the frequent administration of purgatives are also those most liable to attacks of *hæmorrhoids*. We must therefore not too decidedly determine that the use of cathartics is the cause of *hæmorrhoidal* tumours.

There can, however, be no question that when *hæmorrhoidal* tumours have made their appearance, and more especially when they become inflamed, and the cellular membrane surrounding them thickened, it requires much caution in giving medicines for the relief of constipation. It is always, under such circumstances, of great moment to determine how far the *hæmorrhoidal* tumours themselves, and the thickening of the cellular membrane at the lower part of the rectum, are producing mechanical obstruction to the expulsion of the fæces; and if so, to direct such local means as are likely to remove them. For example, if much inflammation exist in the tumours and the parts adjacent, it will be desirable to abate it by the application of leeches and the use of anodyne fomentations; and we should, at the same time, relieve the bowels by the

exhibition of some aperient which will not prove irritating to the inflamed piles. A pill consisting of two grains of blue pill and two of extract of henbane may be given, and with it a dose of castor oil, varying from two drachms to half an ounce; which treatment will generally succeed in relieving the immediate obstruction and suffering arising from the piles, and make it more easy subsequently to command the action of the bowels by enemata. As an habitual aperient to keep the bowels in a laxative state, sulphur has long been employed in hæmorrhoidal affections, and is most suitable in combination with supertartrate of potash and given twice a day, so as to prevent the bowels becoming costive. When obstruction has taken place from piles, a more active aperient, as before stated, will be necessary.

But perhaps the most troublesome state of constipation, as connected with piles, is that in which, from their long existence, thickening of the cellular membrane of the lower part of the rectum, forming a sort of ring around the sphincter, takes place. Under this state it often becomes necessary to employ local means to diminish the obstruction thus occasioned. On examination, we sometimes discover that the thickening may be diminished, and the obstruction to the fæces lessened, by the removal of one or more of the tumours, and wherever this is found to be the case, we should not delay adopting this necessary means of relief. Considerable difference of opinion exists as to the best way of removing hæmorrhoidal tumours, some preferring excising them by the scalpel, whilst others make use of the ligature. There are advantages in each mode of procedure. By using the ligature we avoid all risk of hæmorrhage; but the irritation that is occasioned sometimes becomes serious, and the inflammatory action occasionally extends far up the rectum: this more especially occurs, if any portion of the mucous membrane lining the lower part of the bowel should happen to be included in the ligature. When, therefore, the mucous membrane of the rectum extends over the hæmorrhoidal tumour, a ligature, except in an extreme case, should never be applied. But there are other means besides the removal of the hæmorrhoidal tumours whereby the obstruction arising from them in the lower part of the rectum may be diminished. When the extremity of the rectum becomes filled by several tumours of a chronic nature, the compression of them by the introduction of a bougie into the rectum every or every other day will often lessen their size, and thus facilitate the evacuation of the fæces. Astringent applications may also be resorted to for the purpose of removing hæmorrhoidal tumours. Strong solutions of sulphate of zinc in the less severe cases, and the application of the gall-ointment, often produce very beneficial results.

But necessary as it is to attend to the local affection, when constipation is aggravated by thickening of the mucous membrane of the lower part of the rectum and by hæmorrhoidal tumours, still we must bear in mind that much also is to be effected by diet and proper regi-

men, the object of which should be to keep the bowels in a soluble state. The occasional use of mineral waters, and especially those of Harrogate, deserves much attention, and will greatly assist our endeavours to relieve this kind of constipation. We have also known instances of this nature, in which the daily use of a drachm of Epsom salts dissolved in six ounces of water has greatly relieved the inconvenience arising from the obstruction produced by hæmorrhoidal tumours. It is, however, unnecessary to dwell longer on a part of our subject more especially treated of in the article HÆMORRHOIDS.

Spasmodic affection of the sphincter ani.—This is very troublesome in some persons who are subject to obstinate constipation. Where it arises from the presence of an irritable or inflamed pile, or from chronic inflammation of the mucous membrane lining the extremity of the rectum, these affections must be attended to and removed by appropriate treatment. Sometimes the removal of the painful pile becomes necessary; and sometimes the application of leeches to the extremity of the rectum affords relief, when the spasmodic affection depends upon chronic inflammation of that part. We do not, however, always find, when we have removed the pile or the chronic inflammation of the rectum, that the spasmodic affection of the sphincter gives way, in which case the constipation still continues. Great benefit will then be derived from the use of an opium suppository, or from passing a bougie into the rectum every other day, allowing it to remain there from twenty minutes to half an hour each time, under which treatment the spasm will usually give way.

In some individuals of high nervous excitement, spasmodic affection of the sphincter ani exists alone, without any piles or inflammation of the mucous membrane of the rectum. We have found soothing glysters injected daily, and the use of the bougie every other day, generally remove this very troublesome form of constipation. These measures should be combined with a plan of treatment calculated to invigorate the system and to allay nervous irritation.

The treatment of constipation, when it is ascertained to arise from the pressure of tumours, must necessarily in the greater proportion of cases be merely palliative. Where the tumour admits neither of removal nor cure, the keeping the bowels in a soluble state by castor oil or other mild aperients, and the use of enemata, are almost all that can be done towards alleviating this condition. Change of position, when adhesions of the tumour to the neighbouring parts have not been formed, may in some instances be of service; and when the pressure arises from displacement, as in the case before detailed, in which constipation of twelve days' duration attended with much suffering arose from a retroversion of the uterus, the restoration of the displaced part to its natural situation will afford immediate relief. In narrowing of the pelvis from undue prominence of the sacrum, or other cause producing accumulation of fæces in the colon, the measures

required are similar to those which have already been recommended for the removal of this accumulation, where it depends upon stricture seated at the upper part of the rectum. The circumstances impeding the transit of the fæces in each case are so far the same, that the passage through which they are to be propelled is narrowed or constricted; but in the one instance it is by a cause seated in the coats of the bowel, in the other by one acting from without. In this latter case, however, there is not the same suffering from the use of the necessary means, as the inner surface of the bowel is not in so irritable a condition; and the cause, though perhaps incapable of removal, is at the same time not likely to progress with the same rapidity.

Previous to bringing these observations to a conclusion, we shall endeavour to impress the importance of attention in all the slighter and merely functional forms of constipated bowels, to two or three general directions, which should always be given to those who are liable to suffer from this state. It is of great consequence in all such cases to establish regularity, both with respect to the times of taking food and the general tenor of the daily habits. The tendency to periodical returns of the same condition of the system has been frequently observed, both in the state of health and in that of disease. In disease the regular occurrence of the evening exacerbation in irritable fevers—of the paroxysms in intermittent and neuralgic affections at the same hour of the day—of epileptic attacks at weekly or monthly periods, afford familiar instances; while in health the regularity with which the returns of appetite and disposition to sleep occur are equally striking. It is, therefore, a point of considerable importance in these cases of constipation to make the attempt at an evacuation at a certain regular hour daily; for when once the habit is formed, the call to evacuate the bowels at the same hour will rarely fail.

Regular and sufficient exercise is a most necessary adjunct in these cases, as nothing tends more to predispose to constipation than close attention to sedentary pursuits. Where this is a necessary part of the habitual occupation, too much stress cannot be laid upon setting apart a portion of each day for the exercise of walking. In many of those who suffer from constipation the powers of the mind are much exercised; and where this is the case, daily ablution of the head with cold water, with the occasional use of the shower-bath, will be found especially beneficial. Indeed, these measures may always be used with advantage where the powers of the system are not in too debilitated a condition to admit of their employment.

To these precepts, which it is in the power of every one to follow, we shall only further add, the importance of avoiding late hours at night, and of rising early in the morning. Indulgence in the habit of lying in bed is peculiarly pernicious in predisposing to constipation. The perspiration, both sensible and insensible, is increased; and as a necessary

consequence, the urinary and other secretions are diminished; in addition to which, the skin is kept in a debilitated condition, and from the intimate sympathy existing between this organ and the intestinal canal, the due performance of the functions of the latter necessarily interfered with.

(Charles Hastings.)

(Robert J. N. Streeten.)

HÆMORRHOIS, hæmorrhoids.—The term hæmorrhoids, from the Greek *αἷμα*, *sanguis*, and *ῥεω*, *fluo*, signifying simply a blood-flux, is not adapted to convey any correct idea of the nature of the various affections to be treated of under this head, some of which are not even attended with a discharge of blood.

Custom, however, has sanctioned and established its use in a particular sense, viz. as synonymous with piles, and to custom we think it right to conform, it being our duty to furnish practical information rather than to enter into an etymological disquisition.

The meaning of the word hæmorrhoids is now, by common consent, so entirely limited to certain affections of the rectum that no inconvenience can arise from its adoption. But this has not been the case always, for we find that very many authors, modern as well as ancient, have employed it in its literal sense, and under the epithet hæmorrhoids have described discharges of blood from the bladder, the uterus, and other organs, as well as from the rectum. Among others, Celsus, in treating of hæmorrhoids, says—"Idque (vitium) etiam in ore vulvæ fæminarum incidere consuevit."*

Notwithstanding this and the many other exceptions alluded to, the majority of authors, beginning with Hippocrates, have restricted the meaning of hæmorrhoids to those diseases of the rectum which form the subject of the present article.

By hæmorrhoids, then, are to be understood, first, a flux of blood from the rectum without any tumours internal or external; secondly, a flux of blood from the rectum with internal or external tumours; thirdly, tumours internal or external without flux of blood. The distinctive characters of these tumours and of the blood-flux will be described hereafter.

When it is remembered how very common hæmorrhoidal affections are, how great the sufferings they occasion, and how frequently they fall under our observation and treatment, we naturally conclude that every particular relating to them has been fully investigated and satisfactorily made out; yet the reverse is the fact; and, innumerable as are the dissertations and other publications on hæmorrhoids, we have sought in vain for accurate information of their anatomical characters and pathology; nor have we been able to find in the museums of morbid anatomy of this metropolis preparations illustrative of the various kinds of hæmorrhoids.

The deficiency of information on this subject may in part be ascribed to the few deaths which occur absolutely from hæmorrhoids; for, except-

* Lib. vi. cap. xviii.

ing the cases which prove fatal after an operation, the individuals affected with hæmorrhoids die usually of some other complaint, which, being urgent and prominent, while perhaps the hæmorrhoids have ceased to be troublesome, engrosses the attention during life and at the post-mortem examination. That this is the case at our large hospitals, all who are in the habit of witnessing the post-mortem examinations will acknowledge, the condition of the rectum seldom forming a part of the investigations; an omission not to be ascribed to negligence, but arising from the attention not having been attracted to this organ during the latter part of the patient's life.

1. *State of the rectum.*—The anatomical characters of the rectum, which we have discovered by dissection, independent of the hæmorrhoidal tumours, are an enlargement of the hæmorrhoidal veins and hypertrophy of the submucous tissue. The enlarged veins are seen through and lying immediately under the mucous membrane taking a perpendicular course almost parallel to each other for seven or eight inches, their trunks being as large as a crow-quill, and formed from innumerable small arborescent veins at the anal extremity of the rectum, which render the bowel intensely vascular. The same vascularity and lesion of these veins have been described by Dr. Colles;* and Morgagni mentions an instance of extraordinary enlargement of the hæmorrhoidal vein, “interna hæmorrhoidalis vena sub coli intestini fine et tota recti longitudine pollicis fere crassitiem æquaret.”†

2. *Anatomical characters of the hæmorrhoidal tumours.*—These tumours are generally regarded as arising from a varicose state of the hæmorrhoidal veins: “varicoroides autem nihil aliud esse quam varices venarum ani.”‡ By Sir Astley Cooper they are described as being found in two states; “a varicose enlargement of a vein; or an excrescence arising from its adhesion and organization,” a description not very intelligible.§ By others they are distinguished into such as discharge blood, *bleeding piles*; and into such as are not attended with hæmorrhage, *blind piles*: “hæmorrhoidum verò aliæ sunt cæcæ, aliæ apertæ: cæcæ sunt quæ omni tempore inflatæ sunt, et nihil excernunt: apertæ verò sunt quæ per tempora sanguinem effundunt.”|| By Sauvages it is proposed to call the bleeding tumours, hæmorrhoids; and the blind, mariscæ; “tumores illi (sine ullo sanguinis effluxu) mariscæ vocari debent, et fluxus cruoris hæmorrhoids multò aptius vocatur.”¶

Such are the notions usually entertained of these tumours, notions which give us very little insight into their exact nature, seeing, as we shall presently do, that they differ so materially in their structure as to justify the division of them into the several following kinds.

The first kind (which may be called *varicose*)

is that which arises from a varicose state of the hæmorrhoidal veins, or from the accidental dilatation of a small vein at a particular point, by which a cyst distended with venous blood is formed without rupture of the coats of the vessel, and is covered only by the mucous membrane of the bowel; a manner of formation which appears to have struck Celsus, who describes hæmorrhoids as “ora venarum tanquam ex capitalibus quibus surgentia quæ sæpe sanguinem effundunt.”*

These tumours form within the gut, and are eventually extruded from causes hereafter to be described. They may be recognised when external, as consisting of a rounded tense elastic nucleus, the size of a pea, covered by the intestinal mucous membrane which moves easily upon it, and may be pinched up separately, its adhesion to the distended or varicose vein, the nucleus, being by the submucous cellular tissue in its natural state of tenuity. Should this tumour remain extruded, the blood in the distended or varicose vein, being as it were out of the circulation, coagulates, thus converting the nucleus into a solid clot, still covered by the original mucous membrane of the rectum, which after exposure becomes transformed more or less perfectly into skin. This coagulum sometimes becomes organized, and the exterior covering strongly adherent from attacks of inflammation, in consequence of which the whole tumour is rendered solid and vascular. These tumours constitute one variety of bleeding piles.

The second kind of hæmorrhoidal tumours, which may be called *erectile*, present all the characters of an erectile tissue: they are cellular, spongy, full of blood, intensely vascular, and bleed profusely from innumerable points on their surface; a fine example of which is furnished by Sir James Earle, in the case of a young lady, in whom “the tumour was about nine inches in circumference, separable into several lobes, and altogether like a piece of sponge, bleeding from every pore. It was, however, of a healthy appearance, soft, and compressible.”+

The vascular character of this kind of tumour has been ascertained by dissection. “I had an opportunity,” says Dr. Colles, “of examining the structure of these tumours in a patient who died of another disease. On slitting up the rectum I saw three bloodvessels, each as large as a crow-quill, running for some way down the intestine, and then dividing into a number of branches; these vessels ramified very profusely, and each seemed by interweaving of its branches to form one of these tumours. The trunks and branches were covered only by the lining membrane of the intestine.”† The supply of blood to these tumours is not therefore by one large trunk, but by numerous minute vessels. Tumours of this description commence within the gut, afterwards descend; and they constitute another variety of bleeding piles.

* Dublin Hospital Reports, vol. v. p. 152.

† De Sedibus et Causis Morborum, lib. iii. p. 38.

‡ Morgagni, De Sedibus et Causis, lib. iii. p. 38.

§ Lectures, by Tyrell, vol. ii. p. 335.

¶ Aetii Tetr. Sermo ii. cap. v.

|| Nosologia Methodica, vol. ii. p. 323.

* Lib. vi. cap. xviii.

† Observations on Hæmorrhoidal Excrescences, p. 23.

‡ Dublin Hospital Reports, vol. i. p. 152.

The third kind of hæmorrhoidal tumours consist wholly of dense, thickened, or hypertrophied cellular tissue covered by the intestinal mucous membrane, and are from their earliest formation *external*. At their origin each is merely a small fold of mucous membrane, which with its submucous tissue has been forced through the anus by efforts at the closet or other causes, and being pinched by the contraction of the sphincter is prevented from returning within the bowel. Exposed thus to friction and other sources of irritation, these tumours are liable to inflammation and consequent thickening and induration of the submucous tissue above described; while the mucous membrane continuing to be exposed gradually changes its character, is transformed into skin, and its organic sensibility being in this manner diminished, the whole tumour becomes a chronic pile more or less flaccid and insensible until inflammation is again excited in it, when it tumefies, grows red, hard, and extremely painful, but does not bleed. By continued irritation from friction and want of cleanliness, these tumours often increase to a large size, become excessively indurated, and assume, from the pressure of the nates, a flattened oblong form with a thick rounded irregular edge; and from the same causes the opposing surfaces of these piles become abraded, ulcerated; and fissures and rhagades are produced, from which a thin purulent discharge takes place. Tumours of this description constitute the *mariscæ* or blind piles.

All the kinds of hæmorrhoidal tumours above described vary much in form and colour. When inflamed or highly congested they will be red or purple, and tense and hard; and when in an indolent condition they will be more or less pale and flaccid. Generally they have a broad base; sometimes they are pedunculated.

The hæmorrhoidal flux.—Nothing is more various than this hæmorrhage, either as relates to quantity or to the circumstances under which it takes place. The most simple form occurs without any sign or premonition, without hæmorrhoidal tumour, without lesion of any kind, if we except a determination of blood to the rectum; and here the hæmorrhage, it may reasonably be conjectured, is the product of a vital exhalation from the capillaries of the mucous membrane. Several ounces of pure red blood may be lost at the closet from the rectum, the patient having experienced no uneasiness, no pain either previous or subsequent to the discharge, and without previous or subsequent hæmorrhage; or patients subject to bleeding piles at intervals of a week, a month, or longer, may lose blood unconsciously, and in place of stool, to the amount sometimes of half a pint.

On some occasions the hæmorrhage will recur so frequently and in such quantity as to induce an alarming debility and anæmia, without any attendant local symptoms; while at other times the excessive discharge will be accompanied with signs of internal hæmorrhoids

and of great determination of blood to the bowel. It may occur in quantities to endanger life from external tumours of the erectile kind, as happened in the example quoted from Sir James Earle's Observations: or the hæmorrhage may be small in quantity, not exceeding a tea or table-spoonful, taking place after every dejection and for many days, then ceasing, and returning at uncertain and rather distant periods, attended always with internal or external hæmorrhoidal tumours: or the hæmorrhage may assume a periodical character, more or less irregular nevertheless, but occurring once in six or seven weeks, or in three or four months, preceded by an abdominal congestion, which is immediately relieved by the discharge. Very many persons who live freely are liable to this kind of flux, a happy resource of nature to unload the system when too plethoric, and so to preserve their health. Experience teaches them that this periodical loss of blood, when not too copious, is beneficial, and they regard its return with satisfaction. If this accustomed discharge ceases, a determination of blood to another organ will ensue, and apoplexy, diseased liver, or some other very serious organic affection be the result. There are instances in which the hæmorrhoidal flux will go on without the individual being aware of its extent or of its effects on the system, the loss not being great at any one time, but continuing day after day and week after week, until it exhausts the strength, blanches the face, and, if he is advanced in years, brings about debility under which he sinks, or from which he recovers slowly and with difficulty.

The source of the hæmorrhoidal flux is unquestionably various; yet it is the prevailing opinion that it issues from a rupture or bursting of the varicose hæmorrhoidal veins. That this opinion is well founded, and that the varicose or dilated veins are the true source of the blood in the majority of cases, there can, we think, be little doubt. The facts that the hæmorrhage occurs very frequently in a stream, while the patient is straining at the closet, the stream being interrupted as the straining is suspended, and returning as the efforts are repeated, form strong presumptive evidence, consistent with the anatomical peculiarities of these veins. It has been stated that the hæmorrhoidal veins take a perpendicular course from the anus up the rectum, and as they, like nearly all the veins of the portal system, are not provided with valves, hæmorrhage from a rupture of one of these veins when varicose or dilated, in a stream interrupted, as the efforts at the closet are continued or suspended, is probable and intelligible; and it may take place to a prodigious amount.

Another source of the hæmorrhoidal flux is from the capillaries of the rectum by vital exhalation or exudation, in cases of determination of blood to the mucous lining, a form of hæmorrhage similar in every respect to that which is known to proceed from the mucous membrane of the small intestines in hepatic obstructions.

A third source is by exudation from the sur-

face of the erectile tumours, internal or external, where the blood may be seen to issue from every pore, as stated by Sir James Earle in the case already quoted.

A fourth source of hæmorrhage may be laceration of the congested mucous membrane by hard scybala forced through the sphincter by great effort, the body being much constipated. Here the hæmorrhage is exceedingly trifling, and attended with pain, such as might be supposed to occur under the circumstances related.

The *diagnosis* of the hæmorrhoidal flux has been explicitly pointed out by Actuarius: "*Vermum ille (sanguis) qui ab altioribus locis emanat et aliquamdiu in corpore est moratus, nigrior est: hic vero purus, sincerus, et qualis ex jam cæcis hostiis profluit.*"* The blood from piles is fluid and florid, may be discharged before or after a dejection, may cover but is never mixed with the fæces; whereas hæmorrhage from the intestines higher up is manifest by the blood being black and coagulated. Where the hæmorrhage arises from dysentery, it is mixed with mucus, which gives it the characteristic appearance of portions of flesh; and where it is produced by various kinds of ulceration, it is confounded with the fæces.

The *causes* of hæmorrhoids are hereditary predisposition, habitual constipation, free living, obesity, a sedentary mode of life, and aloetic and other irritating purgatives. Hereditary predisposition to hæmorrhoids is marked in many persons, but of all the causes which operate in the production of piles, habitual constipation is the most frequent. By habitual constipation the residual alimentary matter is delayed in the colon, becomes hard and knotty, and a source of great irritation to the large intestines, particularly to the rectum. This irritation induces a determination of blood to the lower bowel, this again congestion and gradual dilatation and varicose lesion of the hæmorrhoidal veins, which eventually form tumours, burst or rupture, and give rise to hæmorrhage; consequences all favored by the anatomical peculiarities of the portal system, and accelerated by the efforts at the closet:—thus are bleeding piles formed. Habitual constipation is perhaps also the only cause of the blind piles or *mariscæ*. When the bowels are costive, the sphincter is always tight and rigid, so that by its contraction the protruded membrane is prevented from returning, and being in some degree strangulated and exposed to irritation from friction, it inflames, indurates, and constitutes piles which do not bleed.

By free living as a cause of hæmorrhage, we do not mean gluttony and drunkenness merely, but also that generous system of diet and indulgence at the table which prevails throughout society. The habitual liberal use of fermented liquors and of animal food produces a plethoric state not only of the whole system, but especially of the abdominal viscera concerned in digestion, the veins of which viscera constitute the portal

system, and concur to form the vena portæ itself. A fulness of the portal system, unprovided as it is with valves, must necessarily determine a congestion of the hæmorrhoidal veins; and congestion of these veins from any cause will, as we have seen, produce the hæmorrhoidal flux and tumours. It is in persons who have hæmorrhoids from living freely that we have observed the flux to be most regular and periodical, and most decidedly salutary; and there can be no doubt that it proves a great preventive of visceral disease, to which these persons would otherwise be very liable. The suppression of the periodical flux is always attended with inconvenience.

A sedentary mode of life tends to produce hæmorrhoids by favouring a sluggish circulation in the portal system, which leads to hæmorrhoidal congestion and its consequences: the pressure accruing from obesity leads to the same results.

Symptoms.—The symptoms are such as arise from the determination of blood to the rectum and congestion of blood in the hæmorrhoidal vessels, and such as arise from the tumours whether indolent or in a state of irritation and inflammation.

The hæmorrhoidal flux is not always rendered cognizable by symptoms, examples of which have been already mentioned. On the other hand, the determination of blood to the rectum which precedes the hæmorrhage will be marked by dull pain about the back and loins, a sense of weight and heat about the sacrum and rectum, scanty and high-coloured urine, heaviness of the head, and disturbance of the digestive functions; signs which persist for several days, when the flux supervenes and entirely relieves the patient. These symptoms are most manifest where the flux is periodical. In those who have hæmorrhoids from habitual constipation there will be weight and heat, and a sense of fulness about the rectum very constantly, an obscure tenesmus, frequent micturition from sympathetic irritation of the bladder, and leucorrhœa from a similar irritation of the vagina and uterus; all of which are temporarily alleviated by the discharge of blood, but are never entirely removed, the cause remaining.

The symptoms arising from the hæmorrhoidal tumours are those of irritation and inflammation. Tumours situated without the sphincter are perpetually irritated by the friction of the parts in the ordinary motion and erect position of the body, and moreover they are irritated to a painful degree during the period of the evacuation of the bowels. The irritation is much aggravated by want of cleanliness, and soothed by regular ablution. Many persons affected by hæmorrhoidal tumours experience pain from sitting, aggravated to a great degree when they travel in a carriage or take horse exercise. The irritation will frequently produce accessions of inflammation, in which the tumours will become congested, swollen, red or purple, and excessively painful, so as to oblige the patient to keep his bed for many days.

* Med. sive de Meth. Med. lib. i. cap. 20.

The *treatment* of hæmorrhoids must be considered in reference to the flux and to the tumours.

In considering the treatment of bleeding piles, the first step should be an inquiry into the influence of the flux on the health; next into the cause and the practicability of removing it.

If the cause of hæmorrhoids is free living, and the flux salutary, and if the individual subject to the flux will persist in his mode of life, it would be unwise to interfere. It is only in the event of the flux being profuse that means to restrain it should be contemplated. It may happen, however, that a person subject to a salutary periodical flux may be so harassed by hæmorrhoidal tumours as to render their extirpation unavoidable; and should their removal suppress the flux, either the patient must change his habits to those of great temperance, or must lose blood from time to time by an artificial outlet in order to guard against disease; for pathological congestions will otherwise most assuredly occur. It was proposed by the older writers to leave one pile as a safety-valve; "*Quare quum plures sint hæmorrhoides unam relinquere oportet, purgationis gratia,*"* a suggestion not to be altogether slighted. The hæmorrhage, however, may proceed from within the bowel, and, therefore, not be suppressed by the removal of the outward tumours, in which case there can be no hesitation in deciding upon the operation.

In all persons affected with hæmorrhoids, except those above mentioned who are sensible of deriving benefit from the flux, there is an anxiety to be free from the hæmorrhage and from the tumours; and if sufficient attention is given to the various causes operating in the production of the flux and tumours, there can be no reason why measures to restrain the one and remove the other should not be put in practice. The influence of habitual constipation in the production, aggravation, and continuance of hæmorrhoids should never be overlooked; the obviating this cause by regulating the bowels by suitable aperients will frequently cure the patient either of the bleeding or of the blind piles; and the restoration of the natural action of the bowels is certainly essential to prevent a recurrence of the hæmorrhoids, however effectually they have been suppressed by medicine or removed by operation.

In the treatment of hæmorrhoids of all descriptions, the regulating the bowels by suitable aperients is a most essential point: all irritating and drastic purgatives, as aloes and colocynth, are inadmissible; our choice must be directed to those which act efficiently but mildly and without irritation of the lower bowel. Of these, senna, sulphur, castor-oil, and the neutral salts are the most eligible, and should be prescribed in doses adapted to the constitution of the patient. The confection of senna combined with sulphur and magnesia is

in general use, and is perhaps the most desirable form of aperient that can be employed. A point of immense consequence to be insisted on is that the aperient should be so administered as to act upon the bowels in the evening.

Persons afflicted with hæmorrhoids will be distressed through the day if their bowels are acted upon in the morning, because of the erect position which they are obliged to sustain in their ordinary avocations, all which distress is obviated if the bowels are not evacuated till the evening, the horizontal position of the night removing all inconvenience, and allowing the day to be passed in comparative comfort. Again, the seat of the closet being inclined instead of horizontal is a means of rendering the exoneration of the bowels less painful; and where prolapsus of the gut coexists with piles, the observance of the horizontal position during the action of the bowels is a great preventative of suffering as it is a great aid in the cure.

Injections of warm water and other ingredients daily administered with a view to regulate the bowels and to relieve hæmorrhoids are very objectionable: they give a momentary relief, but they aggravate the symptoms they are intended to remove. An injection of half-a-pint of cold water daily has, however, been found highly serviceable. In order to restrain the hæmorrhage where it is profuse or its continuance is injurious, we can confidently recommend turpentine, half-a-drachm of which may be mixed with yolk of egg, or given in a tablespoonful of gruel once or twice a day. The hæmorrhage is often effectually arrested by the first dose; and where the body is already exsanguineous, and the discharges of blood are frequent and great, the turpentine is an invaluable remedy.

We have been informed by a patient who suffered and was seriously debilitated from bleeding piles, that after having tried almost every other remedy, the copaiba was successfully administered, and at once and permanently cured the hæmorrhage. And although our own experience does not furnish us with facts in favour of the *secale cornutum*, we have every reason to believe from the testimony of others and from the influence which the *secale* exerts on hæmorrhage from the womb, that it would prove a very efficacious remedy in the hæmorrhoidal flux. It may be administered in the dose of ten grains twice or thrice a day in the form of decoction or infusion.

However objectionable aloetic and other irritating aperients may be in the treatment of hæmorrhoids, stimulants of certain kinds given internally are notoriously beneficial; Ward's paste, which is justly celebrated for the cure of piles, is highly stimulating; as also is a similar preparation, the *confectio piperis nigri*.

Great assistance is afforded in the cure of piles by external applications whenever the condition of the tumours admits of relief without an operation. The application in common use is an ointment composed of the *pulvis gallæ*

* *Pauli Æginatæ de Re Medica*, lib. iii. cap. lix.

and adeps: we ourselves employ an ointment of black hellebore in preference, and find it a remarkably efficacious though a painful remedy. The proportions are pulv. hellebori nigri 5i, adipis 3i M. with which the tumours and anus are to be anointed night and morning. The pain caused by the hellebore is intense for half an hour, but it then subsides, and proportionate relief follows. We are in the habit of prescribing it when patients complain of blind or bleeding piles, which are painful and which do not yield to the senna and sulphur.

The use of the bougie in the treatment of hæmorrhoids is too much overlooked and neglected. Judiciously employed, we believe it would obviate the necessity of an operation in many instances. Its influence in relaxing the rigid sphincter muscle, facilitating the return of blood from the tumours, as well as the replacement of the extruded mucous membrane, is greater than might be supposed; besides, it is found to be a means of inducing a natural action of the bowel and of procuring solid figured dejections; objects very desirable, and which, when attained, facilitate and often effect a perfect cure.

Removal of the hæmorrhoidal tumours.—The actual cautery was a favourite remedy with Hippocrates: "Urere enim oportet; et nullam hæmorrhoidem sine ustione sinere, sed omnes exurere."* The moderns have relinquished the use of the cautery in this and in almost every operation, perhaps indeed too universally, it being a less painful and less barbarous remedy than at first sight is supposed, while undoubtedly it is a safe and valuable one in many states of disease.

In the removal of hæmorrhoids, surgeons are in general agreed on the superior advantage of the ligature over excision; excision being frequently followed by dangerous and in some instances fatal hæmorrhage. "For excision," says Sir Astley Cooper, "in the early part of my surgical career I was a strong advocate, for I found it a less painful operation than ligature, and it appeared to me not dangerous; but as my experience increased I was induced to change my opinion, and to consider excision as not divested of danger."† Besides disastrous hæmorrhage, the excision of piles has been succeeded by a fatal inflammation of the peritoneum. To the authority of Sir Astley Cooper in favour of the ligature, may be added that of Mr. Copeland and of very many others.

Excision may be practised on some of the hæmorrhoidal tumours, as the mariscæ or blind piles, for these are exempt from danger of hæmorrhage; but all internal piles and the external tumours of the erectile character should certainly be removed by ligature.

The mode of applying the ligature to internal hæmorrhoids recommended by Sir Astley Cooper, is "to draw down the pile with forceps or a tenaculum, and tie a piece of waxed silk around it, draw the knot until

the patient complains severely, then tie a second, cut off the ligature a little way from the knot, and return the intestine and pile."** Some precaution and judgment should be exercised in drawing the ligature where the base of the tumour is small or pedunculated, lest it should be cut through and hæmorrhage supervene. Mr. Mayo, operating on a child having a small internal pile upon a long narrow pedicle, drew the ligature too tightly, the thread cut through the part, and the pile came away at once. "No disposition to bleed shewed itself at the time; but the following night the child lost a profuse quantity of blood."† This conveys a warning not to make use of too fine a ligature. In cases where the pile to be removed is very large, it should be transfixed at its base with a needle armed with a double ligature; the needle being cut off, leaves the two ligatures, each of which should be tied round the corresponding half of the pile.

The operation, then, for the removal of hæmorrhoidal tumours, whether by excision or by ligature, is simple and easily accomplished; but a point of no mean importance is to determine when the patient, both as regards the state of the tumours and of his constitution, is in a favourable condition to undergo the operation. We have seen a person die of sympathetic adynamic fever in four days after the removal of piles by a most accomplished surgeon; the nervous system of this patient, prior to the operation, was disturbed, and the shock of the operation itself excited delirium and high febrile movement, which soon terminated in dissolution. In proportion as the mucous membrane covering the tumour to be removed retains its natural organic sensibility and structure, so should precaution be observed; and this remark applies, of course, in an especial manner to internal piles. In proportion as the mucous covering has been transformed into skin, which can be the case only with external tumours, so is the operation free from the risk of tetanus, of depression of the vital powers, of inflammation and other consequences which are known to follow injury of this tissue.

The treatment of the patient preparatory to an operation should have for its objects the diminishing the determination of blood to the rectum, the appeasing any irritable state of the tumours, and the removal of any inflammatory disposition in the constitution. Moreover, the natural temperament should not be altogether overlooked, the hazard of an operation being greater in nervous and irritable persons. To effect these objects, abstinence from all fermented liquors and a moderate diet should be enjoined for some weeks; the bowels should be most carefully regulated, and the determination of blood to the rectum diminished by cupping over the sacrum once or twice to the amount of six or eight ounces; and the irri-

* De Hæmorrhoidibus.

† Lectures, by Tyrell, vol. ii. p. 342.

* The Lectures by Tyrell, vol. ii. p. 345.

† On Diseases of the Rectum, p. 75.

table condition of the tumours will be much appeased by ablutions and fomentations. We would insist strongly on the propriety and necessity of these preparatory measures, believing as we do that they would disarm the operation, simple in itself, of the disastrous consequences which too frequently ensue.

There is another consequence of this operation which, although it does not affect the life of the individual, affects his comfort materially; it is the incomplete healing of the wound. We have known the trifling wound caused by snipping off a small pedunculated tumour in the rectum, or a small pile from the verge of the anus, remain open for many months, and cause such acute suffering whenever the bowels acted as to render life miserable.

(John Burne.)

LATENT DISEASES.—It is a fact familiar to every physician practically conversant with the features of disease, that many disorders, even of those of which the presence is commonly indicated by well-marked symptoms, will in particular cases present, throughout the whole or a great part of their course, a material deficiency or total absence of their usual external characters; and that on this account they are frequently on the one hand confounded with other diseases, on the other entirely concealed from observation.

Considering the obvious importance of this subject in a practical point of view,—especially, it may be added, to those just entering on their profession,—it scarcely seems to have hitherto received from pathological authors in modern times that systematic attention to which it has an undoubted claim. In ordinary practice every observant physician is subject to be taken at unawares by the sudden transformation or sudden development of the symptoms of diseased action, long latent in the system, and secretly advanced beyond the reach of a remedy. And in the practice of one particular branch of his art, that of medical jurisprudence, nothing is more common than to find his opinion and conduct embarrassed by sudden death arising in the like circumstances—by the discovery of appearances in the dead body adequate apparently to account for death, yet unconnected with any traces of the existence of corresponding disease during life. It would be an object of some consequence then to investigate the subject of latent diseases systematically in both of its relations now mentioned,—to present a classification of the several diseases which are apt to assume a latent course, a sketch of the circumstances in which they are liable to occur in this form, and an exposition of the phenomena in the living body which may lead to a suspicion or conviction of their presence, as well as a statement of the evidence by which, in the case of the sudden extinction of life, we may determine from the appearances in the dead body, taken along with other collateral considerations, what has been the real cause of death.

The great extent of the subject, combined

with other circumstances, prevents us from undertaking at present what must be to the generality of the profession the more important and interesting department of this inquiry,—that, namely, which concerns latent diseases in their relations to ordinary practice. In undertaking to give some account of their medico-legal relations, it is almost unnecessary to observe that the writer was first led to review the subject in consequence of its having been often brought forcibly under his attention during a period when he was frequently consulted in medico-legal cases, and that the hints which follow are chiefly derived from a consideration of what then appeared defective in our knowledge.

The importance of latent diseases in respect to medical jurisprudence depends on the consideration that sudden death, as one of their results, often leads to a judicial inquiry into its cause, even where no suspicions exist in regard to its manner; that sudden death from latent diseases frequently occurs where collateral circumstances lead to a suspicion of violence; that they are apt to prove suddenly fatal from the operation of slight violence or of circumstances incidental to violence, such as anger, struggling, or the like; and that the appearances they leave in the dead body may exist in the same organs, or even also present the same characters, with the appearances occasioned by death from violence of various kinds. On all these accounts latent diseases come frequently before the physician in his medico-legal capacity, and may give rise to medico-legal questions of much nicety. The remarks which follow are intended to exemplify what is now stated, and to supply as far as possible the means of investigating the cases here alluded to. These objects will be best attained by considering, first, what diseases are apt to put on a latent character and occasion sudden death; and next, by what means it may be proved in special cases that they have really been the occasion of death.

There are many diseases which may exist for a long time, and even advance so far as to cause decided injury to organs important to life, without seriously incommoding the patient and without occasioning death. Nay, there are many diseases, among those usually marked by prominent symptoms throughout, which may go on for a length of time and occasion most extensive organic derangement, without attracting the attention of the patient or his friends by any external sign, without producing ill health of any kind, and still more without being the occasion of death. In many such instances indeed the symptoms proper to the disease are incidentally developed after a time, and then follow their usual course to a favourable or unfavourable termination. But often, too, no such development takes place, and death may ensue suddenly, nay instantaneously, either from the disease attaining a certain point incompatible with the further continuance of life, or from some circumstances connected with it of which the operation cannot be satisfac-

torily traced : and, which is perhaps still more common, death may be occasioned by some other unconnected cause, and the first hint of the existence of latent disease is the discovery in the dead body of extensive alterations of structure, such as might be regarded, were it not for such occurrences, wholly inconsistent with the discharge of the most important vital functions.

It would not be easy to give a complete catalogue of the diseases which may thus run a latent course. Probably, indeed, such a catalogue would be found to comprise all or nearly all the diseases which give rise to important derangements of structure in the chief internal organs of the body. But it may be of use to indicate those which are most apt to assume the latent form, because such alone appear of material consequence to the practitioner.

Among the diseases of the head, those which are chiefly apt to present themselves in a latent form are sanguineous apoplexy, inflammation of the cerebral membranes, and inflammation of the substance of the brain.

Sanguineous apoplexy often runs its course so rapidly, although with distinct symptoms, that in reference to practical questions of a medico-legal nature, it presents all the peculiarities and all the importance of a truly latent disease; but it would be out of place to treat of it in that respect at present. In numerous instances, however, sanguineous effusion within the head may take place without occasioning the usual apoplectic symptoms, and the individual may live so long that complete recovery takes place by organization and absorption of the clot, or he may be cut off at an earlier period by some other cause. The proof of this is that clots both old and recent are not uncommonly found within the head, and more especially in the substance of the brain, where the individual was cut off by a wholly different disease, and where there was sufficient evidence that symptoms of an apoplectic nature never had presented themselves. In a case therefore where the manner of death is doubtful and a medico-legal examination becomes necessary, it is not enough to account for death that a clot be found in the brain, particularly if it be plainly of some standing. Further evidence may be necessary to connect this appearance with the death of the individual.

It is seldom that *inflammation of the membranes of the brain* assumes a latent form throughout its whole course, yet in some instances the symptoms are extremely obscure for a time, so that the nature of the disease is at first misunderstood; and occasionally it has happened that no well-marked indications of disease are developed till a short time before death, and even then the symptoms are merely such as may terminate organic affections of the head in general,—namely, stupor, coma, and convulsions. One distinct case in point has been related by the writer elsewhere, that of a middle-aged female, who died suddenly from chronic and circumscribed inflammation of the membranes of the brain. In this case the

membranes and also a part of the brain were covered with pus, the corresponding portions of the temporal and occipital bones were denuded and similarly lined with purulent matter, and a portion had even escaped into the cavity of the ear. This affection had commenced in the bones at least a twelvemonth before, because the patient had been affected for that time with a purulent discharge from the ear. There can be no doubt, too, that the inflammation of the membranes which was the immediate occasion of death, and was produced by the disease of the bone being propagated inwards, must have existed for a considerable length of time, yet no symptom of its existence was detected till she was suddenly seized with acute pain in the head, and then with stupor and convulsions, under which symptoms she died within twenty hours. A case somewhat like this, but where the meningeal inflammation was more extensive, has been related by Dr. Powell in the fifth volume of the Transactions of the London College of Physicians.

But even meningitis of a more diffused character, and commencing without previous disease in adjacent parts, may likewise put on this singular form, as will appear from the following remarkable case related by Dr. Crispin in the 'Annali Univ. di Medicina.' A stout healthy young woman complained for two days of slight headach, without any other indication either of disorder within the head or of any other affection, and was then quite suddenly seized with loss of speech, complete coma, and febrile reaction, under which symptoms she died in the course of the ensuing night. On dissection, there was found suppuration of the arachnoid membrane, while all the other parts of the brain and its membranes, as well as all the other organs of the body, were in the healthy state.*

It is not improbable that to the same head of latent chronic meningitis should be referred those remarkable cases where extensive serous effusion over the brain or within the ventricles has been found after death in persons either dying suddenly without any pre-existing symptoms, or expiring slowly under symptoms wholly unconnected with the morbid appearances. Dr. Abercrombie relates an instance of the latter description from the experience of Professor Turner of Edinburgh, where serosity was extensively effused under the membranes of the brain as well as in the ventricles, and where the patient presented no signs of an affection of the head, but appeared to be gradually worn out by some chronic disorder of the pelvic viscera, which, however, were found to be healthy.† The same author mentions two similar cases from the works of Morgagni and Heberden, in one of which the effused fluid amounted to eight ounces, without any corresponding symptom during life.‡ Perhaps the following extraordinary instance may be classed with the foregoing. But whether it be

* Prospetto Clinico, in Annali, &c. Maggio 1833.

† On Diseases of the Brain, p. 214, third edition.

‡ Ibid, p. 143.

viewed as an example of latent meningitis or not, it is well worthy of notice as an illustration of the great difficulty which the occasional occurrence of cases of an allied nature may introduce into medico-legal inquiries, and of the importance of the whole subject of latent diseases. A man of the name of Kennoway was tried in Edinburgh in 1825 for parricide under the following circumstances. His sister left him in a state of furious intoxication quarrelling and struggling with his father, an old man of seventy, of passionate disposition, but enjoying good health. On his quitting the house she returned—not above seven minutes after she left them together—when she found the old man lying dead on his back, with the mark of two blows on the nose and forehead, not particularly severe. On dissection there was found no fracture of the bone, no extravasation beneath it, no laceration of the brain, but an effusion of half a pint of reddish serum in the ventricles, and also towards a pint of serum in the cavity of the pleura on each side of the chest. This case presented several other features of interest foreign to the object for which it is now referred to. At present it may be observed that the medical gentlemen who conducted the examination ascribed death to the effusion in the ventricles, and the effusion to the blow. But it is quite clear that the latter statement is untenable—that the effusion must have taken a much longer time to collect than seven minutes, and the most rational view of the case seems to be that the effusion was the result of latent chronic meningitis.

Among diseases which leave their traces within the head, none is more subject to assume a latent form than *inflammation of the cerebral substance*. From numerous cases which have been related by various authors, it follows that in its chronic form inflammation of the cerebral tissue—that form of disease which is now familiarly known to terminate in suppuration or in softening of the brain—is seldom marked at the beginning by characteristic symptoms; that it often advances to a great height with scarcely any apparent signs of its existence, or even of ill health of any kind, till only a few days before death; and that not unfrequently it even proves suddenly or almost instantaneously fatal during a state of apparently perfect health. The following illustrations have been already given by the writer in another work, but may be here briefly recapitulated. In a case related by M. Louis, where death slowly terminated an attack of diseased heart, and where no symptoms of an affection of the head occurred at any time, an extensive softening was found in the thalamus and corpus striatum of one side.* In another mentioned by Lancisi, where slight occasional fits of lethargy succeeded an attack of apoplexy, death occurred suddenly more than a year afterwards, and an extensive suppuration of the brain was found surrounding a clot.† In another which occurred to the writer himself,

and which from its circumstances led to a medico-legal investigation, a twelve hours' illness consisting of coma and convulsions preceded death, and there was found superficial circumscribed ulceration of the anterior lobe of the brain. In another, which likewise occurred in the practice of the writer, a similar superficial softening and ulceration of the surface of the brain over the left orbit was found, although the patient had been affected with coma for an hour and a half only, and had previously enjoyed good health.* Lastly, in a remarkable instance described in the London Medical Repository, where death took place instantaneously, without any precursory illness at all, while the individual, a sailor, was pulling an oar, there was discovered on dissection in the central parts of the brain an extensive softening and suppuration, which in the form of an abscess had made its way to the outer surface of the organ.†

Diseases of the chest run an obscure or completely latent course much more frequently than diseases of the head, and among these the most remarkable are pleurisy, peripneumony, and organic diseases of the heart.

As to *pleurisy*, it is remarked that sometimes the early, and at other times the middle stage is latent. There are either no symptoms at all, or they are so slight as to escape notice; or, though obvious at first, they disappear afterwards, and seem to be succeeded by convalescence or even complete re-establishment of health. Lymph and serum, however, or sometimes purulent matter, have in the meantime been effused into the cavity of the chest, and the effusion goes on silently increasing till one side of the chest is completely filled and the corresponding lung compressed and unserviceable. And at length, occasionally after a long interval, the individual is seized with laborious breathing, and dies in a few days or hours, or even instantaneously.

An instance where the interval of obvious illness lasted for a few days occurred in Edinburgh in January 1826, and led to a medico-legal investigation, in consequence of the patient's friends having neglected to obtain medical advice, and refused information to the neighbours who afterwards inquired into the case. The symptoms were difficult breathing, cough and pain of chest, slight at first and severe only for a short time before death, which took place in the course of the third day. On dissection one side of the chest was found filled with serous fluid, together with evident collateral signs of the effusion having been of old standing; and it was ascertained that several months before, recovery had to all appearance been attained from a severe attack of pleurisy and consequent hydrothorax. A more remarkable instance, where the pectoral symptoms subsisted for a few hours only, is related in Corvisart's Journal. In this case the patient, who was convalescent from an attack of simple fever, was suddenly taken ill with great oppression in the chest, and died within twenty-four

* Recherches Anat. Pathol. 313.

† De Mort. Subit. p. 12.

* Treatise on Poisons, 574.

† Vol. ii. 318, N. S.

hours, and the left side of the chest was found filled with five pints of serum, and the heart covered with a net-work of lymph, evidently showing the existence of an old pleuro-pericarditis.* But the most common cases of the kind under consideration are where the disease is concealed throughout its whole progress, or becomes so after a time, and death takes place instantaneously. Of such a course the following are apt illustrations. A girl in the wards of the Edinburgh Infirmary under the writer's care, while convalescent apparently from nothing more than a mild attack of simple fever with insignificant pectoral symptoms, suddenly dropped down dead while sitting by the fire and laughing with her fellow-convalescents, and on dissection there was found a copious effusion of serum and lymph into the right side of the chest, with complete condensation of the right lung. An elderly man under the care of another physician of the same hospital was admitted in the agony of suffocation from hydrothorax consequent on pleurisy, but recovered apparently, and in six weeks was considered nearly fit for being discharged. But one morning, while in the act of making his bed and exerting himself with unusual force, he was seen to drop down on the floor, and the nurse, running up to him, found him quite dead. Five pints of serum were found in the right side of the chest, and no other morbid appearance could be discovered.

Peripneumony is similarly circumstanced. It is a matter of daily observation, as Laennec has pointed out, that very great differences prevail in different cases in the amount of organic alteration which takes place in ordinary cases of inflammation of the lungs before death ensues from oppression of the breathing. It follows that even in acute inflammation the function of the lungs may be much interfered with by the inflammatory process without necessarily endangering life. It is not surprising, then, that where the local inflammation is chronic, and the constitutional derangement slight or wholly absent, very extensive ravages may be committed by the disease without its giving any local sign of its presence. Many cases might be quoted in illustration of the fact that chronic peripneumony may advance till it completely obstructs a whole lung, without any sign of oppression of the functions of the lungs; and in such cases death may occur suddenly without any fresh cause appearing to act, or it may be occasioned by some other disease or agent of a different kind, such as violence. The following are examples.

A man, who, with the exception of a slight cough, enjoyed excellent health, died suddenly one night while making a slight effort; and one lung was found wholly disorganized and formed into a sac of purulent matter, which had burst into the general cavity of the pleura.† Wildberg relates a similar case which is very striking on account of the circumstances in

which it proved fatal. A woman having charged a neighbour with having pilfered herbs in her garden, an altercation ensued, which was brought to a close by the neighbour seizing her by the arms, shaking her violently, and shoving her away. She fell down, and in fifteen minutes expired. On opening the body it was found that a large vomica of the left lung had burst into that side of the pleura, and filled it with four pounds of bloody pus.* It was ascertained that the woman had an attack of peripneumony a year before, but from that time enjoyed good health, except that she complained of trivial cough and some tightness in the chest. Two similar cases are related in Sedillot's Journal by a French physician, M. Mouton. One was the case of a custom-house officer, who died almost instantly after making a sudden effort in getting on board a vessel; the other was that of a sailor-lad who was found dead in bed, having retired in good health the previous evening. In the former the right lung was one entire mass of supuration; in the latter it was almost entirely in a state of carnification. In referring these cases to peripneumony, it must at the same time be admitted that several of them may be conceived to be instances rather of chronic pleurisy and empyema, having occurred before the late improvements in the pathology of diseases of the chest had led to a more accurate diagnosis of them.

Of all the diseases, however, which are the subject of the present sketch, none are of such frequent occurrence as *organic diseases of the heart*. Diseases of the heart often exist for a long time without a single symptom to attract the attention of the patient or his friends, and often prove instantly fatal without a single precursory warning. Nothing can exceed the irregularity of the circumstances in which such diseases prove fatal. Not only may one man sustain without inconvenience an amount of organic injury which cuts short the life of another; not only may one suffer long and cruelly from the same affection in kind as well as degree, which kills another without a moment's previous suffering; but likewise one person may die of a limited extent or degree of a disorder which in another reaches an extraordinary height without giving a single indication of its presence. It is almost unnecessary to illustrate by examples statements so familiar to all practitioners. But as they are nevertheless apt to escape attention in medico-legal investigations, a few instances will be subsequently mentioned, which will at the same time place in a clear light the importance of the present description of diseases in the practice of medical jurisprudence. Meanwhile it may be mentioned that, as sudden death from latent organic affections of the heart is the most common of all the varieties of sudden death from latent diseases, so is it medico-legally the most interesting and the most important.

* Journ. de Méd. xxviii. 100.

† Dict. des Sc. Méd. art. *Mort Subite*.

* Prakt. Handbuch für Physiker, iii. 255.

It would not at first view appear probable that *pneumothorax* ought also to be enumerated among diseases of the chest which may put on a latent course and prove suddenly fatal. In the most frequent variety of it, which is occasioned by a softened tubercle opening a passage into a bronchial tube on the one hand, and through the pleura into the cavity of that membrane on the other, the progress of matters is usually marked both by the antecedent symptoms of tubercles in the lungs, and by dyspnoea and other symptoms which succeed the passage of air into the cavity, and precede the fatal termination for a considerable interval of time. But at times the antecedent symptoms of tubercles are obscure or wholly absent, and death takes place suddenly at the moment of rupture of the pleura and passage of air into its sac. The following interesting case, which occurred in 1831 in the clinical wards of the Edinburgh Infirmary under the care of Dr. Graham, establishes the statement now made. An elderly man had been six weeks ill, and during four of these in the hospital on account of a dyspeptic complaint, and never presented any symptom to draw attention towards the chest as the seat of disease. At length he suddenly complained of an uneasy feeling in the pit of the stomach and expired at once. The left lung was all studded with tubercles, so as to be almost impervious throughout to the air, and consequently unserviceable in the function of respiration; the right side of the chest was filled with air, so that the right lung, itself not very materially tuberculated, was compressed, and thus rendered unserviceable also; and the air had obviously issued from a recent ulcerated opening in the lower lobe, establishing a communication between the sac of the pleura and a considerable bronchial tube. The cause of the man's sudden death was here quite obvious; and the whole circumstances of the case prove how *pneumothorax* may be the occasion of instantaneous death where no reason existed for suspecting the presence of any of the pathological conditions in which it is known to originate.

This case leads to the observation that *pulmonary tubercles* are very frequently latent for a very great part of their progress. So long as they do not undergo the process of softening, they may gradually invade a large portion of one or even of both lungs, without occasioning any material disturbance to the general health, or even so far disturbing the function of respiration as to attract forcibly the patient's attention. Cases even occur from time to time where tubercles of considerable size have softened and suppurated without the process being indicated by the usual outward symptoms, and without any marked disturbance to the general health. These facts are so familiar to every one who is extensively engaged in practice, especially in hospitals, that it seems unnecessary to illustrate them by any examples. The writer even knew an instance where numerous tubercles, evidently old, and some of them completely suppurated, were found in the

lungs of a friend, who died of a totally different disease, namely, spreading cellular inflammation, and who till within a few days of death was much addicted to athletic exercises.

Pulmonary tubercles, which have pursued a silent course, may even prove suddenly fatal; but in such cases there is always some accessory and obvious pathological condition superadded which is the real cause of the fatal termination. One of these has just been exemplified, namely, *pneumothorax*. Another, of much more frequent occurrence, is rupture of one of the larger bloodvessels in the lungs by erosion of its coats occasioned by the proximity of a tubercle.

Diseases of the *great vessels within the chest* come under the same designation with diseases of the heart, inasmuch as their course is frequently altogether latent, and their termination in death instantaneous. But in cases of instantaneous death, the immediate cause of death is always apparent in rupture of the vessel and sudden hemorrhage. It does not appear that diseases of the great thoracic vessels are ever circumstanced as in those frequent cases of diseases of the heart, where death takes place suddenly without any discoverable accessory pathological phenomenon to explain why death occurred at the particular period, and not days, weeks; or even months before.

Of *diseases of the abdomen* there are several which may run a latent course for a very long time; but there are few which will remain latent to the last, like many of the diseases mentioned under the preceding heads.

Ulceration of the membranes of the stomach proceeding from within outwards, ulceration of the intestines of the same nature, ulceration of the gall-bladder or of the biliary ducts, chronic organic derangement of the great secreting viscera, more especially of the liver or kidneys, chronic disease of the coats of the large abdominal vessels, extra-uterine conception of various kinds, may exist for a great length of time without occasioning any characteristic symptoms, or even at times any derangement of the health at all. In general, however, as they approach a fatal termination, they develop themselves fully by their external characters. But on the other hand they frequently prove fatal suddenly, or in a much shorter space of time than usual, in consequence of some incidental pathological change being produced during their progress. Rapid death from perforation of the stomach or intestines, from rupture of one of the biliary ducts, sudden death from the rupture of a perforated vessel, or of a brittle spleen, or of an extra-uterine conception, &c. are more or less familiar illustrations of such a course of things. Of the last-mentioned remarkable and rather rare accident the following important example occurred to the writer a few years ago. The case was a medico-legal one, a judicial inspection having been ordered in consequence of various circumstances, which it is unnecessary to notice here, having led to a very

strong suspicion of poisoning. The female died of a few hours' illness, referable, as it seemed, to irritation in some organ in the abdomen. She had enjoyed good health for some time before, except that four weeks previously she had miscarried about the middle of the second month of pregnancy. On dissection the abdomen was found to contain several pounds of recently effused blood; and its source was a lacerated opening in a Fallopian conception, to all appearance in the course of the third month. The state of advancement of the ovum, the absence of the membrana decidua, and the exact correspondence in the appearances of a corpus luteum in each ovary, showed that the woman had had a twin-conception, one uterine, the other Fallopian. Another abdominal affection which it may be right to specify as occasionally assuming the latent form, is the accumulation of worms in the intestines. Intestinal worms commonly occasion characteristic symptoms; and in some instances they have been known to produce death under symptoms of epilepsy, not merely in children but likewise in adults.* But in other circumstances they have been observed to accumulate to an enormous amount without their presence being suspected till the supervention of a convulsive affection a short time before death; and in not a few instances worms have been found abundantly in the intestines, after death from some unconnected disease, although they were not indicated by any symptom during the life of the individual.

It is probable that various diseases of the spine may put on a latent course; but as the greater part of the organic disorders of this region of the body have been accurately discriminated only in recent times, facts are still wanting on the subject. Meanwhile it is well ascertained that *caries* of the bones of the spine, though in general it leads sooner or later to the production of symptoms which no observant practitioner can pass over or mistake, will nevertheless proceed at times to an advanced stage of its progress, and extend widely its devastations without any prominent sign of its presence being given forth. In one variety of it, which terminates in dislocation of the processus dentatus of the second vertebra of the neck, instant death may occur, where no suspicion existed of the presence of any disease in the actual seat of mischief. Under this head too may perhaps be arranged a very extraordinary case of sudden death related by Dr. W. Thomson of Edinburgh, where the individual, while recovering from an ordinary cold, was found dead in bed, and the only unusual appearance to be discovered was fracture and dislocation of the processus dentatus without any disease in the bones or ligaments, and without the slightest possibility of a suspicion of violence.† In cases like this it may not always be easy to feel assured that the injury was not inflicted after death in

the course of the twisting to which the neck is often subjected in opening the head.

The preceding remarks on the various diseases which may run a latent course must be taken by the reader as mere illustrations of the subject, and by no means as intended to exhaust the list. Other diseases are similarly circumstanced. But those which have been specified comprehend by far the greater number of them; and they have appeared to the writer, on reference to his own medico-legal experience, as well as to the valuable and extensive records of medico-legal cases in German and French journals, to be the most frequent and to bear the most important relations to medical jurisprudence.

The practical inference to be drawn from what has been already stated is, that, while latent diseases by occasioning sudden death frequently give rise to medico-legal investigations which are at once cleared up by the inspection of the dead body, we are not always entitled to infer in circumstances of justifiable suspicion that the discovery of such morbid appearances as indicate the pre-existence of latent disease will account for death,—that the latent disease was the occasion of death. For, during the latent period of the disease death may have arisen from a different, perhaps a violent cause. This inference is not a mere theoretical deduction, but is amply supported by facts. For example, in Rust's Magazin is related the case of an apothecary who poisoned himself with prussic acid, and in whose body the lower lobe of the left lung was found consolidated and partly cartilaginous.* In Corvisart's Journal there is a more remarkable case of a soldier who died of a few hours' illness, and whose right lung was found after death forming, it is said, one entire abscess,—the case being probably one of chronic pleurisy and empyema. Yet this man clearly died of poisoning with hemlock, of which he partook accidentally with several of his comrades; and it is not unworthy of notice, as a farther illustration of what has been said of pleurisy as a latent disease, that he daily underwent to the very last day of his existence the duties and fatigues of a military life.† In Pyl's memoirs there is a similar account of a woman who enjoyed tolerable health, and died of a fit of excessive drinking, and in whose body the whole left lung was found in one mass of suppuration.‡

One of the leading peculiarities which renders these singular cases important in a medico-legal point of view, in so far as it tends on the one hand to bring such cases forward in a medico-legal shape, and on the other to render the decision of them sometimes a matter of no small difficulty,—is that latent diseases are apt of themselves to prove suddenly fatal under the operation either of slight violence, or of the circumstances accessory to violence, such as passion, fright, struggling,

* Treatise on Poisons, p. 590.

† Edin. Med. and Surg. Journ. xlii. 277.

* Mag. für die gesammte Heilkunde, xiv. 104.

† Journal de Méd. xxix. 107.

‡ Aufs. und Beobacht. v. 103.

and the like. The following are apposite illustrations. A foreigner, who was supposed to labour under no other disease except the natural infirmities of a rather advanced period of life, quarrelled one evening with his bed-fellow, and in the course of the quarrel received but one blow, which was inflicted with a stick over the back of the hand. But he immediately fainted, and in three minutes was dead. The heart presented induration of its valves, but in particular was unusually vascular throughout its whole substance, and was covered with a layer of coagulable lymph, clearly showing the pre-existence of one of the most common perhaps of all latent diseases, pericarditis.* A more remarkable and much more difficult case occurred to the writer not many years ago. A pawnbroker who had for a long time been often and severely maltreated by his wife, returned home one afternoon very tired, and immediately afterwards was heard by a neighbour undergoing the customary domestic discipline. Fifteen minutes after he entered the house, a friend, who called for him, found him in bed in the agonies of death; and in a few minutes more he expired without having been able to answer any questions. His wife was accordingly apprehended under the charge of having poisoned him. A variety of medical as well as moral circumstances, however, precluded the idea of poisoning; and, although evident marks of the woman's violent conduct were visible in the shape of both old and recent contusions of the arms and legs, there was no indication of any violence adequate to occasion death; and the only way of satisfactorily accounting for death was by supposing, that amidst the circumstances accessory to the quarrel, he died of latent organic disease of the heart; for there was found, throughout the septum of the ventricles and extensively also in the external parietes of the heart, a conversion of the muscular fibre into a substance resembling tubercular matter. Of this disease he had not presented during life a single symptom, although he was much accustomed to active exercise.

It is plain from the whole of the preceding line of statement, that in medico-legal cases involving the question of sudden death from latent disease, something more will be necessary for elucidating their nature than the mere discovery from appearances in the dead body that a latent disease had existed. In cases of death from obscure causes, it is in general considered sufficient in ordinary practice to explain its nature, if appearances are found in some important organ of the body of a kind which clearly indicates pre-existing disease. But this loose habit of inquiry will not answer in the practice of medical jurisprudence, for the appearances may be those of a disease latent to the last, and death may have arisen from a cause of a totally different nature,—possibly from the very kind of violence which is suspected to have been applied. It is necessary therefore to obtain some further evidence of

the connexion of the morbid appearances with the fatal event, otherwise we are not entitled to say that the cause of death has been natural.

The evidence to this effect may be taken from a variety of sources.

1. The first and most satisfactory evidence is where the morbid appearances indicate that the disease has brought into action one of the proximate causes of death,—that derangements of structure or function have been induced which must have been incompatible with the continuance of circulation or respiration. Thus we can have no difficulty in pronouncing the occasion of death to have been latent tubercles, where there is found along with tubercles either apoplexy of the lungs in connexion with an opening in a large vessel, or pneumothorax attended with the peculiarities mentioned in a preceding part of this article. The cause of death is equally clear where chronic disease of a large vessel has been brought to a close by perforation of its coats and the discharge of several pounds of blood into the chest, or where latent disease of the heart has terminated in effusion of blood into the pericardium and stoppage of the heart's action by mechanical pressure. It is not often, however, that evidence of the kind now referred to can be obtained. It happens much more generally that morbid appearances, which in ordinary professional language are said to be sufficient to account for death, are nevertheless such both in kind and degree as indicate an amount and progress of disease which numerous facts have proved to be quite compatible with the further maintenance of life, or even with apparently good health.

2. The next kind of evidence is furnished by certain peculiarities in the morbid appearances, which, though not, according to our knowledge of the animal functions, incompatible with the continuance of life,—and not indicating that any of the proximate causes of death has been brought into action,—nevertheless are known by experience seldom or never to occur except where death does immediately or speedily follow. Thus, where in a case of sudden death, the circumstances immediately antecedent to which are unknown, a recently completed perforation of the stomach or intestines be found, or a rupture of the gall-ducts or gall-bladder, and effusion of the contents of the ruptured organ into the peritoneum, death from this concatenation of causes may be safely inferred. It further appears from various cases, of which a few have been related above, that the same inference may be drawn where an extensive abscess of the lungs seems to have just burst into the cavity of the pleura through the investing membrane of the lungs. We cannot exactly say why death should supervene rapidly in such circumstances; for it often ensues long before inflammation can arise in the membrane with the surface of which the foreign fluid comes in contact; but the fact is undoubted that speedy death is almost invariably the result; and this fact may fairly be made the basis of induction where the circumstances preceding death are un-

* London Medical Repository.

known or doubtful, and an opinion must be formed on morbid appearances alone.

It would be a matter of very great importance to discover some peculiarity, of the kind we are now considering, in the instance of cases of sudden death from latent diseases of the heart. No species of sudden death is more common; yet pathologists have not yet furnished any explanation of the immediate cause of death. Does it arise from sudden paralysis of the heart, or from spasm, or sometimes from the one, at other times from the other,—from excessive gorging of the heart's cavities, or from the blood not being supplied in sufficient quantity? Or, leaving these questions in pathological physiology, by what characters, either in the morbid appearances or in the circumstances collateral to them, such as the state, quantity, or seat of the blood, may it be ascertained that an organic affection of the heart, presented to view in a case of doubtful or suspicious death, has or has not been the occasion of death? This query may probably receive a reply after a more careful examination of the appearances where death has unequivocally been produced by disease of the heart; but at present it must remain unanswered.

3. Another description of evidence by which death may be presumptively connected with morbid appearances found in the body where the cause of death is obscure, is derived from the occurrence of symptoms immediately before death which correspond with the appearances discovered. Thus, where an individual dies under symptoms of sudden dyspnoea, and an extensive chronic pleurisy or peripneumony is found in the dead body, death is clearly to be referred to the latent disease. The same inference is allowable where symptoms of fainting precede death, and the appearance found is organic disease of the heart, or where coma and convulsions immediately precede dissolution, and supuration and softening of the brain, or the traces of chronic meningitis, are discovered. In many cases of this kind, however, regard must also be had to the particular species of violent death which may happen to be suspected; because it may be that the symptoms antecedent to death are common both to the natural and the violent cause.

4. Hence in many instances, before inferring death to have arisen from a latent disease of which the traces are found in the dead body, it is farther necessary to determine by as many proofs as the nature of the case will supply, that violence is improbable, if not out of the question,—and in particular that the circumstances will not bear out the suspicion of the particular kind of violent death which is imputed. It is seldom that cases occur where this cannot be done, provided a skilful use be made of those mixed medical and general circumstances which no one but a medical man can properly collect or appreciate, but which at the same time it is right to observe that even medical men are apt to overlook or mismanage, from insufficient acquaintance with the principles of medical jurisprudence. This observation applies with peculiar force to that very common class of

medico-legal cases where extraneous circumstances, in the instance of sudden death from latent disease, have given occasion to a suspicion of poisoning. A skilful toxicologist, who is also a medical jurist, will almost always discover proofs enough to decide the question of poisoning.

5. Additional information, by which much light may be often thrown on medico-legal cases involving the question of sudden death from latent disease, is derived from attending to the collateral conditions under which latent diseases are usually observed to prove suddenly fatal. These conditions are at least three in number. Many cases of latent disease have their symptoms first developed, or even prove suddenly fatal, during the additional constitutional disturbance occasioned by a fresh disease. Thus it is not unusual for death to take place suddenly in the early stage of convalescence from other diseases. A few years ago a convalescent in the Royal Infirmary, an athletic young man, who was recovering from a slight attack of fever, followed by a relapse, suddenly called aloud for help, dropped down deadly pale, and died apparently in a faint; and on dissection there was found considerable enlargement and hypertrophy of the heart, with complete adhesion of the pericardium. This is a single characteristic instance of an incident by no means uncommon in hospitals. A second still more common circumstance which concurs with sudden death from latent disease is some unusual or violent exertion. Several of the cases mentioned above in illustration of various general facts will likewise illustrate the present statement. The two following, which are related by Lancisi, are also excellent additional examples. A corpulent footman, liable to occasional dropsy of the legs, unequal pulse and uneasy breathing, dropped down dead one day while running after his master's chariot. The heart was much enlarged, particularly the right ventricle; and the left ventricle, usually empty of blood after death, was found much distended, as if it had been unable to expel the blood which was transmitted to it.* Another footman, subject to palpitation and difficult breathing, yet so little incommoded as to be able to run habitually with his master's chariot, died suddenly after coition; and Lancisi found the heart enlarged to a size exceeding that of an ox. A third condition in which latent diseases have been known to prove suddenly fatal is during some violent emotion of the mind. This circumstance is even sufficient to occasion death, where the immediate cause of that event is some new accessory derangement of structure incompatible with the farther maintenance of life. It is a common cause, for example, of rupture of the great thoracic vessels. An interesting medico-legal case of this nature has been related by the late Professor Chaussier. Two men, who had been long on bad terms with each other, met one day in the street, when one of them, who was on horseback, struck the other across the shoulders with a whip. The man

* De Mort. Subit. i. 46.

who received the blow immediately pursued the rider in a tempest of passion; but he had scarcely advanced a dozen steps when he dropped down, muttered a few indistinct words, and died. Many people witnessed the affray, and they all believed the deceased had been killed outright by the blow. But on the body being examined, no outward mark of injury could be seen; and it was subsequently found that an aneurism of the aorta had burst into the cavity of the chest. It is plain from the case formerly noticed of sudden death from latent pericarditis during a quarrel, as might likewise be reasonably inferred from physiological considerations, that latent diseases may prove suddenly fatal during violent emotions of the mind, even though no new accessory pathological injury be occasioned.

The general result of the observations on the present head of evidence seems to be, that any circumstance which produces either sudden violent excitement or sudden violent depression of the circulation may cause instant or speedy death, where extensive organic derangement has accumulated silently in any of the important organs of the body.

By attending to one or other or several of the criterions now laid down, it will seldom happen but that an opinion, strongly presumptive, if not even positive, may be formed on the question of the cause of death in the cases which are the subject of the antecedent comments. In some instances, however, this is impracticable; and an excellent illustration is the singular case noticed above of instant death after a blow where there was extensive serous effusion into the ventricles, the effect probably of chronic latent meningitis. The circumstances of death were conformable with the idea of sudden death from violent passion operating on a frame already brought to a peculiar condition by latent disease; for it was proved that the old man was in a state of high-wrought passion in consequence of the misconduct of his son. But it may also be readily conceived that a blow on the head might have the same effect, though quite insufficient to occasion such a result in ordinary circumstances. The prisoner was found guilty of culpable homicide and transported for life.

(*R. Christison.*)

LIVER, DISEASES OF.—The liver, in common with other organs, is liable to certain morbid changes of structure usually designated “organic disease.” The application, however, of the epithet “organic” has been neither very precise nor correct; for it is used to express every description of alteration, from simple congestive tumefaction to complete disorganization or alteration of structure or tissue. In the present article we purpose to consider the diseases of the liver (hepatitis excepted) and its membranes, and the general effects of them upon the economy at large. Many of these are purely the effects of inflammatory action of some kind; many the result of morbid growths or accretions, and present morbid changes of structure induced by causes the

nature and operation of which are not satisfactorily ascertained. These affections may be arranged under two general heads or divisions, namely, those affecting the investing membrane, and those affecting the more immediate substance of the liver.

1. *Diseases affecting the investing membrane of the liver.*

The diseases affecting the investing membrane of the liver are mostly the result of inflammatory action. Inflammation, when confined to the membrane, is generally also confined to the anterior or convex covering. Sometimes, however, it occupies those portions in contact with the stomach and duodenum. The effect is a layer of coagulable lymph. This layer gradually concretes, becomes more or less organized, and firmly attaches the peritoneal covering of the liver to the contiguous parts, producing what are termed “adhesions.” In some cases the adhesions are so generally diffused over the whole surface, and the contiguous membranes so closely united, as to seem one simple but thickened membrane, nor can the separation be effected without sufficient violence to lacerate the original membranes, and separate them from their natural connections. More frequently, however, these adhesions are formed by membranes of considerable length, in many instances resembling the processes known more commonly as “the ligaments of the liver.” The substance of these adventitious membranes varies in different cases; in some it is extremely delicate, pellucid, transparent, and beautifully interwoven. In others it is much denser and firmer, and frequently crossed or intersected with strong, inelastic, ligamentous-like bands. The author has now in his possession a membranous connexion of this sort, about five inches in depth, and which is traversed on each side by strong unyielding bands of this description several lines in thickness.

In many cases the membranes present no appearance of unusual vascularity; but it not unfrequently happens that the whole surface is covered with minute vessels, intersecting each other in every possible direction. These vessels are sometimes of a bright vermilion, sometimes of a purple colour. In such cases these adventitious membranes are in a state of inflammation, and give rise to all the local symptoms of severe inflammation of the contiguous viscus, without the constitutional excitement so invariably accompanying a true phlegmasia. It may be as well to explain the nature of symptoms which frequently prove embarrassing to the practitioner.

These connecting membranes, being of foreign origin and the production of disease, are not so intimately connected with the system as those which are more immediately and essentially parts of the natural organization, and exert no direct influence upon the animal economy. Consequently, when diseased or inflamed, they become mechanical sources of impediment, rather than causes of constitutional derangement. Like all other organized parts, they exhibit sensibility and all the other

manifestations of vitality, but still the sensibility is probably much inferior to that of the essential organizations; or, at all events, from their loose connexions, and the total absence of all functional contribution, they do not appear capable of influencing the economy, like the other parts, more intimately connected, when labouring under disease. It is obvious that the treatment will consist in mere local measures, such as leeching, cupping with scarification, blistering, &c. Dry cupping is often very efficacious in such cases.

Sometimes the coats of the liver are converted into cartilage. Dr. Baillie, however, states that this happens much more frequently in the spleen than in the liver. The cartilaginous conversion is generally smooth, thin, and soft in its texture. Sometimes small fat-like excrescences are observed upon the surface of the peritoneal covering. They vary in size, from that of a pin's head to that of a pea. They often partake of the character of tubercular accretions, and their consistence varies from a mere pulp to a hard fatty mass. They are not important in a practical point of view.

II. *Diseases of the liver.*

The diseases of the liver may be divided into those affecting its immediate structure and those affecting its appendages.

Morbid anatomy of diseases of structure.—

A very common effect of previous disorder is preternatural evolution of volume from simple tumefaction. It is the consequence of an unnatural accumulation of blood in the vessels of the liver. It is that condition described by the French writers under the term *hyperæmia*, and may be either general, that is, pervading or occupying uniformly the entire of the organ, or more partial in its extent. When general, the liver presents a degree of redness uniformly diffused throughout. Its volume is considerably enlarged, but of the natural consistence; and its absolute weight, as well as specific gravity, is increased.

If an incision be made into a liver in this condition, black fluid blood flows out very abundantly. It often happens, however, that the *hyperæmia* is more partial, appearing in distinct patches, and forming red spots, varying both in figure and extent, in different parts of the liver. These spots are rendered more conspicuous from the contrast presented by the surrounding paler parenchyma. The colour arising from *hyperæmia* will vary according to circumstances. In some instances it assumes a dull brick red; but in most cases it is of a reddish purple, which is readily reconcilable with the sources of supply.

Andral asserts that *hyperæmia* is of three kinds. The first he considers as arising from irritation, which may be either idiopathic or sympathetic of—"subsequent to"—a similar affection of the alimentary tube. The second description he considers to be wholly of a passive nature, the blood accumulating in the parenchyma, exactly as it accumulates in the gums in scurvy. The third kind he looks upon as purely mechanical, arising from ob-

struction of some description or other in the right side of the heart; "the blood then stagnates in the supra-hepatic veins and obstructs the liver."*

The same authority asserts that "congestion of the liver from a mechanical cause" often takes place in infants during parturition. Such infants have the liver so gorged with blood, that the vessels give way, and the blood is extravasated under the investing membranes on the anterior or convex surface. M. Billard states that effusions of blood into the cavity of the abdomen, in consequence of such a turgid condition of the liver, are by no means uncommon.

Hyperæmia may be considered as comprehending several distinct varieties differing as to their seat and nature. It may take place, for example, in the larger vessels, producing that species of plethora more properly designated *engorgement*. In this species the larger arteries and veins are preternaturally distended; and the flow of blood on section of the substance will be immense. It may also be complicated with a sub-inflammatory condition of the vessels, particularly of the veins.

When we consider the peculiar character of the circulation through the liver, and the nature of the vascular structure by which the function of the organ is performed, we can have no great difficulty in understanding the subacute character of the symptoms even of what may be termed the more active diseases of the organ. The function of the liver, contrary to that of most other organs, is performed through a venous rather than an arterial tissue; and hence almost all the diseases of the liver manifest the congestive or the veno-congestive character; that is, symptoms are either almost altogether absent, or they are of the more obtuse description. Very often in the congestive affections there is no obvious manifestation of disease, till the liver has acquired a volume incompatible with the space naturally assigned for its accommodation; and the attention of the patient is attracted, not by the primary affection, but by the secondary ones.¹ But when the disease partakes of the nature of veno-congestive inflammation, then we find those subacute symptoms characteristic of this species of inflammatory action—such as dull pain, a slightly excited circulation, and the other symptoms of constitutional participation.

The inflammatory affections of the liver are always more slow in their course, and their terminations, unless by resolution, are more protracted. Hence suppuration, abscess, &c. are much longer deferred than in organs the structure of which renders them liable to real inflammation. Upon these principles we can understand, or at least plausibly account for, the utility of mercury in the early periods even of what are named inflammatory affections of the liver. They are all mostly of the congestive or veno-congestive character, and mercury seems to exert a specific exciting influence

* Vol. ii. p. 588.

upon those parts of the vascular system which are more especially the seat of such congestions.

The structure of the liver is found to consist of two substances: one apparently formed by the ramifications of its capillary vessels, presenting a reddish appearance; the other a yellowish white, and which is supposed to be chiefly concerned in the secretion of the bile. Although these two substances are in the natural state distinct, yet some care is necessary to prevent their being confounded. In engorgement, however, they are not to be distinguished, and consequently a uniform redness—purplish redness—pervades the entire viscus.

The blood sometimes escapes from the vessels and is effused into the parenchyma, producing a species of bloody infiltration, named by the French writers *hepatic apoplexy*. Sometimes it arises from the rupture of a single, but large vessel, distributed in the liver. In other instances there is no perceptible rupture of any of the vessels; but spots are perceived dispersed in various parts throughout the organ. These spots, on being examined, are found to consist of blood, either in the fluid state or coagulated. Andral relates an instance in which, besides various collections of fluid and semi-coagulated blood, there were found some spots of a firmer consistence, in the centre of which were several fragments of hardened fibrine deprived of the colouring matter. The examination of this condition induced him to investigate the question, whether fibrine thus deprived of its colouring matter might not be the origin of certain accidental productions, encephaloid and others, frequently found in the liver; a conjecture in which he was confirmed by the examination of another liver, in which he was able to trace the different changes of the blood, from its perfectly fluid state till it passed into a substance resembling precisely the encephaloid in all its characters.* Cruveilhier states that the first degree of hepatic phlebitis is often a circumscribed infiltration of blood into the tissue of the liver.†

Anæmia is a condition directly the reverse of the foregoing, in which the viscus does not receive its due proportion of blood. This, however, more frequently arises from some morbid condition of the organ diminishing or obliterating the calibre of its vessels, as induration and various other organic changes. If, for instance, the white substance of the liver be preternaturally developed, the red remaining either in its natural condition, or becoming altered in its colour, while its bulk diminishes, as the red part wastes, it becomes less vascular; condensation takes place; it is converted into a species of cellulo-fibrous tissue, and the vessels are obliterated.

Derangements of the nutritive functions.—

The process of nutrition and growth is subject to morbid derangements in the liver as well as in other organs; and in fact there are, perhaps, but few parts of the animal body in which such derangements are so frequent. They are not only very various in their nature, but give rise to various and frequently very opposite results.

Hypertrophy of the liver is a condition in which its volume is increased. This condition may be confounded with simple hyperæmia, in which the bulk is also increased; but they are affections of a very different character, the one being a preternatural accumulation of blood in the vessels; in the other the increase of volume depending upon the preternatural development of substance.

The hypertrophy may be general, that is, the entire structure hypertrophied; or it may be partial, confined to particular portions of the structure. The organ also may present various appearances as regards colour, consistence, and form. It may be pale, or red, or of various other tints, as green, grey, or brown, this last in parts degenerating into complete black. The consistence may be either increased or diminished: it may be firmer and harder, having a denser and more solid feel; or it may be softer and more approaching to flabby. If the hypertrophy be equally and uniformly diffused, the change of form will be simply enlargement. But in some instances the hypertrophy is partial, and one constituent may be hypertrophied, while the other remains in the natural state, or even runs into atrophy. This may give the liver “a lobulated, mamillated, or granular appearance.”*

Hypertrophy may also be considered in reference to extent. Thus it may occupy the whole of the liver, or only one or more of its lobes. When one lobe only is hypertrophied, it appears to constitute the entire of the organ, the remaining parts appearing more like appendages. When the right lobe is extensively hypertrophied, the left seems quite diminished, or to have nearly vanished. In the case of hypertrophy of the left lobe, the right seems to have diminished in size. The hypertrophy of the right lobe is sometimes such as to cause it to project considerably below the ribs, and in children sometimes to extend nearly to the ileum, occupying the whole lumbar region and a great portion of the epigastrium. When the hypertrophy exists in the left lobe, it will often extend into the left hypochondrium, and not only may be, but has been mistaken for an enlarged spleen. More frequently, however, it occupies the epigastrium, and the practitioner should be aware of this fact, because such projections, by careless or hasty observers, may be mistaken for gastric tumours, or for diseases of the transverse colon.

The lobulus Spigelii, it has been asserted, is found frequently enlarged. More modern observation, however, has not confirmed the assertion. It certainly is sometimes enlarged,

* Vol. ii. p. 589.

† Dictionnaire de Médecine et de Chirurgie, t.viii. p. 326.

* Andral.

but it does not appear that it is often found in a state of isolated enlargement.

According to Cruveilhier, a considerable development may arise from accidental productions found in the substance of the organ. But this is not hypertrophy properly so called. It is not uncommon, however, to observe such tumours accompanied with a true hypertrophy of the tissue of the liver itself; so that there is at the same time with adventitious tissues an augmentation of the proper substance of the organ. In other cases the liver is the seat of an extravasation, from which results a pure and simple augmentation of volume without any alteration in its substance.*

In the fœtus, and for some time after birth, the liver maintains a volume very disproportionate to that which it subsequently preserves. As age advances, the size of the liver comparatively diminishes, and it appears much reduced; it is consequently retracted, or rather drawn upwards, and its edge can be no longer felt projecting below the margin of the ribs. This is the natural condition; but in some cases this natural reduction in volume is so far from occurring, that the growth increases, and the liver becomes still more disproportionately enlarged. Thus the hypertrophy may continue progressively after birth, or it may cease for awhile; and the liver, after having retired nearly within its boundaries, will suddenly, and without any manifest cause, continue to increase, until it arrives at an incredible and most distressing size. This state of the liver is very often merely one of that combination of perversions in the nutritive functions which together constitute the scrofulous diathesis.

Atrophy is the directly opposite condition of that just considered. Atrophy, though generally accompanied with reduction in volume, yet is not necessarily so. It may extend to all the lobes, or affect only one. Like the preceding condition, it may also be attended with induration or softening.

Though generally attended with a diminution of size, yet an augmentation of volume is by no means incompatible with an atrophied condition. Sometimes the size of the organ, though atrophied, exceeds the natural, and the atrophy consists in the removal of the proper tissue, cellular tissue being substituted in its stead. In these cases there is a defect in the organization, and the structure, as it were, reduced to its primitive frame-work, presents extensive patches of cellular tissue. This tissue is sometimes formed into serous, or contains hydatids, or it may become hypertrophied; which, it is argued, so far from implying an increase of organic action, rather indicates a deficiency; the tissue, being unequal to the production of the true parenchyma, degenerates into a serous cyst. The atrophy may be partial, and then the glandular grains which have not been atrophied become enormously developed, to supply, as it were, the deficiency caused by those which have been removed.

Cruveilhier states that he has sought in vain in the vessels of the liver, whether arterial or venous, for the cause of the atrophy of the organ. They are diminished in a ratio directly proportioned to that of the liver, but nothing tends to show that this diminution has been a primary operation.*

Atrophy of the liver is observed in a great variety of circumstances. In some cases of retention of bile in consequence of the extreme distention of the hepatic ducts, the liver has been reduced to half its natural size. In indurations, too, it has appeared atrophied, so that its glandular structure was hardly to be recognised.

The partial atrophy seems in general to arise from pressure upon the liver, either by tumours found in the immediate neighbourhood of the organ, or from those formed in the substance of the viscus itself.

Induration.—This state may exist simply, or combined with hypertrophy or atrophy. The colour varies, being either a purple or lighter red, or grey olive or brown. On cutting into a liver in this condition we observe no peculiarity of structure, but it appears rather a confused and undefined mass. The surface of such livers not unfrequently presents the appearance of membranous threads, of a radiated figure, the lower edge bent a little forwards. Baillie considered this the first step in the formation of the common tuberculated liver. He observes, "I have sometimes seen very small tubercles formed upon a part of the surface of such a liver, which were exactly of the common sort. From this appearance it is probable that additional matter is deposited in the interstices, through the general mass of the liver, rendering it much harder, and that this matter, together perhaps with part of the ordinary structure of the liver, is converted into tubercles."†

Cruveilhier has often found indurated livers of a green olive colour, of great density, tearing or giving way with extreme difficulty, and of a volume less than in the natural state. The glands appeared atrophied, and the fibrous envelope of each granulation thickened. In place of bile, the biliary vessels contained a kind of serosity tinged of a bright yellow. In a patient who died, after a tedious green jaundice, in a manner similar to those who die of cancer in the liver, the only alteration discoverable on dissection was that above described. By far the greater proportion of indurations of the liver are accompanied with a diminution of its volume.

Softening.—This condition is said to be as common as the foregoing, which, however, does not accord with the writer's experience, at least among the troops; still it must be allowed that softening is a very frequent morbid condition. There seem to be two degrees of it: in the one the softened consistence is not perceptible unless it be compressed between the fingers; it

* Loc. cit.

† Morbid Anatomy, c. ix. Diseased Appearances of the Liver.

* Dict. &c. p. 326.

then readily gives way, becoming a kind of pultaceous mass.

In some cases the liver is so softened that it is impossible to detach it without tearing it into shreds; and when the peritoneal covering and proper investing membrane are broken, they reduce to a sort of brownish yellow pulp. This alteration has been looked upon as cadaveric, a view, however, which appears to be unfounded. The liver itself appears a kind of pulp deprived of every semblance of organization. It has no fetid odour. When put into water, an immense number of small yellowish granules appear. These are quite distinct, seem as if dissected, and resemble the small seeds which present in dried grapes or raisins, attached to the large vessels by vascular pedicles. In the other the softening appears evident to the eye, and somewhat resembling that acquired during long-continued maceration. The vessels, or at least the extreme branches, seem to float in a reddish or greyish-looking pulpy mass, and which seems to be nothing more than the dissolved parenchyma.

The colour is in some instances natural; if, however, there be hyperæmia, the colour will be purple or brown, but it frequently happens that in consequence of some modification of structure, the colouring matter of the blood cannot penetrate the tissue, and it appears remarkably pale. In such cases the only traces of blood are confined to the large vessels.

Baillie, under the head of softened substance of the liver, states that it is found much more flaccid than natural, without any other appearance of disease. It feels as soft as the spleen to the touch, and is then mostly of a leaden (qv. purple) colour. This change he considers must arise from a process similar to what Hunter named "interstitial absorption," the absorbents removing insensibly the very minute parts of structure without ulceration. This state he looks upon as mostly confined to advanced age, being rarely, if ever, found in very young persons.

Tubercle of the liver.—Baillie notices several forms of tubercle in the liver; such as common tubercle of the liver, large white tubercle of the liver, soft brown tubercle, and scrofulous tubercles.

Common tubercle is confined to persons of middle or advanced age, being very seldom met with in young persons. It is likewise more common in men than in women, and more apt to occur in persons addicted to spirituous liquors. Baillie describes such tubercles as near each other, of a rounded form, and giving an appearance of irregularity to the surface. They consist of a brownish or yellowish white solid matter. They vary in size from that of a pin's head to that of a hazel-nut, some of them even exceeding this. The liver is in such cases indurated, and its lower edge bent a little forward. The liver itself is of the healthy size, or sometimes smaller, and on section of the substance the patulous vessels seem reduced in their calibre. The colour of the liver is yellow, which is attributed by Baillie to the accumulation of bile in its substance; and as this con-

dition is almost uniformly accompanied with ascites, the fluid accumulated in the peritoneum is almost always tinged yellow, from mixture with bile. The gall-bladder is described as being much contracted and white, from being empty. The bile, it is asserted by the same authority, from the pressure of the hard liver upon the *pori biliarii*, does not reach the ductus hepaticus, and consequently cannot pass into the gall-bladder. Permanent jaundice is also established, because it depends upon an unchangeable morbid condition of liver. When the jaundice has continued for a considerable time, the blood in all the bloodvessels of the body is found either not coagulated at all, or very imperfectly so; and this is attributed to the chemical influence of a mixture of bile with the blood. This is the appearance of what is named "scirrhus liver;" but it bears only a remote similarity to scirrhus as it appears in other parts of the body.*

Large white tubercle of the liver.—Under this name Dr. Baillie describes hard white masses sometimes formed in the liver, varying in size, being in some cases considerably larger than a chesnut, and in others a good deal less. They are more numerous near the surface than in the middle of the substance. They are in clusters, with the healthy structure interposed; are of a firm consistence, and constituted of an opaque whitish substance; they are hollow, or depressed upon their outer surface; and the liver is generally enlarged.

This form seems to be generated round the bloodvessels, as appears from making sections. It may or may not be attended with ascites. Sometimes bile is accumulated, tinging the substance of the liver, the colour remaining natural between the tubercular masses. Dr. Baillie asserts that he has observed a sort of pus lodged in these tubercles very much resembling that from scrofulous sores; and he therefore concludes that this species may be of a scrofulous nature.

Soft brown tubercle.—These generally consist of a soft, smooth, brownish matter; are about the size of a walnut, and mostly occupy the surface of the liver. They are a rare form.

Scrofulous tubercles.—Tubercles resembling those found in the lungs of scrofulous or phthisical patients, are said to be occasionally found in the liver. They are said to resemble them precisely, except in being a little browner in colour. They are dispersed and solitary, and do not give that irregularity of appearance attendant on the other forms.

The liver in children is frequently found in a tuberculated state. The tubercles are about the size of a millet-seed, hard and semitransparent, so as to be sensible to touch as well as sight from their density, but yet would escape a careless observer.

Such are the forms and varieties of tubercle enumerated by Baillie; but there is reason to believe that the nature of these appearances was not thoroughly understood in the days of that highly distinguished anatomist.

* Morbid Anatomy, c. ix.

It has been already observed that the structure of the liver consists of two distinct substances; the one a reddish purple, formed by the capillary ramifications; the other of a whitish or yellowish colour, and which seems to be the part which secretes the bile. In the natural state these two substances are distinct, but an excess of blood destroys all distinction. On the other hand, a deficiency of blood renders the yellow substance more distinct and evident; and the privation may be such that the reddish substance may be deprived altogether of colour, and the liver assume a whitish tinge throughout its entire substance.

This appearance may be very much modified as changes predominate in the texture of the parts forming the hepatic mass. The yellowish substance may become hypertrophied, and this admits of various degrees. In one kind the substance is marked by the transit of whitish lines; in the other it is granulated; and these granulations, whether isolated or agglomerated, assume the appearance of yellow wax. These granulations Laennec considered as an accidental (adventitious) tissue generated in the liver, and named it from its colour and appearance, "*cirrhosis*." He also asserts that what he terms cirrhosis is accompanied by a shrivelled state of the organ; and it is almost always accompanied by ascites.*

Cruveilhier, who has given an excellent plate of this condition,† has examined and described its minute anatomy very attentively and accurately. He found the liver reduced to about a third of its ordinary weight and volume: the right and left lobes nearly equal in size, but remarkably altered. This double character, diminution in volume and change, is a very constant occurrence in these affections. The tissue also denser than is natural.

The surface of the liver is not smooth, but roughened by a number of granulations (tubercles), between which there are depressions, wrinkles, and thickenings, and the organ might be said to be dried up and, as it were, withered, its investing membranes irregularly thickened, and opaque in many parts. Cartilaginous laminae were found upon the inferior surface of the left lobe, and which were part of the peritoneum.

The colour is yellow, varying from a bright or canary to a brown yellow, depending upon the fluid with which the tubercles are penetrated. These tubercles, if squeezed upon white paper, tinge it yellow. The quantity of colouring matter, though various in the different tubercles, seemed in direct proportion to their size. The bloodvessels traversing the tissue were found healthy, but the blood which they contained was serous (watery); the biliary ducts and the gall-bladder full of a yellow bile, more or less inspissated.

On removing the investing membrane, which was done in several places, the tubercles were

found to differ in size; and some, of the size of large peas, had a number of others beside them of the size of millet-seeds; and this gave the irregularity of surface to the liver. Each tubercle was found to be perfectly distinct and unconnected with the neighbouring ones, was provided with its own proper membrane, and was connected with the liver only by a mere vascular pedicle.

On a section of the liver these observations were confirmed; that is, the separate existence of the tubercles and their colour. But farther, it demonstrated that there existed, independently of the tubercles, a very dense fibro-cellular tissue, altogether foreign to the natural state. A section of one of these tubercles, examined by the microscope, presented precisely the same characters as the section of a healthy liver, namely, a spongy tissue analogous to the pith of a rush.

On examining into the characters of these tubercles, they seem to be nothing more than an unnatural development of one structure at the expense of the other—"une dissociation des deux éléments naturels de cet organe: les masses jaunes, fauves, constituant le tissu accidentel appelé *cirrhose*, ne sont autre que les granulations sécrétoires, se désorganisant graduellement par l'effet de l'oblitération du lacis vasculaire, et de l'obstacle à la circulation hépatique qui en résulte."* The examination also proved that nothing more is necessary to give a tuberculated appearance to the liver than an unusual development of the acini, and hence it is unnecessary to suppose the production of a new tissue to account for the phenomenon.

Tubercles in the livers of adults are very rare, and Cruveilhier asserts that he never met with them in the numerous cases of pulmonary and abdominal phthisis which he has had occasion to examine.† He states that he has seen the liver of an individual full of tubercles, each formed by a dense cyst containing a drop of pus; at the same time there were a great number of calculi in the biliary passages. The small multilocular or unilocular cysts formed by the roots of the excretory biliary ducts are often confounded with and mistaken for tubercles, when containing small calculi, or a liquid tinged with the bile. Cruveilhier has very often met with this kind of alteration in both the livers of newly born children and in adults.‡

Erectile tumours of the liver.—Cruveilhier describes an affection of the liver in which the tumours resemble the tissue of the corpus cavernosum penis. They are very common not only in the liver but in other organs. Sometimes they are solitary, sometimes numerous. They appear to be formed of a greater or less mass of granulations, and are capable of an indefinite increase. In one instance, in the

* Mémoire par M. Bonillaud inséré parmi ceux de la Société Médicale d'Emulation, tom. ix. p. 176.

† "Les tubercules du foie sont très rare chez l'adulte; je ne les ai jamais rencontrés dans les cas nombreux de phthisie pulmonaire, de phthisie abdominale, que j'ai eu occasion d'examiner." Dictionnaire de Médecine et de Chirurgie, tom. viii. p. 329.

‡ Ibid. p. 330.

* See Baillie on the common tubercle of the liver.

† Anatomie Pathologique du Corps Humain, 12e livraison, planche 1re.

centre of the tumour there was a mass of fibrous tissue, from which prolongations extended, which in their growth passed in all directions. In another instance a carcinomatous tumour accompanied the erectile.*

Flaccid liver with reddish tumours is a state noticed by Baillie, in which the liver is unusually flaccid, and studded with large reddish soft tumours, containing a thick pus. They were found in a person presenting the leading characters of the scrofulous diathesis. He considers them as in some measure analogous to fungus hæmatodes.

Fatty liver.—This is a condition more common in the lower animals than in man. While a fatty or adipose state of the other organs and the muscles in particular seems to be the last stage of atrophy in them, the same appears to be the last stage of hypertrophy in the liver. The fatty liver in the human subject never assumes that complete adipose transformation induced in the livers of geese, ducks, &c. by the agency of the most absolute rest or inactivity, darkness, and the artificial ingestion of an immense quantity of alimentary matter. The liver, however, in the human subject undergoes, to a limited extent, a true fatty transformation. The discoloured liver observed in cases of phthisis is frequently confounded with the true fatty transformation; but chemical analysis disproves this opinion, by shewing that the fatty material does not exceed the proportion naturally belonging to the normal condition of the organ.

Phlebitis of the liver.—This affection is frequently a consequence of inflammation of some of the other veins. It frequently follows large wounds or surgical operations, and is thus not unfrequently an antecedent to traumatic abscess. Cruveilhier asserts that he has often induced it by the injection of irritating agents, into either the general venous system or into that of the vena portæ.† The circumscribed inflammations of the liver consequent upon phlebitis present every degree from the red induration to the actual formation and collection of pus. It has also been caused by inflammation of the hæmorrhoidal veins. Thus Cruveilhier relates an instance in which long-continued, violent, but ineffectual efforts to reduce an old prolapsus ani produced so much irritation of the rectum, that inflammation of the hæmorrhoidal veins succeeded, which extended to the veins of the liver, and terminated in a number of abscesses, both superficial and deep-seated, in this organ. The phlebitis may be confined wholly to the capillary system, as it may at the same time occupy both the large veins and the capillaries.

Cysts are often observed in the liver, of which the causes are various.

Hydatids are very often seen in the liver, and are mostly contained in a cyst. The cyst is formed of dense, firm, unyielding material, something like leather or fibro-cartilage. It is generally laminated. The laminæ are com-

posed of white matter; and the cavity is sometimes divided by a partition formed of the pulpy substance lining the laminæ.* The cyst may contain a single hydatid, or they may be numerous.

The hydatids are found loose in the cavity, and floating in a clear transparent fluid. They appear like small, rounded, sometimes oval-looking bags, which are said to consist of a white semi-opaque pulpy matter, containing a fluid capable of coagulation.† In an examination of a liver containing a cyst full of hydatids, which occupied more than three-fourths of its volume, leaving but a small portion of the right and left lobe free, the writer found the hydatids perfectly transparent and pellucid. In this case the liver was reduced in size, and the emaciation and contraction of the intestines was such that the bodies of the vertebræ could be distinctly felt through the abdomen and counted. It might be almost truly said that the peritoneum lining the anterior muscles of the abdomen, rested upon the bodies of the vertebræ.

In some cases the colour is of a lightish amber. The bag in which the hydatid is contained seems to consist of two laminæ, and to possess a contractile power. The larger hydatids are occasionally found to have smaller ones attached to them. In some cases the hydatids are connected, and even found to enclose each other like a set of pill-boxes; in other instances they are distinct and unconnected.

Hydatids are generally found occupying the substance of the liver, but occasionally they are attached merely to the outer surface, hanging pendulous into the cavity of the abdomen.

Cruveilhier‡ describes a curious instance of ascites, anasarca, and icterus with “deux kystes acéphalocystes du foie.” The patient, a man of thirty-eight years of age, and vigorous constitution, had been wounded, in 1814, in the epigastrium by a musket-shot. About the year 1828 he was troubled with vomitings, and with pains in the stomach, every fifteen days, and which had commenced about a year after his accident. He was bled, and leeches were applied, with other treatment. Scarifications were made on the extremities, subcutaneous inflammation followed, and he died comatose.

On opening the abdomen, instead of peritonitis, as was anticipated, nothing but a citron-coloured fluid appeared. The liver presented a singular appearance. The antero-posterior diameter equalled the transverse and the vertical very nearly the same at the right as at the left extremity. The left lobe was atrophied, and the surface of the liver shrivelled, and roughened by granulations of unequal volume and differing in form. There were two large fluctuating tumours, one on the right and the other on the left. Superiorly they did not extend beyond the level of the organ; but inferiorly the left formed a kind of spheroidal bulging of considerable size. Both tumours pre-

* Ibid.

† Ibid.

‡ Dictionnaire de Médecine, &c. p. 327.

* Baillie.

† Ibid.

‡ Planche v. troisième livraison.

sented superiorly a very bulging sort of appendix traversed by sanguineous vessels with very thin walls, and which would have soon burst into the peritoneal cavity. The cysts on being opened were found filled with a muddy yellowish fluid, in the midst of which were both entire and empty acephalocysts connected together and coloured yellow. On examining one in its perfect state there appeared some white points, like small grains of sand, more resisting than the other points, vulgarly but erroneously regarded as the germs or eggs of acephalocysts. The figures or shapes were very singular and varied, and which it is asserted the partisans of the vitality of these organized globules will refer to defects in the conformation arising from a straitened development. On examining the primary membrane lining the left cyst there were agglomerated tubercles roughening the internal surface, which might be compared to small eggs. In a portion from the right there were vesicles in clusters, some regular some irregular, and which Cruveilhier thinks we should feel some difficulty in regarding as the germs of acephalocysts ready to detach themselves.

The enveloping cyst was fibrous and a quarter of a line in thickness. The internal surface rugous, as it were torn, and studded with concretions, in some places brown, in some green, in others yellow, and in some a most beautiful orange yellow; all which shades arise from the colouring matter of the bile some way modified. These concretions, which Cruveilhier asserts he has seen several times forming a thick lining or bed similar to biliary calculi, lining the entire of the cysts, prove evidently, he says, the communication, a temporary one at least, of the cyst with the biliary tubes or canals.

The cyst was easily detached; and a loose cellular filamentous tissue connected it with the liver, to the substance of which it was attached merely by a number of arterial and venous vessels and hepatic tubes, of which a great proportion was obliterated.

The cyst of the left lobe, which extended below the level of the liver, compressed the left division of the vena portæ, which was narrowed in an extraordinary degree, to which circumstance the atrophy of the left lobe in this case is attributed. The corresponding branch was on the contrary dilated.

On examining a portion of the liver by making incisions, it was found tuberculated, the tubercles separated by interspaces of different extent. In the interspaces the liver had a fibrous aspect, and did not present, in a given proportion, above half the glandular structure belonging to the natural state.

The subcutaneous phlegmonous inflammation with infiltrated pus, occupying the lower extremities and extending to the thighs, is considered by Cruveilhier to have been occasioned by the scarification of the anasaruous extremities, and to have been the cause of the succeeding coma, and ultimately of death.

Cysts containing an earthy matter have been found in the liver. They are generally formed

of a kind of fibro-cartilaginous, dense, firm membrane. Sometimes it is partially ossified. The earthy matter is gritty, sometimes plastic, and of a whitish colour. It consists chiefly of phosphate of lime, and very probably is merely the commencement of osseous deposits in the substance of the liver.

Cysts containing worms have been said to be found in the liver and likewise in the biliary ducts. Lieutaud relates instances of this sort, but they are very rare, and the fact seems even rather doubtful.

Rupture of the liver is an injury to which it is exposed from external violence, and is an accident to which it is more liable than any other gland in the body. This greater liability Dr. Baillie attributes to two causes; first, its more exposed or rather less protected situation in thin persons, if the liver be enlarged; secondly, because its structure is such that it yields to external violence more readily than any of the others. The accidents from which such ruptures occur are heavy weights falling upon the abdomen or passing over it. The writer saw an instance of this sort at Chelmsford some years ago. A carter fell from his waggon, which was heavily laden, and the wheels passed over him in the region of the liver. He lived a very little time, but did not complain of much pain, except from the bruise. On opening the abdomen the cavity of the peritoneum contained an immense quantity of blood, the liver and spleen were ruptured, as was also the vena cava, from whence the hæmorrhage took place.

Traumatic abscess of the liver.—Abscesses after wounds, &c. are apt to form in different organs, but in none more frequently, after the lungs, than in the liver. These abscesses vary both in number and extent. Sometimes there exists but one, sometimes there are two or three small clusters. In some cases there is but a single abscess; and in an instance mentioned by Cruveilhier, of death in consequence of gangrenous inflammation of the pelvic cellular tissue, induced by infiltration of urine, on examination there was found but a single abscess in the liver, and seated in the loose cellular tissue which surrounded one of the divisions of the vena portæ. In other cases the liver presents an immense number of small spots or foci of a tubercular appearance.

On tracing these abscesses through their progress from their first formation, they appear at first as brownish bloody spots, which seem to be situated in the glandules themselves. 2. Infiltration of white concrete pus, which gives an appearance of granite to the liver, with a slate brown colour all round, without any other evident trace of inflammation. Sometimes a great number of the glandules are affected; in other cases it is limited to a very few, which with the density of the pus, the number of foci or clusters, and the irregularity of the masses affected, has given rise to the idea of their tubercular nature. The surface of the liver next the cluster always appears of a slate-brown colour, which is probably cadaveric. 3. A collection of pus or abscess, the dimensions

of which exactly equal those of the masses first affected.

The causes of such abscesses are wounds of different kinds, surgical operations, and phlebitis. They seem to arise from the transmission of pus with the blood through the veins; a fact which accounts for the much greater liability of the lungs and liver to these kinds of abscess. The diagnosis is extremely difficult; sometimes there is pain in the right hypochondrium and right shoulder. In other cases the region of the liver may be pressed upon in every way without the slightest indication of sensibility. Jaundice is very uncertain. If, however, several days after a wound or surgical operation, a patient should be seized with shivering, and suddenly sink into the extreme of a typhoid state, with no manifestation of disease in any of the other organs, a suspicion of the existence of this result may be entertained.

Abscesses sometimes, it is said, form in the liver in consequence of injuries done to the brain. This form is said to arise from irritation. The subject, though considered at some length by Cruveilhier and some other writers, requires further researches.

Melanosis.—The liver is liable to become melanotic. During the progress of the disease the liver sometimes enlarges to such an extent as to occupy nearly the whole of the abdomen, and in a female might be mistaken for pregnancy. A case of this kind is related by M. Ruyer in the *Encyclographie des Sciences Médicales*. The patient, a woman about thirty-three years of age, had enjoyed very good health till the month of June, 1833, about which time she was ill-treated by her husband, and in a very violent manner. He kicked her upon the chest and abdomen in several places, and several contusions were the consequence, which were wholly neglected. After some days dull pains were felt in the region of the stomach, extending to the lumbar spine. In the course of a few days the pains disappeared without any treatment, reappearing however at uncertain intervals, with various degrees of severity, according to the exercise to which she was forced to subject herself. The abdomen at this period was of its natural size. In January, 1834, she was confined of a healthy child, which she suckled for eleven months. After confinement the belly diminished very little in size, and felt equally hard. She perceived that the abdomen enlarged, and she felt all the symptoms of pregnancy: she became much emaciated, and at last died. The abdomen was extremely hard and enlarged, and on opening it about three pints of a serous looking fluid escaped. The liver filled up completely the whole of the abdomen, pressed the diaphragm high up into the thorax, extended into the right iliac region, and terminated by a protuberance of a spherical form. The entire structure was altered from the normal condition, presenting a confused mass. Extensive adhesions existed between the anterior part of the stomach, a considerable portion of the transverse colon, and this hepatic degeneration. It

pressed the whole of the intestines and other viscera against the vertebral column. It weighed twenty-four pounds. It was softer, more friable, and more easy of incision than in the normal state. It was of a violet brown slate colour, and studded with a number of whitish tumours, varying in size from that of a millet-seed to that of a hen's egg. The abscesses contained a homogeneous liquid of a purulent consistence. The gall-bladder was much enlarged; its contents almost black. The other abdominal viscera were natural. The vertical diameter of the thorax was reduced one-half; the heart of its usual volume, but displaced, its apex directed upwards; the lungs reduced in volume; their tissue soft, little crepitous, and easily torn; and there were numerous adhesions between them and the pleura costalis.

Cancer of the liver.—The term cancer, as applied to diseased appearances in the liver, comprehends certain morbid productions deposited in its parenchyma. They are of different kinds, produce masses of various sizes and extent. They are mostly white, the white being sometimes mixed with red. Cruveilhier observes—"Of all the diseases of the liver, the most frequent and the most severe is, perhaps, the cancerous degeneration in the form of disseminated masses." They vary in extent, are somewhat spheroidal, and deposited in different parts of the substance of the liver, or near its surface in the midst of the perfectly healthy tissue, the organ appearing, as it were, filled with them. There is mostly a perfect line of demarcation between the tissue of these tumours and that of the liver, and the transition is abrupt, not gradual.

These tumours seldom appear solitary, that is, a single and only one, and in the few instances which Cruveilhier met with, upon close examination there existed a number of small miliary tumours, which from their tenuity would readily escape hasty observation. They vary in number from eight or ten to several hundreds or more.

These cancerous tumours are commonly confined to the surface. In a liver containing twenty tumours of this description, sixteen were found near the surface or superficial.* The superficial ones are generally prominent, so that they can be felt through the abdominal parietes; and they may often be recognized by touch after the operation for ascites, frequently necessary in the advanced periods of this disease. But when they become large or extensive, they lose their spherical shape and become hollowed out or cupped in the centre, in consequence, probably, of the thickening of the corresponding cellular tissue under the peritoneum. The peritoneum itself often becomes thickened, fibrous, and cartilaginous; and adhesions take place between the liver and contiguous parts.

The situation in which the larger cancerous masses generally appear is the part which corresponds to the suspensory ligament, and consequently the antero-posterior ridge. Hence, perhaps, the reason why adhesions occur so

* Cruveilhier.

frequently between the liver and stomach, and why these cancers open into the latter. The lobulus Spigelii is frequently affected, even throughout its entire substance, so as to appear a prominent encephaloid tumour.*

These tumours also vary in size, from that of millet-seed to a turkey's egg, or the two fists, or even the head of a full grown fetus. From all the facts, their size, appearance, consistence, &c. it may be inferred that they are formed at different periods. There seem to be two varieties of them, which do not exclude each other; the hard or scirrhus, and the soft or encephaloid. These are generally considered but degrees of the same disease; but, according to Cruveilhier, this is incorrect, and the expressions, "period of crudity, period of softening," are improper.

The hard kind appears with an areolar web, which grates under the scalpel, composed of extremely dense, fibrous, and sometimes even cartilaginous meshes. It may be said that the tissue is fibrous, or even cartilaginous. There are small cavities in the centres of the tumours, filled with a fluid, crossed by fibrous bands more or less regular. On pressure a lactescent cancerous juice exudes. If macerated in water or a weak solution of chlorine, the cancerous matter is dissolved, leaving a marginal fibrous tissue behind, somewhat analogous to the erectile. Sometimes the centres of the tumours are overrun by bloodvessels well developed; in others the vessels are so reduced in calibre, that it requires some attention to discover them. The soft kind is of a greyish white colour, resembling the infant brain. It is the encéphaloïde cancer of Bayle and Laennec. In some cases it is very white when not much overrun with bloodvessels, but where the vessels are numerous the quantity of blood gives it the character of apoplectic spots.

Ossification.—Bony depositions are sometimes found in the liver. The writer once met with a piece of bone imbedded in the substance, about the size and somewhat of the shape of the human patella. It resembled common bone, consisting almost entirely of phosphoric acid and lime, with a very small proportion of the carbonate of this earth. The upper surface rose very little above the level of the liver, and its entire depth or thickness was imbedded in the parenchyma.

Diseases of the appendages may be divided into those of the ducts and those of the gall-bladder.

Dilatation of the biliary ducts.—The cystic, the hepatic, and the ductus communis choledochus are liable to dilatation; mostly effected by large gall-stones making their passage through the duct, which sometimes is so far dilated as to measure an inch in diameter.†

Obliteration is frequently produced by inflammation, especially of the inner surface, terminating in adhesion. Hyperæmia of the mucous lining may cause such a swelling as will totally obstruct the passage of the duct, and this obstruction, however induced, may give

rise to jaundice. Long-continued irritation may induce hypertrophy of the sides of the ducts, and produce an obliteration, the duct itself being transformed into a fibrous cord. Thickening and hardening of the duodenum or pancreas may, by compressing the ducts, obliterate them.

The gall-bladder is likewise subject to certain alterations; such are adhesions, ulcerations, thickening, and ossification.

Gall-stones are frequently found in the biliary ducts and in the gall-bladder. Sometimes the gall-bladder is completely filled with them, and then it is usually much enlarged. The number varies, but it is occasionally very great;* sometimes but one is found; it is generally very large; when numerous, they acquire different shapes from friction. The writer was furnished with two passed by a lady, which were flattened somewhat like a bean; the area about half as large again as a shilling, and much thicker than a bean. They were brown, smooth, and polished outside; sawn through they presented a bluish slate-coloured appearance; fracture rather striated; they consisted of phosphate of lime, trace of carbonate, and some animal matter. There was very little cholesterine in proportion to the other components. They were extremely hard.† These biliary concretions occupy all parts of the liver, the biliary ducts as well as the gall-bladder, and the larger ducts for the transmission of the bile. They produce frequently great irritation, inflammation of the mucous tissue, ultimately terminating in ulceration. In some cases the dilatation of the gall-ducts will allow them to pass into the intestines, and they are then voided by stool. Cruveilhier has given two very excellent plates illustrating the different situations and effects of these concretions upon the tissues.

Bile.—The bile, as might à priori be inferred, is liable to morbid changes, and it possibly might be presumed that the extent of these changes would in some degree correspond with the alterations in structure of the secretory organ. This, however, is far from being the case; and observation has been unable to establish any uniform connexion between the alterations in the liver and the qualities of the bile. In many cases of severe organic disease of the liver, the bile appears to undergo little change; and the most obvious changes in the bile, and the most considerable augmentation in quantity, are sometimes accompanied by no recognizable change in the normal condition of the secreting organ. It is true we very often estimate the quantity secreted by a very uncertain scale, namely, the quantity discharged from the intestinal canal or the stomach in bilious diarrhœa and in cholera. Neither the quantity nor quality of the fluids secreted from the blood depend absolutely and essentially upon the normal conditions of the organic

* In Dr. Hunter's collection was an instance of above a thousand in one gall-bladder.

† As these calculi were voided by stool their origin may seem somewhat doubtful.

* Cruveilhier. † Baillie.

structure of the organs; and the experiments of Magendie have shewn that the composition of the bile, and even its quantity, may be altered and increased at pleasure by changing the food of the animal.

Cholesterine.—Chevreul detected in human biliary calculi a peculiar crystalline matter, which he named cholesterine. Fourcroy considered it analogous to adipocire, and so named it; but Chevreul has shewn that it is an independent principle. It is a brittle, lamellated, brilliant crystalline solid, somewhat like spermaceti in appearance, from which it differs by being infusible under 278° Fah., and in not being converted into soap by a solution of potass. It is devoid of taste and smell, and is insoluble in water. It dissolves in boiling alcohol, but is deposited on cooling in white pearly scales. According to Chevreul its analysis yields—

Carbon	85.093
Hydrogen ..	11.880
Oxygen	3.025
	<hr/>
	100.000

Nitric acid converts it into an acid, which has been named cholesteric acid, insoluble in water, but perfectly soluble in alcohol, especially if heated. Taste styptic, odour that of butter; lighter than water, and fusible at 136½° Fah. In quantity it is of an orange yellow tint, but evaporated spontaneously it is deposited from its solution in alcohol in white acicular crystals. It reddens litmus paper, and neutralizes the alkaline bases, and hence is an acid.

Cholesterine has been found in parts of the body wholly unconnected with the hepatic circulation, and from these facts it would seem to be a product of morbid vascular action under peculiar circumstances. Breschet found it in cancer of the intestines, and in the fluid of hydrocele and of ascites. Caventou found it in an abscess of the jaw, produced by a carious tooth. Christison found it in an osseous cyst of the kidneys, and in the membranes of the brain in epilepsy.

The bile of the human subject is liable to become diseased. In some cases, if tasted, it produces no other inconvenience than bitterness and a nauseous sensation; but in others, it will produce pustular affections, ulcers, and all the acridity which belongs to the most powerful agents of this class upon the tongue and lips. This must be owing to the bile having acquired some acrimonious properties, derived, no doubt, from certain morbid changes in its chemical constitution. The sensible changes exist in its colour and consistence: thus it presents every shade, from the deepest and most intense black to a nearly white tint. Its consistence is sometimes that of pure water; in other cases it is like pitch; and in others like glue or thick mucilage.

The chemical composition varies, as well as the relative quantity of the constituents. In some cases there is a considerable predominance of the resinous principle; in some there is an excess of the yellow, while in others the

cholesterine is the superabundant principle. In some cases it has consisted almost entirely of albumen and water, and this has been observed more especially in connexion with a fatty state of the liver. It may be observed generally, however, that little has been as yet ascertained as to the causes of these alterations. It is this alteration in the proportions of the constituents which gives rise to the formation of biliary calculi. They consist of the inspissated bile; of its resinous matter; of cholesterine; of picromel; and of the phosphates. Calculi are never found of any one of these principles solely, but some one or other predominates, giving the character. They may, by obstructing the regular course of the bile, cause its absorption, and thus give rise to jaundice.

Such are the anatomical characters and general nature of the principal organic diseases of the liver. We shall now proceed to their symptomatology.

Symptoms.—Perhaps there is no order of organic diseases in the whole human frame in which symptoms assist less than in that under consideration. In some of the more acute forms of disease the symptoms are urgent; but except in a few instances, they convey little or no information with respect to the nature or progress of the disease; and in the more chronic and obscure forms, irreparable mischief is often established before the patient even suspects that there is anything wrong.

Many of these diseases, and indeed all of them in particular cases, produce certain constitutional symptoms, which, taken into account with the local ones, should any be present, will enable us to suspect, indeed, confirm us in the belief of the existence of some sort of hepatic disease. But most commonly we obtain no farther instruction, and the real or precise nature of the disease remains in obscurity. We have nothing to do with inflammatory affections here: they have been already considered. But as hyperæmia may be accompanied with considerable enlargement of the organ, it will always be right in all suspected cases to examine the region of the liver, and ascertain whether any indication can be drawn from it.

When it extends or projects considerably below the ribs, it can, unless some obstacle exist, be felt, and its size pretty accurately determined; but in cases of ascites there may be considerable difficulty. The writer has often found the following plan succeed:—Place the hand upon the right side of the abdomen, and make the patient suddenly turn upon his belly inclining upon the right side; the enlarged liver will gradually sink through the fluid, and striking the parietes, will communicate a distinct impulse to the hand. Although this, should it occur, at once indicates the projection of the liver and the probability of its enlargement, yet the absence of this sign does not infer the converse, nor preclude the possibility of enlargement. Adhesions for instance, by tying down the liver, will prevent the floating motion essential to the development of this sign.

Percussion often enables us to determine the height, or rather the encroachments, made by the liver upon the capacity or boundaries of the thorax. By this means the margin of the liver may be completely and accurately defined, and a tolerably accurate idea formed of its volume and extent.

There are no peculiar symptoms which will enable us to determine the presence of *anæmia* of the liver. *Induration and softening* may, in particular cases, be determined by the touch. *Hypertrophy and atrophy* may be discovered,—the former by the great increase of volume evident to the touch; the latter by the diminution ascertained by percussion. With respect to hypertrophy, it may be observed that there is no accurate means of diagnosis between it and hyperæmia. *Tubercles* may be felt in very thin persons, and if situated anteriorly; but there is no symptom peculiarly characteristic of them. The other diseases afford no symptoms by which they may be distinguished. Even gall-stones, unless passed by stool, afford no symptom by which their existence can be positively determined. Gall-stones passing through the ducts very often excite excruciating pain, cramps, sickness, vomiting, hiccup, &c. but these symptoms indicate but little while they last; and more frequently it is after the passage of the stone, and after the subsidence of the symptoms, that we are able to form some opinion as to their nature and cause.

There are, however, certain general symptoms, which, when present, enable us to pronounce pretty positively as to the existence of hepatic disease, though they will not assist in determining its nature. These are dropsy, certain forms of indigestion, and jaundice; subjects already fully treated of in different parts of this work.

Other functions, as the respiration, circulation, those of the tongue, skin, and urinary apparatus,—the last especially,—become deranged. The respiration and circulation merely present the common indications of irritation—a hurried or accelerated action. The tongue is generally coated, and commonly furred. A disagreeable taste is felt in the mouth, and eructations take place. What is brought up by eructation exerts various effects. Sometimes it is bitter, cutting, acrid, even excoriating the lining of the pharynx. This in general depends upon over-acidity, or upon chlorine. The fur on the tongue is yellow; sometimes moist, sometimes dry; sometimes permanent, and in some cases it appears only in the morning, disappearing in the course of the day. The skin may be hot and dry, parched and rough; or it may be too relaxed, giving rise to cold clammy sweats.

There is no excretion, not even excepting the alvine evacuations, which is more frequently deranged in the diseases of the liver than the urine. Thus, bile may be detected in the urine when no other irregularity is present, by the application of muriatic acid; it is sometimes necessary to concentrate it by slow evaporation, when the addition of muriatic acid strikes a green colour.

But organic disease of the liver is almost always attended with a deposition of the lithate of ammonia on the urine on cooling, of a bright pink colour. It receives this colour from the generation and intermixture of purpurate of ammonia. The urine when passed, though of a deep pinkish colour, is generally clear and transparent; but on cooling, the pink sediment separates; and if collected upon the filter and examined while moist, exhibits a remarkably deep pink colour. This sediment is re-dissolved by heating the urine.

The urine, after filtration so as to separate the sediment, likewise presents a deep colour, owing to retaining a portion of the purpurate of ammonia in solution. In some cases the urine will remain of a deep pink colour, nor will any sediment separate. This arises from a deficiency of lithic acid. The purpurate of ammonia has a strong tendency to combine with lithate of ammonia, which latter, being rather insoluble at the ordinary temperature, precipitates on the cooling of the urine, carrying down the purpurate along with it. But if there be a deficiency of lithic acid, no lithate of ammonia can be formed, and consequently no precipitate will take place. Hence the purpurate remains in solution, and gives this very deep pink colour to the urine, and which remains on the cooling of the urine without the formation of any precipitate.* “The most perfect specimens of this kind of sediment which I have ever seen,” says Prout, “were obtained from the urine of dropsical individuals: they occur also, occasionally, in the urine of the hectic, and of those obviously labouring under certain chronic visceral affections, *especially of the liver.*”†

Such are the circumstances which individually and conjointly may be considered as furnishing tolerably certain indications of an hepatic affection; but it is only from the combination of several of these together that we can form any estimate of the degree or extent of hepatic disease. It must be evident, however, that we possess no certain or unequivocal means of determining the nature of the morbid condition with which we have to contend. And, indeed, even if we could, in the present state of our therapeutical knowledge, it would afford no guide to the adoption of any special mode of treatment.

Treatment.—In considering the treatment applicable to the organic affections of the liver, it will be useful to arrange it under two heads,—general and local; understanding by the first, those means which act on the system generally; and by the second, those which are supposed to act by some particular local derivation.

General treatment.—The first of this order which naturally comes under consideration is bloodletting. As the general circulation not only frequently produces, but afterwards tends to keep up the state of hyperæmia, or one of irregular vascularity in the liver, the means of

* Vide Prout, p. 125.

† Ibid. loc. cit.

controlling this function naturally presents itself as the most effectual as well as the most powerful of affecting a condition depending upon it. There are several points of view, however, in relation to different objects, in which bleeding may be considered. If the substance, or rather the vessels of the liver be gorged, bleeding generally, according to the circumstances, will be advisable. This means, also, will be applicable in what may be termed congestion, in which the capillary trunks are distended. Bleeding acts, not by abstracting blood from the distended organ, but by reducing the force of the circulation—the vis a tergo, as it is called—and, consequently, lessening the quantity of blood directed to the part, as well as the impetus with which it is driven.

An active state of the bowels will also prove beneficial; and the choice of the purgative will often be a consideration of some moment. When the object is to prevent the irritation arising from fecal accumulations, those purgatives should be selected which merely excite the bowels to propel their contents; these are rhubarb, aloes, colocynth, &c. But when there is an active state of circulation, with symptoms denoting anything approaching to an inflammatory condition, the purgatives which produce watery discharges are found the most serviceable. In such cases the neutral salts, largely diluted and combined with a small quantity of tartar emetic, are the most powerful remedies.

When the disease is a simple hyperæmia, and has not produced any considerable tumefaction, a short perseverance in the above means will often be found adequate to all the urgencies of the case.

Emetics are not indicated in organic diseases of the liver, although nauseating remedies, by the power which they exert upon the circulation, are well adapted to reduce its force in the phlogistic diathesis. But emetics are occasionally useful when the functions of the stomach have been involved. In cases of this description the stomach becomes overloaded with a collection of foul, crude, acrimonious matter, which proves highly irritating to that viscus, and by its reaction disturbs the system at large, and often aggravates the disease of the liver. When indicated, the mildest in operation of this class are to be preferred, and the practitioner will find ipecacuanha most suited to his purpose.

It should never be lost sight of that lingering diseases are highly debilitating, and that emetics also exert a debilitating agency; and, therefore, caution is necessary in their use, and more especially in their repetition. The more mildly and the more speedily an emetic operation is effected and terminated, the less its debilitating effects; consequently, means calculated to effect such an object will be beneficial. The most effectual method of ensuring this, according to the writer's experience, consists in the previous ingestion of a considerable quantity of warm water; the advantages of which are, that a much less dose operates; there is no retching, nor are there any of those abortive efforts to evacuate the stomach

which prove so distressing and so debilitating to weakly patients; and the stomach being emptied of its contents, there is an end to all the involuntary exertions of the patient.

Sudorifics are only admissible where there is considerable inflammatory excitement, with a harsh dry state of skin. In such cases those medicines which determine to the surface and induce a relaxation of the skin will prove highly beneficial. The most efficacious of this class is antimony; and the preparation must be selected according to the circumstances of the case. Tartar emetic, in small and nauseating doses, not only relaxes the skin, but at the same time reduces the vital powers and prostrates the strength; while James's or antimonial powder effects the first object without influencing to so great an extent the strength of the patient.

Under the head of corroborants or tonics may be included two orders of remedies—stimulants and restoratives. The first are inadmissible in almost any description of organic disease; and, indeed, those of the viscus under consideration are often attributable solely to a too free indulgence in the use of stimulants. Restoratives, however, are of a different nature, and they are such as are calculated to improve the health and to give to the organs their due activity. The two most important of this description are sarsaparilla and taraxacum.

Sarsaparilla certainly at one time attained a high reputation as a restorative, owing, probably, to its being resorted to immediately upon the breaking up of the health by a too free use of mercury. Much of the good under such circumstances having arisen from laying aside the mineral, practitioners were disappointed in its powers, having anticipated too much from it in cases of a different nature, and as mostly happens, not only refused to allow the virtues thus inconsiderately assigned to it, but denied even those to which it has unquestionably a claim. Hence it was nearly proscribed, and its use, in fact, almost laid aside. However, sarsaparilla certainly has considerable powers as a restorative, and will be found eminently useful in fortifying the system, and in preparing it for more active remedies. Dr. Philip observes that sarsaparilla is highly useful in protracted cases of indigestion, and especially "where the languor of the secreting surfaces has become permanent."* It may be administered in the form of decoction or of extract, or, what is still preferable, the extract rubbed down in the compound decoction.

Taraxacum is also a remedy which has been extolled, and it certainly seems in many instances to exert a very beneficial influence. According to Dr. Philip, it not only assists the use of mercury, but may, under certain circumstances, be substituted for it.† But he asserts, that to be beneficial it must be given in large quantity, which often oppresses. The writer of this article has often found it a very useful plan to combine the extract of dandelion

* On Indigestion, p. 203. See, also, p. 258.

† Ibid. p. 221.

with the decoction of sarsaparilla, in which way—that is, rubbed down with the decoction—it can be given in much larger doses, and to a much greater extent, with much less inconvenience than simply in the form of extract.

The mineral acids are tonic and restorative; the principal of these are the sulphuric and the muriatic. They will be found highly useful in those passive relaxations of the skin attended by profuse night sweats. The sulphuric acid is the most powerful in these cases.

It often occurs, however, that in these cases the bowels are constipated; and the profuse discharge by the skin may be considered as a vicarious, though morbid, substitute for that of the bowels. If the sulphuric acid should check the discharge by the skin without exciting the bowels, it will aggravate the symptoms. The plan most effectual in such cases is the exhibition of the bisulphate of potass or of soda, according to either of the following formulæ:—*R. Infus. ros. 3x; bisulph. pot. 3ii; syrup. caryoph. 3i; m. fiat haustus ter quaterve in die sumendus.*—*R. Infus. caryoph. 3x; sodæ bisulph. 3iß; syrup. zingib. 3i; m. fiat haustus ter quaterve in die sumendus.*

The nitric, and a combination of the nitric with the muriatic acid—nitro-muriatic acid—have been supposed to exert a special influence upon the liver. The nitro-muriatic acid has been supposed to act through the chlorine disengaged by the reaction of some of the constituents. Special virtues, however, have been denied, and the flow of bile attendant upon their application as a bath, ascribed to the action of a weak or diluted acid upon the skin.* A solution of chlorine, however, in water, according to the experience of the writer, has some claim to specific agency, and will be well suited to the class of diseases under consideration. It may be prepared readily by passing a current of chlorine gas into distilled water kept cold by being surrounded with ice, and in a dark place, as chlorine under exposure to light decomposes a portion of the water, and muriatic acid is formed. The chlorine may be readily generated by exposing a mixture of either muriatic acid and peroxide of manganese, or of common salt, peroxide of manganese, and sulphuric acid, to a gentle heat in a proper gas bottle fitted with a tube for conducting the evolved chlorine into the distilled water.† The solution thus prepared may be given in small doses at intervals during the day; and we have in many very severe cases seen the best effects result from this plan. The effects are healthy discharges from the bowels, bracing the skin, improving digestion, and correcting the secretions, and not unfrequently a considerable reduction of the pain and swelling of the epigastrium and right hypochondrium.

The powers of chlorine are frequently enhanced by colchicum, and it will often happen that a combination of these two remedies produces beneficial results which cannot be ob-

tained by either separately. The preparation best adapted to the present object is either the vinegar or tincture. In habits which shew a tendency to gout or rheumatism, and in which temperaments, in the advanced stages of organic diseases of the liver, hemorrhages of various descriptions are apt to occur, colchicum proves a valuable auxiliary, and therefore should be administered.

It may happen from some peculiar nervous idiosyncrasy, or from extreme susceptibility of the alimentary tube, that any of these means will produce severe effects, purging for example, followed by extreme prostration. Such must be corrected by the exhibition of appropriate remedies. Opium naturally presents itself; but in many cases there will be found strong objections to the use of opium. The salts of morphia are in many cases less objectionable, and as they do not produce the disturbance so frequently caused by opium, they ought perhaps as a general rule to be preferred. The most suitable of the above salts are the sulphate and the muriate, and the writer has been in the habit of using a formula analogous to that of Dover's powder. It consists of one part of the muriate or sulphate of morphia, two of ipecacuanha, and eight of neutral alkaline salt—sulphate of potass or muriate of soda. This powder may be given in small doses, or it may be formed into pills with extract of hyoscyamus or conium. The advantages, according to the writer's experience, are that it does not affect or suppress the natural secretions so much or so certainly as opium, and consequently is not so likely to give rise to fever, with thirst, dry tongue, and hard pulse, which should always be most carefully avoided.

The means just detailed are calculated to make but a slight impression upon an organically diseased liver. Tumefaction, hypertrophy, &c. may in slight cases be removed; but more commonly very little impression can be made upon the seat of the disorder. The object, therefore, is rather to improve the health, and to fortify the system so as to enable it to endure the debilitating effects of more active and more powerful remedies, which may now be considered.

The efficacy of mercury in the treatment of the disorders of the liver is well known. It is the remedy to which all resort; and, as frequently occurs in the exhibition of medicines without principle, the prescriber is often doomed to experience disappointment. The first thing to be considered is, what is the action of mercury upon which we depend, and what the system to which we ought to direct its action for the relief of organic disease.

One of the principal effects of mercury is to excite the absorbent system, and it is upon this action that the practitioner must rely for its efficacy in diseases of the liver. The diseases of this organ too partake mostly of the congestive character, in which the vessels become distended with their natural contents, and consolidate from a degree of stagnation. This effect of defective or suppressed circulation is

* *Paris, Pharmacologia et alii locis.*

† It should be conducted into the water and retained in it by a due degree of pressure.

very perfectly shewn in the consequences of peripneumony, in which we first perceive engorgement—a gorged condition of the vessels, with impeded circulation terminating in consolidation—hepatization, as it is termed, of the lung. Mercury, by acting on the absorbent system, causes or rather promotes the removal of the solidified mass. But mercury likewise promotes or excites the activity of the circulating vessels. This is indicated by various phenomena—the fever induced by the mercurial action, the hardening, quickening, with frequency of the pulse. Therefore mercury appears to give an impulse to the circulation, and in all probability promotes the action and functions of the extreme vessels; consequently it excites their contractile powers, and thus enables them to force forward their contents. This appears to be the principle upon which mercury acts in removing such morbid conditions.

To ensure such results, we next inquire in what way the remedy should be given, or under what circumstances will such an effect be produced. The mercury must accumulate and produce its specific effects in the system. Hence it must not be suffered to pass off by the bowels; but it must be exhibited in such a manner as will ensure its accumulation without either purging or great irritation, which latter, by its reaction on the circulation, will tend greatly to increase the mischief and aggravate all the symptoms.

There are several modes of introducing mercury into the system; the principal are inunction, fumigation, and its internal exhibition. Inunction is frequently practised in liver affections, and was often considered the preferable mode; the remedy being applied in the neighbourhood was supposed to pass into the organ; a principle which, even if well founded, would confer no particular benefit. The advantages occasionally derived from inunction are referable rather to the friction than to the medication, the ointment merely serving to diminish the irritation from friction. Therefore, the circumstances which would lead the practitioner to prefer inunction or friction are a peculiar irritability of the stomach and digestive tube, and a morbid sensibility to the local influence of the remedy. This is sometimes considerable, and frequently a source of great embarrassment to the practitioner.

Fumigation is applicable when the object is to bring the system under the influence of mercury in the least possible space of time.

The internal exhibition of mercury, however, is that upon which practitioners mostly depend; and it should be continued till its specific effects appear in a slight tenderness and tumefaction of the gums. Various preparations of mercury are resorted to for this purpose, and it may perhaps be useful to consider concisely the pretensions of the most active.

The preparations of mercury in most repute are calomel and blue pill; the former is the more active but irritating, the latter the milder but more oppressive to the stomach. In some constitutions at all times, and in some only

under particular circumstances, calomel so irritates the stomach and bowels as to do much more harm than good. It is possible occasionally to correct this tendency by combination with a narcotic, as extract of henbane, hemlock, or Dover's powder, which last not only corrects the irritability of the bowels, but also favours the entrance of the mineral into the system. If, notwithstanding all these precautions, this preparation should irritate, some other formula must be substituted. The oppressive action of blue pill arises from the sugar and the vegetable matter of the confection of roses, and the fibrous matter of the liquorice-root used in its preparation; its comparative inertness upon the large proportion of the metal which escapes oxidation. Blue pill, however, will often answer the purpose, and prove even sufficiently active when calomel could not be administered.

The stomach may be strengthened so as to resist the irritating action of calomel, or the oppressive influence of blue pill, by exhibiting a mild tonic or aromatic draught about an hour before giving the mercury. The writer has found the infusion of cloves with the aromatic spirit of ammonia the most effectual for this purpose.

We have frequently found it an efficient practice to resort to the grey or protoxide of mercury. This is uniform in strength, and is not necessarily, as in the preparation of the blue pill, combined with agents which exert an oppressive action upon the stomach. The requisite dose may be combined with extract of hyoscyamus, or any other similar extract, or it may be given in powder. It is asserted by Dr. Barker, that a portion of the protoxide is apt to pass to the state of peroxide. The contamination, however, probably results from original impurity. The London College direct it to be prepared by the action of lime-water upon calomel; and as calomel is occasionally contaminated with oxymuriate, of course in such cases there will be an intermixture of peroxide. The best way of preparing protoxide of mercury is to form a proto-nitrate by the action of diluted nitric acid unaided by heat, and then precipitating by means of potass and washing the precipitate. The protoxide thus prepared gives no indication of peroxide, even when kept for a considerable time.

Other preparations of mercury have been used, as the oxymuriate, but this is not generally the best for employment, although the writer has met with many instances in which it superseded all the other preparations. In general, the best way of giving it is with the decoction of sarsaparilla.

The acetate and the phosphates of mercury are very active preparations, and agree very well with the stomach. The advantages of the latter preparations are that much smaller doses answer, an object of moment when the stomach is apt to be oppressed; and in the case of the acetate, the readiness with which its acid is decomposed in the stomach or in the system, and the mineral introduced.

Sometimes the irritation arising from mer-

cury depends upon the existence of a free acid, or perhaps free chlorine in the stomach. In such cases not only is the sensibility of the mucous lining morbidly acute, but a more irritating preparation is formed. This may be corrected by some absorbent earth, as chalk, lime, magnesia, or an alkali; and this probably will explain the advantages experienced by the writer, and mentioned in a preceding column, from exhibiting spirit of ammonia in infusion of cloves, before taking the mercurial. In similar cases the hydrargyrum cum cretâ or with magnesia* will frequently answer the purpose, but the most certain plan consists in giving the absorbent an hour or so before the mercurial.

Many years since it occurred to the writer that the powers of mercury might be greatly enhanced by combination with iodine, in accordance with an acknowledged rule or principle in pharmacology, that the virtues of remedies exciting singly a similar specific agency, would be greatly increased by combination; and the preparation of the proto- and deuto-iodurets of mercury† were consequently administered in various tumours and enlargements; such as bronchocele, hepatic, and other visceral enlargements, and indeed all descriptions of abdominal swellings. The results were highly satisfactory. One or two cases even of white swelling and hip-joint disease perfectly recovered by the use of the iodurets of mercury with the means to be presently detailed. It is, however, in glandular swellings and in the vascular congestions of parenchymatous structures, and the consecutive organic changes which these structures undergo, that this combination is most effectual. In a treatise on organic disease, printed in 1824, we have entered fully upon this subject and the different objects to be kept in view.

More recently we have had some opportunities of again proving the efficacy of this preparation. A young woman in the country began to swell about the abdomen, and was considered pregnant by her medical attendant. She came to town, and a medical friend was requested to attend her in her accouchement. He, however, doubted the pregnancy, and her time having elapsed without any diminution of size, calomel and hydriodate of potass were given, and an abdominal swelling of nearly eleven months' duration, and which confined the patient to bed for more than two months, was reduced in about three weeks, and the

patient restored to perfect health. A second instance occurred in the practice of another medical friend. It was an abdominal swelling, probably of an ovarian description. We recommended the plan pursued in the last case. It was, however, some time before it could be put into execution, and the swelling remained unabated. At last, however, it was adopted, and in about three or four weeks the abdomen was reduced to its natural size. This patient, however, died, (the constitution having been completely broken up by previous dissipation,) but on examination no indication whatever could be traced of the part which had been enlarged. One ovary, probably the diseased one, had entirely disappeared.

The iodurets affect the mouth in the same way as the more ordinary preparations of this mineral. They may be given in similar doses, and the deuto-ioduret in larger doses than the oxymuriate. They may also be introduced by friction; but the deuto-ioduret almost always produces a bright scarlet efflorescence of the skin, which mostly terminates in desquamation. The precautions as to correctives, when considering mercury generally, are equally applicable to the iodurets.

Some constitutions powerfully resist the mercurial action; such stubborn resistance is to be overcome, in plethoric habits, by bleeding, by nauseating doses of emetics, by opiates, and other well-known means. The introduction of mercury also is often attended with a febrile irritation or excitement, which, reacting on the diseased viscus, counteracts whatever benefit might otherwise be obtained. This must be kept in subjection by bleeding and other antiphlogistic measures, and by local measures which will also prove auxiliary upon other principles.

The affections which will be benefited by this plan are hyperæmia of every description, hypertrophy and all sorts of enlargement, induration, scirrhus, tubercular conditions, even the scrofulous, and most adventitious deposits, excepting the osseous, and even this perhaps if incipient. Its efficacy is questionable in abscess, ulceration, and cancer; but still it may be likewise questioned whether the iodurets should be wholly proscribed in such affections were we satisfied of their existence. It is not improbable that if the absorption of the diseased structure were effected, healthy deposition might be substituted in its stead.

It may be inquired for what length of time the mercurial preparations should be continued. Mercury, it has been already observed, not only excites a febrile irritation, but also exerts a noxious influence upon the economy at large, and this influence is directly as the quantity and its effects. Therefore, the object is to induce the specific effects with as little irritation as possible, and with the least possible quantum of the mineral. But in many instances the effects having been induced, the mercury must be laid aside, and the disease will remain stationary; and the practitioner must again and again have recourse to the

* To these preparations the same objections apply as to blue-pill—namely, the partial or imperfect oxidation of the metal. The grey or protoxide prepared as above, and mixed with the chalk or magnesia, (the latter preferable,) will be found the preferable formulæ for exhibition.

† The proto- and deuto-iodurets of mercury may be prepared extemporaneously, by mixing calomel or oxymuriate of mercury with the equivalent of hydriodate of potass; an interchange of principles takes place even in the dry way. It is of course intermixed with muriate of potass, which might be washed out if it were of importance to free the preparation from such an impurity.

remedy. Each succeeding application to mercury is attended with severer consequences, and it often happens that on the subsidence of the organic affection the patient finds it effected only by a total breaking up of the constitution, and a fatal sacrifice of health. The debilitating or rather exhausting effects of mercurial courses are too generally understood to need any comments in this place. Upon reviewing these facts it occurred to the writer that the good effects resulting from the iodurets of mercury might be kept up and a beneficial influence exerted upon the disease by some other of the metallic iodurets. With this view, upon the first indication of the mercurial influence, whether the development of the specific influence upon the gums, or a reduction of the disease, the ioduret of iron or of zinc were given, or the hydriodates of these metals in solution. The result was extremely satisfactory; and morbid conditions which had been but slightly affected by the mercurial iodurets were completely dispersed under the ioduret of iron or of zinc. These preparations will be found much better adapted to weakly, irritable, and leucophlegmatic habits. Of these two the ioduret of iron is perhaps the most irritating and inflammatory, that of zinc the least so. They may be given either in pills, or in solution, as hydriodates, readily by mixing a solution of the equivalent of sulphate of iron or of zinc with one of hydriodate of potass; an interchange of principles and the formation of the new salts, hydriodate of iron or zinc, is the result.* Whatever objections may offer to the employment of the mercurial iodurets in cancerous, scrofulous, and other cachectic diseases of the liver, none such can be urged against those of iron and zinc, and therefore the practitioner may safely appeal to them under the assurance that he is not employing a destructive or injurious remedy. The doses of these salts must be regulated in a great measure by their effects. From one grain to ten, according to circumstances, may be given three or four times a day; the practitioner recollecting that the smallest doses should be tried at first. Another circumstance to be attended to is that the system becomes blunted by habituation to a remedy. Increasing the dose is often carried to an extreme without benefit, and frequently not without injury. The susceptibility cannot be kept up by over-doses, but when dormant it may be awakened by a temporary suspension of the medicine. Thus, when the average extent of dose fails to produce its accustomed effects, the medicine should be laid aside for a time; and when a respite has been thus granted to the system, we shall find all its sensibility restored, and we may again resort to our means, confident of finding the usual susceptibility to impression.

The state of the urine has been noticed in a previous part of this article, and an examina-

* In this case sulphate of potass remains in the mixture, but the impurity is of no moment.

tion of it will often afford useful information. There are two conditions of it, however, which deserve attention in hepatic diseases, namely, an excess of urea, and its ready coagulation by heat. This latter property arises from albumen or chyle, and is often present in the dropsies consequent upon hepatic disorder. It may be laid down generally that such conditions forbid any active use of mercury. It betokens a state of system altogether hostile to the use of this mineral. But the metallic iodurets just considered, according to the writer's experience, are not liable to the same inconveniences.

During the pursuance of all the above means it will be necessary to attend not only to all the functions, but to the condition of the organs which perform them. When we find urea in excess, or the curdy coagulation depending on the presence of chyle, there exists an irritability of system which must be soothed by morphia, hyoscyamus, and the acetic extract of colchicum, which will be found a most valuable auxiliary under such circumstances. The denser coagulation arising from albumen indicates not only irritability, but an excitability of the phlogistic character, which must be subdued by venesection (especially if attended with local pain) and other suitable modes of evacuation. It is almost unnecessary to observe that the digestive functions should be closely watched, and the condition of the organs attended to, and any degree of aberration immediately corrected. Hence the advantage of occasional stomachics, &c. Should the disorders of organs secondarily affected remain unheeded, they will soon, by their reaction, aggravate all the symptoms of the primary disease.

Local means—While the practitioner is endeavouring to subdue disease by what are termed general means, he should frequently examine the region or seat of the diseases. This will in many cases be found swelled, painfully sore or tender. These states are to be relieved by those means which directly deplete the part itself. Leeches therefore should be applied: and it is often useful to repeat the leeches at regular intervals, that is, every three days, every week, every fortnight, &c., according to the extent or severity of the pain or tenderness.

It is often useful to alternate leeches and blisters, and the most surprising improvement frequently results from this practice. In some cases, however, blisters alone prove most serviceable, leeches only debilitating and distressing the patient, and in others the converse of this will prove the case. It is almost impossible to determine, *à priori*, which of the two plans or whether a union of both will be found the most effectual.

Various plasters which excite or irritate the skin sometimes do good, when neither leeches nor blisters can be endured. Burgundy pitch is of this description; but the most effectual is the "*emplastrum ammoniæ*,"—a combination of muriate of ammonia and soap, in which the alkali gradually abstracting the acid, the ammonia is disengaged, and applied in its escape

to the skin, which produces a beneficial irritation. It should, however, be applied immediately on its preparation, and to insure fully its beneficial effects it should be frequently renewed.

Of all the local means, however, there is nothing equal to a perpetual drain in those chronic conditions termed organic disease. Setons and issues are not so often resorted to as their remedial efficacy would lead us to expect. Organic disease is a result accomplished by a very slow and gradual process, and is not, like acute disease, to be immediately suppressed or removed. The constant drain effected by an issue from the general system will also greatly tend to keep down febrile excitement, which it is well known greatly aggravates local disease of every description. A caustic issue therefore, which is perhaps the most convenient and the most manageable, should be inserted in the region of the diseased viscus; and its exact position and extent should be regulated by the nature, extent, and severity of the tenderness.

The effects of setons, issues, &c. are slow though progressive, and sometimes a depression of strength supervenes during the continued action of the permanent drain. This proves as embarrassing to the physician as distressing to the patient. In such cases a little more generous diet must be allowed, and mild unirritating tonics administered; and if the loss of strength prove extreme, the issue must be dried up for a time, or the discharge reduced by the removal of an adequate proportion of the peas.

When we find it necessary to heal the issue, and at the same time to support the strength by tonics, in certain temperaments of the nervo-sanguineous character, languid inflammatory action is apt to be excited. This is best kept down by occasional cupping, leeches, &c. Where even so small a loss of blood seems prejudicial, the best effects result from dry cupping repeated at short intervals. Dry cupping often proves the most effectual remedy in some forms of hyperæmia and engorgement, and its effects upon the accompanying tumefaction are as surprising as they are inexplicable.

Organic diseases of the liver induce a train of consequences both severe and troublesome. The functions and structure of other parts become deeply engaged; and hence dyspepsia, dropsies, apoplexies, and inflammatory affections. In all cases the complication must be attended to, and as far as possible its reaction on the system at large and on the primary affection counteracted. The means of accomplishing this consist in those peculiarly adapted to the removal of the secondary disease itself, modified, however, by the existing circumstances. The practitioner, however, must be prepared for a tedious disease, and he must not relax in his endeavours, nor give up in despair, if the amendment should not keep pace with his wishes.

(R. Venables.)

PORRIGO.—Porrigo is the generic appellation for several pustular diseases affecting the scalp chiefly, but occasionally other parts of the body, agreeing less in their symptoms than the species of almost any other of the genera of cutaneous diseases in the classifications of writers. It is synonymous with the *tinea* of Avicenna and various authors.

Porrigo is defined by Bateman, "an eruption of straw-coloured pustules, concreting into yellow or brownish crusts or cellular scabs;" but this definition accords with three only of the species usually arranged in this genus; and, indeed, the genus actually comprehends three diseased states of skin, differing not only in their symptoms, but requiring distinct modes of treatment. But as little advantage perhaps would be derived from an alteration of arrangement, or the division of this genus into three distinct genera, we propose to arrange the species so as to bring together those that accord, and separate others the characters of which are evidently distinct. They may be all arranged under the three following sections.

SECT. I. *PORRIGO, true porriginous eruption*, comprehending—

Species 1. *P. larvalis*;

2. *P. lupinosa*;

3. *P. fava*.

II. *ECZEMATOUS PORRIGO.*

4. *P. furfurans*.

III. *ANOMALOUS PORRIGO.*

5. *P. scutulata*;

6. *P. decalvans*.

I. *True porriginous eruptions.*—These are characterized by the pustules assuming those forms which have been denominated *favus* and *achor*, and by being unaccompanied with fever. The different forms may be regarded rather as varieties than distinct species, as they sometimes exist simultaneously on the same person. They affect both sexes and all ages, but are most frequently observed in infancy and youth. In many instances it is difficult to trace them to any peculiar predisposition; but in general they may be referred to some deranged condition of the digestive organs, to improper food, and occasionally to depressing passions. None of the true porriginous eruptions are contagious, nor does the treatment applicable to all of them materially differ.

Species 1. *Porrigo larvalis*; *milk scall or crust.*—This species of porrigo appears on the forehead and cheeks, in the form of small, yellowish, white, superficial pustules, upon a red surface, in irregular groups. On breaking, they pour out a greenish-yellow fluid, which concretes into thin lamellated scabs, usually of a brownish hue. New groups of pustules form in the vicinity of those that have broken; these break, and, as the former, pour out their fluid, which encrusts in its turn; whilst the old scabs are thickened and extended by the fluid continuing to ooze out from below them, so that by degrees the whole of the face becomes covered by these scabs, as if with a mask; thence the specific term *larvalis*. At this time the crusts exhale a rank peculiar odour, which Alibert likens to sour or putrid milk. The eruption

varies in severity: sometimes the inflammation is intense, the exuded humour very abundant, and so acrid as to excoriate the cheeks and other parts; at other times it is moderate in quantity and mild in quality; the pustules are few, slow, and successive in their development, and the crusts thin and dry. Besides the forehead and cheeks, patches appear behind the ears, around the mouth, and upon the chin, yet they rarely appear upon the nose and eyebrows. Small patches occasionally break out about the neck and breast, and sometimes even on the extremities. When they rise upon the hairy scalp they assume a chronic character; the bulbs of the hairs sometimes inflame, and baldness, temporary or permanent, may be the result. In whatever part the eruption is seated, it is accompanied with itching, sometimes with stinging pains, which are more severe the younger the patient is, and in infants not only greatly disturb the natural sleep, but derange the digestive function. This is particularly the case in plethoric children, and especially when the eruption spreads over much of the neck and breast. The eyes and eyelids are often inflamed, and discharge a purulent matter; when the discharge on the scalp is absorbed, the parotid glands swell. In strumous and highly irritable subjects the mesenteric glands also inflame, and marasmus, diarrhoea, and hectic may supervene and destroy the patient. But this aggravation of the disease is a rare occurrence.

When the disease is yielding, whether spontaneously or to remedies, the pustules form more slowly, exude less, and the crusts fall off and are not renewed, but they leave behind them a red, tender cuticle, which is sometimes marked with deep lines, and occasionally exfoliates several times. Sometimes it appears as if about to yield, and then returns with greater severity. In this manner we have seen it vary during the whole period of dentition, and yet, unless the nails have been much at work, no cicatrices remain.

This species of porrigo is not contagious; but in a case mentioned by Alibert, in which an infant was inoculated with it, the disease was taken. It occurs in infants during the cutting of the first teeth, and also in children during the second dentition. We have never been able to trace it to any state of the breast-milk when it appears in infants, but in every instance the stomach is in a very irritable state, and much acid is present in it. We have been able to trace it to the too free use of acedent food, such as fruit-tarts and puddings, sugar, and various articles of confectionary into which it enters, in children of full and gross habits of body. Rayer says that it is less frequent in the Parisian hospitals than the porrigo *favosa*, the proportion being as seventy-one to nine hundred and eight.

The disease most likely to be confounded with porrigo *larvalis* is porrigo *favosa*; but to careful observers the circular depressed crusts of the latter readily distinguish it from the former. None of the other species of porrigo, except porrigo *furfurans*, is likely to be mistaken for it; but in porrigo *furfurans* the crusts

dry and become very hard and greyish, which distinguish it.

In general the disease runs its course without danger, but, as we have already stated, the mesenteric glands may be in a diseased condition, in which case it becomes formidable, and may induce diarrhoea, marasmus, hectic, and thus prove fatal. The sudden cessation or repulsion of the discharge is also said to indicate an increase of some deeper-seated disease; but our experience has not led us to form such a conclusion. We concur in the opinion of Dr. Underwood,* that infants who suffer much from the milk crust are always healthy in other respects, and cut their teeth remarkably well. Dr. Starck† affirms that the prognosis is always favourable when the odour of the urine resembles that of the cat. We have not seen this remark verified; indeed, unless the disease occur in very young, ill-fed, and badly nursed children, or in those of an hereditary strumous constitution, our prognosis may always be favourable.

Porrigo *larvalis* requires both constitutional and local treatment.

When the disease appears in infants at the breast or during the first dentition, it is essential to allay the general irritability of the mucous membrane, which is the source of the acedent state of the stomach; and as soon as that is accomplished, to aid the general powers of the system by mild tonics. For answering the first of these indications we have seen much benefit derived from the hydrargyrum cum creta, in doses of gr. iii. to gr. vi. given night and morning; or in older children, when the mesenteric glands were enlarged, and the abdomen was tense and tumid, from calomel, in doses of one-tenth of a grain combined with one-fourth of a grain of ipecacuanha and half a grain of the powder of conium, given every eighth hour for a week. For fulfilling the second nothing answers so well as a combination of carbonate of soda, powder of calumba, and rhubarb, in doses proportioned to the age of the child and other circumstances, given twice or three times a day. Under such a plan of constitutional treatment we have witnessed the disease to yield in a very short time without any local applications except those which cleanliness requires. We have had no occasion to employ sarsaparilla, cinchona bark, the rumex *aquaticus*, nor the viola *tricolor* recommended by Dr. Starck.* During dentition the warm bath at bed-time is highly salutary, especially when the itching is so troublesome as to interrupt the sleep of the little patient. Nothing is more important than to examine the state of the milk: if this be thick, the nurse should either be changed, or her allowance of porter, animal food, and other stimulant nutriment, should be diminished. If the infant be undergoing the uncertain experiment of being brought up by hand, the food should consist solely of milk diluted with an equal quantity of barley-

* Treatise on the Diseases of Children, 8th edit.

† Starck's Diss. de Crusta Lactea Infantum, &c.

‡ Ibid.

gruel, and sweetened slightly with lump sugar. The quantity should be moderate, and any thing like voracious appetite in the child repressed.

In children of more advanced age, during the second dentition, when the pulse is quick and full, the face flushed, and the nights restless, it may be necessary to apply a few leeches either behind the ears or under the angle of the jaw; and in very obstinate cases to apply a blister on the nape of the neck, or between the shoulders, and keep it discharging for ten or twelve days. Gentle aperients, merely to regulate the bowels, are necessary, but we have never seen any advantage derived from a course of purging.

With regard to local applications, if the eruption occupy the scalp, it is scarcely requisite to say that the hair must be removed by scissors, for it seldom admits of being shaved; after which the separation of the crusts should be aided by a dressing of the oxide of zinc or the subacetate of lead-ointment on lint, covered with an emollient poultice. If the discharge be considerable and very acrid, the denuded surface should be washed with a solution of $\text{f}3\text{ii}$. of bicarbonate of soda in $\text{f}3\text{viii}$. of bitter almond emulsion, or of milk with the addition of $\text{f}3\text{ss}$ of hydrocyanic acid. In very young children, however, it is advisable to leave out the hydrocyanic acid. As soon as the local irritation is subdued, if a return to the healthy state of the scalp seems to be retarded only by the crusts becoming dry, hard, and adherent, their separation and cicatrization are facilitated by the unguentum hydrargyri nitratis, diluted with six or seven parts of lard. We have never met with a case in which lotions of the hydrosulphuret of potassa or sulphureous baths were required.

In conclusion we may remark that we are acquainted with no eruptive disease in which there is so complete an obliteration of every thing that could indicate the existence of the previous eruption after the crusts fall; and in none have we perceived less mischief to result from checking the eruption.

2. *Porrigo lupinosa*; *lupine scall*.—This species of porrigo is distinguished by the *achores*, which arise in small separate clusters, forming when they break circular scabs of a yellowish white colour, set deeply in the skin, with a central indentation or depression, sometimes containing a white, scaly powder. When seated on the scalp or on the temples, they acquire nearly the size of a sixpence, and there is sometimes an intervening thin white incrustation, which exfoliates, or occasionally forms an elevated crustaceous covering. The eruption sometimes displays itself on the shoulders, the thorax, the abdomen, and the extremities; but in these places the scabs never attain to the size which they do on the scalp. The eruption exhales an offensive odour, not unlike that of mice: it affords a harbour for pediculi in the crevices of the crusts; and when the acrid discharge is absorbed, the cervical glands swell; whilst long-protracted cases terminate in bald-

ness. When left to itself, the disease is very long before it wears itself out, and even under proper treatment it is tedious of cure.

It is not contagious; and it is the least frequent of all the species of porrigo. Its predisposing cause seems to be a low state of the habit, resulting from the miseries attendant on poverty.

The treatment of porrigo *lupinosa* consists chiefly in the application of emollient poultices, and soap and warm water; the mechanical removal of the crusts; and, after this is effected, the assiduous use of an ointment made with two drachms of the finely powdered seeds of the cocculus Indicus and one ounce of lard. In very obstinate cases, the hard crusts may be touched with diluted sulphuric or muriatic acid, or treated with a lotion made with *liquoris potassæ* ℥j , *olivæ olei* ℥ij , *aquæ* ℥j . When the crusts are removed, and the surface appears red and covered with numerous small ulcers, exuding a viscid, fetid, yellowish fluid, the diluted ointment of the nitrate of mercury is the best application to assist cicatrization, and complete the cure.

3. *Porrigo favosa*; *honeycomb scall*.—The eruption in this species of porrigo consists of small, flat, soft, straw-coloured pustules, termed *favi*, generally distinct, with an irregular edge, and bounded by a slight inflammation. The scalp is the chief seat of the eruption, but it sometimes occupies the forehead, the temples, the chin, the space behind the ears, the eyebrows, and occasionally it extends to the trunk and the extremities. When it appears on the scalp, the pustules are small, not very distinct to the naked eye, and the minute drop of yellow fluid which they contain does not escape, but dries within them, and acquires a deeper yellow colour, and is very adherent. The pustules, although they are usually distinct, sometimes appear in groups, and become confluent. When distinct, they are usually on elevated bases, and each is frequently traversed by a hair. In whatever manner they appear, they are always more or less accompanied with itching. If the crusts be removed by poultices, or by any lotion, they do not return, the formation of new pustules being necessary for that purpose. When the disease is left to itself the crusts are very adhesive, and remain in a dry, white, and brittle state, sometimes for months and even years. Sometimes as they assume this character in one place, fresh pustules appear in another. The hair separates with the greatest ease, sometimes leaving the part permanently bald. As the disease proceeds, if great care be not taken to keep the parts clean, pediculi harbour in the crusts, the itching augments to an intolerable degree, and the eruption exhales a most offensive odour. The excoriated surfaces, after the crusts are removed, exude a fetid reddish fluid, which concretes into irregular crusts. Occasionally they cause small subcutaneous abscesses and lymphatic swellings in the neck, which slowly suppurate; the axillary glands are affected when the eruption appears on the upper part of the trunk.

It is probable that the reticular tissue is the seat of the disease; although, owing to the bulbs of the hair becoming affected in long-standing cases, it has been supposed to originate there. It rarely happens that the hairs are detached without being diseased. The duration of the disease is uncertain.

Porri \acute{o} favosa is asserted to be contagious; because, owing to the acrimony of the discharge, it causes inflammation and scabbing on any sound part with which a diseased part comes in contact; as for instance the breast with the chin, or the hands and arms with the face in young children. The breast of the nurse may become affected in the same manner. It occurs at all seasons of the year, and in both sexes; but it is more common in infancy and childhood. The strumous diathesis, bad nourishment and poor clothing; damp, ill-ventilated houses, prisons, and the miseries of poverty in all their forms may be regarded as its predisposing causes.

This species of porri \acute{o} may be readily confounded with porri \acute{o} furfurans; but as the pustules are found on different parts of the body in every stage of their progress, it is easily recognized. When the disease is of long standing, the hairs are destroyed on the affected parts of the scalp.

Continental writers assert that porri \acute{o} favosa requires little more than local remedies; but we have seen no case of the disease in which it was not easy to trace it to some morbid condition of the system. For this reason a gentle alterative course is required, care being taken at the same time to regulate the diet and exercise. The former should consist chiefly of light animal food, with milk and farinaceous preparations; the latter should be regular, but never carried to fatigue; and when the tepid bath can be employed, which is always more or less serviceable, the exercise, in dry and temperate weather, should be taken immediately after using it. If the habit be decidedly strumous, the glandular affections severe, and much emaciation has taken place, tonics will be found to be necessary. The chalybeates are the most useful, and none possesses more power in such cases than the hydriodate of iron, given in doses of from one grain to three grains in a large quantity of water three times a day. The sulphate of quinia and the muriate of baryta have also been advantageously administered. In young children we have seen much benefit derived from the hydrargyrum cum creta, given every night in doses proportionate to the age of the patient; with a combination of cascarilla and subcarbonate of soda, in full doses, given three times a day. In adults a mild course of Plummer's pill with sarsaparilla is occasionally requisite, in cases of long standing which have resisted the usual mode of treatment.

With respect to local remedies, the first object is to free the scalp as much as possible from the crusts, and to subdue topical inflammation. This is accomplished by cutting the hair as short as possible, or by shaving the scalp if the eruption admit of it; daily ablu-

tion with hot water and soap; and when the crusts are dry and very adhesive, the application of poultices. After the surface is pretty well cleared, an ointment containing equal quantities of the unguentum oxidii zinci and unguentum hydrargyri precipitati albi may be applied to the inflamed parts; or if the inflammation be moderate, the unguentum hydrargyri nitratis will answer better. The combination of the tar ointment, diluted with two parts of lard, and one part of sulphur, forms a useful application when the crusts are very adhesive; but the pitch-cap, which was formerly much employed, is apt to excite a highly inflammatory state of the scalp, and a considerable degree of symptomatic fever, consequently it should be used with caution. In addition to these topical applications much advantage has been derived from the introduction of a seton in the nape of the neck or in the arm; indeed we have rarely witnessed the most obstinate cases resist the beneficial influence of such a drain continued for a month or six weeks.

Of all the local methods of treatment, that pursued by two brothers of the name of Mahon, in the Parisian hospitals, has been found the most efficacious; and therefore we shall give a brief sketch of it. The hair is first cut, so as to leave it throughout about two inches long; the crusts are next cleared away as completely as can be done by the aid of linseed-meal poultices and soap and water, a part of the treatment which occupies from four to five days. Having thus prepared the scalp, the affected parts are next covered with an ointment composed of chalk, silex, alum, oxide of iron, a small quantity of subcarbonate of potassa, some lime, and a little charcoal, rubbed up with lard, but in proportions which are kept secret. This ointment is applied on alternate days for upwards of a month; whilst on the intermediate days a comb is passed gently over the parts to detach the loosened hairs with as little pain as possible. At the end of this time a powder, the same as that which was employed in forming the ointment, but without any charcoal, is sprinkled over the affected parts; and after using the comb on the following day, the former ointment is again resorted to; and by continuing this method the disease yields, and the skin again acquires its natural and healthy condition. We have had no experience of this method of treating this species of porri \acute{o} ; but from its reputation in Paris we are of opinion that it merits the attention of British practitioners.

Many other local stimulants have been employed with various success; for example, ointments composed of powdered charcoal, peroxide of manganese, and oxygenated lard; cantharides ointment, and pommades made with white precipitate, or calomel, or bichloride of mercury. Different anodyne cataplasms also have been recommended, made chiefly with strong decoctions of conium *maculatum* or of the twigs of dulcamara; but at best these may be regarded simply as palliatives to allay local irritation. In obstinate cases, after remov-

ing the crusts, it has been found useful to touch the raw surfaces with a feather dipped in any of the mineral acids, and then a few minutes afterwards to bathe the parts repeatedly with cold water. The pain excited is great; consequently some degree of caution is requisite in applying these caustics to children of delicate habits.

When the eruption appears on the trunk of the body, the ordinary warm bath is found to be beneficial, and still more so the sulphurous vapour bath.

In conclusion, it is necessary to recollect that in no cutaneous eruption is a change of measures more necessary than in this species of porrigo; the employment of any single remedy, however judicious, is not likely to be followed by success.

II. *Eczematous porrigo*.—*Species 4. Porrigo furfurans; furfuraceous scall*.—This is the *teigne amiantucée* and *teigne furfuracée* of Alibert; the *eczema de cuir chevelu* of Biet, Rayer, and some other French writers; but as there can be only one opinion as to its pustular nature, it cannot be regarded as a variety of eczema, although it may be characterized as an *eczematous porrigo*. The eruption most commonly appears on the nape of the neck, at the margin of the hairy scalp, or on the temples. It commences with a crop of minute *achores*, the pus in which being unusually transparent has led them to be mistaken for vesicles. The discharge is moderate, and soon concretes, forming thin, laminated, exfoliating scales, accompanied with much itching and soreness when the disease, as is most commonly the case, is seated in the scalp and extends to the temples, ears, and neck. The discharge is also viscid, and exhales a nauseous odour; it adheres to the hairs; and on drying forms a powdery scurf, which the slightest friction separates; and when confined under these scales, it is absorbed and the glands of the neck swell and become painful. This also occurs in old cases; whilst the inflammation extending to the bulbs of the hairs, these fall off and baldness appears.

This species of porrigo generally attacks adults, females rather than males, and always those of a lymphatic temperament. The eruptions with which it is most likely to be confounded are psoriasis, and lepra when the latter affects the scalp. We have seen it also assume the appearance of impetigo. The pustular origin of the disease, as it reappears at irregular periods, enables us very readily to form a correct diagnosis; and independent of this, we observe no moisture nor ulceration, nor any diseased condition of the hair in either psoriasis or lepra; nor are these eruptions contagious, whilst *porrigo furfurans* is undoubtedly communicable by contact.

Porrigo furfurans is usually treated solely by topical remedies; but we have never seen it yield without the employment of general means. We have found much benefit by pre-facing a light alterative course, with one or two moderate bleedings, and a full evacuation of the alimentary canal by means of six or eight

grains of calomel, followed by a brisk saline purgative. We then generally order ten grains of *hydrargyrum cum creta* to be taken daily at bed-time, and twenty minims of *liquor potassæ* three times a day, gradually increasing the dose until it reach to ninety or one hundred drops. The best vehicle is milk, which both covers the taste and sheaths the acrimony of the medicine in swallowing. We have occasionally carried the dose to the extent of one hundred and twenty minims without any inconvenience to the patient.

With respect to the local treatment, the first object is to free the scalp and the hairs from the scurf, which is easily accomplished by cutting the hair short, and using a solution of fssiv of *liquor potassæ*, in fssvss of bitter almond emulsion as a lotion. The same lotion, more largely diluted, may be applied, tepid, twice a day: it cleans the scalp better than soap and water, and prepares it for the application of a stimulant ointment, which should be kept on, and the surface at the same time preserved in a moist state by an oil-silk cap accurately fitted to the shape of the head. The nature of the ointment must depend upon the greater or less irritability of the affected surface. When the scalp is very tender and moist, the oxide of zinc ointment should be preferred; or an ointment prepared with two parts of finely powdered *cocculus indicus* and eight of lard. In a drier and less sensitive condition of the diseased parts, the strong lotion may be used daily, or one composed of ʒiij of recently prepared sulphuret of potassa, ʒi of soft soap, ʒviij of lime water, and ʒij of rectified spirit; or with a lather formed of equal parts of soft soap and sulphur ointment in hot water. Instead of the *unguentum oxidii zinci*, either the *unguentum hydrargyri nitratis*, or *unguentum hydrargyri nitrico-oxidi*, or *unguentum acidi nitrici* of the Edinburgh Pharmacopœia may be now used; or, what in our opinion is preferable to all of these, a mixture of the common tar and sulphur ointments. By the employment of such means the disease usually yields, but as the inflammatory symptoms frequently recur, it is necessary, under such circumstances, to return to the use of the milder applications. All salted meats, pork, and fish should be forbidden during the existence of the eruption.

III. *Anomalous porrigo*. This division of porrigo contains chronic inflammatory affections, of a contagious nature, characterized by extremely minute circular groups of *achores*, which exude a fluid that concretes into thin, slightly adhesive crusts. In one of the species both the *achores* and the crusts are so minute as to be almost microscopic objects.

Species 5. Porrigo scutulata; ring-worm of the scalp. This is the most difficult to manage, and the most decidedly contagious of the whole genus. The pustules, or *achores*, are generally seated on the scalp, although occasionally they appear on the forehead and neck in distinct, somewhat distant, circular patches. When these are closely examined with a magnifying glass, they are found to consist of very

minute whitish-yellow pustules, embedded as it were in the epidermis. These break and are succeeded by thin crusts, which are readily detached at first, but after a short time harden, and become adhesive as they accumulate. The first circular patch, after the pustules break, is in a few days surrounded by a circle of fresh pustules, which break and crust in their turn, and are surrounded by a new crop of pustules; and by these repetitions the areas of the patches extend, until the greater part of the scalp is covered by them. The pustules are generally preceded by erythematic patches, which itch: when carefully examined, M. Bielt says that, like porrigo *favosa*, each pustule has a central depression, and is generally traversed by a hair; and when the crusts in which they terminate exfoliate, the surface remains red, shining, and inflamed. If the hair falls off, which generally occurs, the new hairs are dry, woolly, and so little adhesive that they may be detached with the smallest effort. The various patches display different periods of the eruption, and each is surrounded by an external circle of recent inflammatory pustules. The duration of the disease is very uncertain; but under every circumstance, even the most favourable, the prospect of cure is always a distant one. When the circles remain red, smooth, shining, dry or scurfy, the disease is still in progress; but when the redness and exfoliation disappear together, and the hairs begin to cover the spots and assume their natural appearance and colour, it may be regarded on the decline.

With regard to the causes of this disease, it is said to originate spontaneously in weak, flabby children, badly nourished, and who are confined to close ill-ventilated apartments; but there is some reason for thinking that it is one of those evils which our oriental possessions has bestowed upon us, (for we think that it imported from India,) and that its general propagation is due to its highly contagious character. Its introduction into a school is sufficient to fix it in the establishment for years in spite of the greatest vigilance and attention on the part of the superintendents. It occasionally, but rarely, occurs in adults.

The circular form of the patches, their manner of extending, the minuteness of the aches, and their contagious nature, readily distinguish this species of eruption from all others. It may nevertheless be confounded with impetigo *figurata* when this appears on the hairy scalp; but there are distinctive characters sufficiently evident to separate the two: thus, the superficial, slightly prominent psydric pustules of impetigo *figurata*, seated on a diffused red surface, differ essentially from the imbedded pustules of porrigo *scutulata*, surrounded by inflammation only at their base. Impetigo *figurata* also seldom appears exclusively upon the scalp, nor is it contagious.

If the spontaneous appearance of porrigo *scutulata* be true, it is evident that the tone and vigour of the constitution should be brought up where that is deficient; thence gentle alteratives,

namely, minute doses of hydrargyrum eum creta, with decoction of bark, or the solution of hydriodate of iron or other chalybeate preparations, are indicated when the disease appears in cachectic habits. When, on the contrary, it is communicated by contagion to stout and healthy children, no general treatment is required. In both, however, some attention to diet and regimen is necessary: all crude aliments, raw vegetables, and sweetmeats, or whatever is likely to prove acescent, should be avoided; and the surface of the body, particularly the lower extremities, must be kept warm, so as to maintain the balance of the circulation and keep up the insensible perspiration. In a word, every thing should be done to improve the general health if that is defective, and to preserve it if it do not require improvement.

The local treatment must be varied according to circumstances. In the early stage of the disease, when the patches are inflamed and irritable, soothing applications are indicated; for example, sponging with warm water, lime-water, or the application of emollient poultices, after shaving the head, which should be done at least once a-week; but we have seen more advantage derived from the simple application of cold or iced water to the patches, at this time, than from any warm or tepid applications. A light linen cap should be worn, and changed daily, and every pains taken to preserve cleanliness, and to prevent scratching or any mechanical irritation of the scalp. As the inflammatory state diminishes, and a dry, harsh state of the patches ensues, provided no fresh circles of pustules rise, and produce tender, inflamed areolæ, stimulant applications are indicated. During the irritative stage, Alibert recommends a cataplasm of hemlock, which we have tried, as well as cataplasms of henbane and belladonna, without observing any decided benefit to follow their employment. The belladonna causes dilatation of the pupils, blindness, vertigo, and other nervous symptoms, and therefore it requires to be used with caution, especially in young subjects. If ointments are desirable at this period, those prepared with cocculus indicus, calomel, white precipitate, oxide of zinc, the acetates of lead, or with opium or tobacco, are chiefly recommended. Decoctions of poppy-heads or of tobacco have also proved beneficial; but the latter requires more caution than the belladonna poultice. We have seen it cause sickness, vertigo, and the most alarming degree of collapse.

When the inflammatory state is absent, every stimulant that can be externally applied has been used in this complaint. Ointments, formed of metallic oxides and salts, namely, unguentum hydrargyri nitratis, unguentum hydrargyri nitrico-oxydi, and Banyer's ointment*

* Banyer's ointment consists of ℥ss. of litharge, ℥iii. of burnt alum, ℥iss. of calomel, ℥ss. of Venice turpentine and ℔ii. of lard, well rubbed together. It is too acrid for all cases, consequently it requires dilution with more lard.

containing calomel; sulphur ointments; the tar ointment, or one resembling it, made with petroleum instead of tar; ointments containing white hellebore, sabadilla, mustard, staves-acre, black pepper, capsicum, galls, rue, and similar vegetable excitants have been employed, and each in some cases has proved successful; nevertheless all have occasionally failed. In India, where the disease prevails, an ointment composed of 3i. of powdered galls, ʒi. of sulphate of copper, and ʒi. of simple cerate, is said to prove successful. In this country the last application in vogue is Creosote;* we have witnessed its success, but experience has yet to determine how far it can be depended upon. In very dry, rigid, and inert states of the patches, the nitrate of silver, the strong mineral acid, the pure alkalies, and other caustics have been applied, with the view of destroying the morbid cuticle and setting up a new action in the part. In some cases we have seen this practice succeed: in many instances, however, like other applications, it is useless. Although none of these external remedies when singly relied upon is permanently successful, yet all of them, when alternately employed or variously combined, are productive of benefit. As far as our own experience has enabled us to form a judgment on this subject, we are of opinion that more benefit is derived from the use of the depilatory method mentioned under the head of *porrigo favosa*, than from any other mode of management. It is undoubted that, whether the disease be seated in the bulbs of the hairs, or whether these become mere irritating bodies, the removal of the hairs is an important step in forwarding the cure. When these are once removed, the application of any stimulant ointment, exciting a new action in the diseased spots, aids the cicatrization of the pustules, and the formation of a healthy cuticle. The best and most certain evidence of the cure being completed is the growth of healthy, good

* As this substance has very lately been introduced to the notice of the profession in this country, it may be useful to give here some account of it. Creosote is a colourless, transparent liquid; sometimes, however, it is of a pale yellow colour. Its specific gravity is 1.037. It remains fluid at -17° and boils at 397° Fahrenheit. It impresses a hot taste on the palate, followed by sweetness; its odour resembles that of Westphalia ham. The antiseptic properties of pyroligneous acid are ascribed to Creosote. It is soluble in eighty parts of water, and in every proportion in alcohol, ether, and naphtha. It combines with acids and alkalies, forming compounds soluble in water. It coagulates powerfully albumen. Finally, it is a compound of carbon, hydrogen, and oxygen.

Such are the physical and chemical properties of this substance. It operates as an energetic excitant to the animal system, and proves poisonous to fish when they are introduced into aqueous solutions of it. As a therapeutical agent, it rapidly exhausts nervous energy, and therefore displays a narcotic as well as an excitant influence. It has been administered internally in rheumatism, hysteria, and several other diseases, and it has certainly been found useful as a topical remedy in ulcers and several cutaneous diseases, but hitherto its administration has been directed rather by empirical than scientific principles.

coloured hair on the spots which were previously the sites of the pustules.

Species 6. Porrigo decalvans; bald scalp.—This species, which is easily recognized from all the other species, and indeed from every other cutaneous disease, is the *area alopecia* of Celsus, the *alopecia areata* of Sauvages, and the *trichosis area* of Good. (See *ALOPECIA*.) It is characterized by patches of baldness in different parts of the head, generally of a circular form, with the naked part of the scalp smooth, shining, and white. No crusts form on these patches, nor can any achores be detected even when a good eye is aided with the most powerful glasses. Sometimes the patches enlarge, and run into one another so as to produce baldness of the greater part of the scalp.

It is extremely difficult to trace the cause of this curious disease. It seems to be some morbid condition of the secreting follicles of the hair, for there are no achores apparent, nor any disease of the cutis, unless we can regard the pale exsanguine aspect of the bald spot to be the result of some contracted state of the capillaries. There is a slight degree of itching, indicating nervous excitement on the patches; but this is not always present. Dr. Bateman* hints that the disease is contagious: we have not seen any cases in which it could be traced to communication. It occurs most frequently in children of ten or twelve years of age; but it is also occasionally observed in adults.

With respect to the treatment of this species of porrigo, we have seldom failed to cure it by shaving to the extent of an inch round the bald patches, and brushing them, at least twice a day, with rectified oil of turpentine, diluted with two parts of alcohol. As the new hair begins to appear on the bald parts, it should be regularly shaved off as long as it is softer and of a lighter colour than the healthy hair of the individual, the re-appearance of which is the proof of the termination of the disease. No internal medicines are indicated.

(A. T. Thomson.)

PRURIGO, (from *prurigo*, itching,) is arranged by Willan, Alibert, Rayer, Bielt, and others, as a papular affection of the skin; but the eruption is generally very obscure. There are several varieties of prurigo. The chief characteristic of all of them is severe itching, augmented by sudden exposure to heat. Where any eruption appears, and this seldom occurs except when the spot which itches is rubbed or scratched, the papulæ are of the same colour as the adjoining cuticle. The disease is either *general* or *local*, and as such only shall we regard it, as we are decidedly of opinion that the three *general* species designated by Willan, under the terms *mitis*, *formicans*, and *senilis*, are merely modifications of the same affection, depending on the state of the individual, and the changes that age produces in augmenting the severity of all diseases, more

* Synopsis, p. 248.

especially those of the skin. The propriety of separating the *local* from the *general* pruriginous affections requires no comment. No age, no sex is exempt from the attacks of prurigo; it is observed to make its appearance in all seasons, and to find its victims in every rank of life.

1. *General pruriginous affections*.—When the disease assumes that mild form which Willan has denominated prurigo *mitis*, the itching is first experienced upon the shoulders, the breast, the loins, the arms, and the thighs. No papulæ appear to the naked eye; but if the finger is passed lightly over the affected parts, they are felt soft and large in the skin; as a consequence of itching, small thin black scabs are here and there conspicuous, and the cuticle between them is slightly reddened. Constant friction occasionally produces inflamed pustules, but these must always be regarded as incidental. This variety usually appears in young and otherwise healthy individuals, and commonly makes its attack in spring and summer. In the more severe form of the disease, the prurigo *formicans* of Willan, the papulæ are larger, but less obvious than in the milder variety of the disease. It affects the whole of the body except the face, the palms of the hands, and the feet; but they are chiefly seated on the loins, the back of the neck, and the thighs. The same small scabby points are also scattered over the affected parts as in prurigo *mitis*. It occurs more generally in adults than in the young, and is not more prevalent at one season than at another. The duration of both varieties is considerable, but the *formicans* is the most lasting and difficult to cure: it sometimes continues for two or more years. The pertinacity of the disease, however, is most striking in the third variety, the prurigo *senilis*, which differs from the two former only in the greater magnitude of the papulæ: this variety often continues for the remainder of life, rendering it truly wretched.

In all the varieties the itching is intolerable, augmenting in comparative severity according to the age of the patient. Thus in prurigo *mitis*, although severe, it is supportable, but it is much aggravated by sudden exposure of the naked body to the air, at the times of dressing and undressing: it is also increased by exercise and heat. In *formicans* the itching is more incessant, and often accompanied by the sensation of ants stinging the skin, thence the appellation *formicans*; but this feeling is usually more like hot needles running into the skin than the stinging of ants. In the *senilis* the itching is insupportable and more permanent than in either of the other varieties, tormenting the patient to a degree almost sufficient to cause phrenzy; but it is sometimes surpassed by the stinging in *formicans*, which often causes cramps and contractions of the extremities in a remarkable manner.

When great cleanliness is neglected in any of the varieties of prurigo, pustules and vesi-

cles sometimes appear among the papulæ; and when the disease has been of long continuance, the skin acquires a preternatural thickness, the cuticle separates in a scaly scurf, and raghades form. In these conditions of the surface, in dirty persons, pediculi are observed to infest the fissures of the altered cuticle. These appearances of pustules and other changes during the continuance of prurigo have led to the erroneous opinion that the milder variety may be converted into itch and impetigo. The disease may be complicated with these affections, but its conversion into them may be fairly doubted.

The causes of prurigo, whatever form it assumes, are obscure. Its appearance, however, is often preceded by morbid affections of the stomach, sickness, gastrodynia, cephalæa; sometimes it supervenes upon particular kinds of diet, namely, salted meats, shell fish, and even other kinds of fish, namely, mackerel, herrings, and salmon: it has also followed the free use of fermented liquors and spirits, and, occasionally, excess in the use of vinegar and condiments and pickles made with it. We have witnessed an instance of a temporary prurigo from the use of the crystallized citric acid, in the formation of the effervescing draught, although no such effect was produced when recent lemon-juice was employed. It often appears among the lower classes of society, when they are lodged in damp and ill-ventilated apartments, badly nourished and ill-clothed. It is also observed to attack most frequently persons of spare habits, with sallow complexions, subject to visceral diseases, who are reduced in strength by over-fatigue or watching, or lowered in vital energy by mental affections. But although these may be regarded as predisposing causes of prurigo, yet the condition of the nervous system that renders it morbidly excitable, and which really constitutes the disease, is still unknown. It is easy to conceive that, as age advances, the secretions must necessarily become more acrid, and this may account for the greater severity and pertinacity of the disease in old people; but as it appears in all ages, there must exist some peculiar state either of the secreting system, which supplies the acrimony that may be supposed to act on the cutaneous nerves and capillaries to produce the disease, or some altered condition of the extreme nerves that renders them more susceptible of impression from ordinary agents than in the healthy state of the system. What either of these states consists in we have yet to learn.

With respect to the *diagnostic* symptoms that enable us to recognize prurigo from other cutaneous diseases, the chief are undoubtedly the obscure, or almost invisible, character of the papulæ, and the degree of itching attending them. It might be confounded with lichen; but the papulæ are larger, softer, and less apparent than those of lichen, which also never display the minute black crusts that often appear in prurigo; and the itching in the former disease is much less both in degree

and in permanence than in the latter. With itch it is not likely to be confounded by those who are familiar with the appearance of that loathsome disease. Itch is, besides, a vesicular affection, and the vesicles being acuminate and filled with a pellucid lymph can scarcely be confounded with the soft flat papulæ of prurigo: the site of scabies also differs from that of prurigo; the former occupies chiefly the fore parts of the arms and the under part of the thighs, the spaces between the fingers and the axillæ and the flexures of the limbs; the latter, regarded as a *general affection*, has its seat mostly on the shoulders, the back, and the fore-part of the thighs. Scabies is contagious, prurigo is not communicable by contact. It is scarcely possible to confound it with ecthyma, eczema, impetigo, or any other cutaneous eruption.

The *prognosis* in prurigo must always be uncertain as far as respects the continuance and curability of the disease, even when it assumes its mildest form. In old age and in worn-out constitutions it may be considered as incurable.

The *treatment* differs according to the variety of the disease. The mildest form, prurigo *mitis*, is benefited by a steady perseverance in the use of the tepid-bath, even when the disease is apparently for a time augmented by its employment.* When the bath cannot be procured, the skin should be regularly washed twice a day with warm water. We have observed much benefit to follow the daily use of the vapour-bath obtained in the manner of the Hindoos, namely, by seating the patient naked upon a chair, and after placing beside him a bucket of boiling water, enveloping his person and the apparatus within a large blanket, closely pinned round the neck, so as to prevent the escape of the hot vapour. The body should be gently rubbed by the hands of the patient whilst he remains in the bath; and when the temperature of the vapour falls, a hot brick should be dropped into the bucket to restore it. Mild soap or small quantities of the pure alkalies may be added to the water, when the body is immersed in the bath. We have not observed any advantage derived from the addition of sulphureous compounds.

In prurigo *mitis* bleeding and active purging, followed by the internal use of sulphur and carbonate of soda or of nitre, have appeared to mitigate the itching, particularly in young and otherwise healthy subjects. If saline purgatives be employed, they should be combined with either the diluted sulphuric or the nitric acid. In prurigo *formicans* the same general means are necessary, with the addition of light tonics, such as decoction of sarsaparilla or serpentaria, or the solution of sulphate of quinia with the addition of diluted sulphuric or nitromuriatic acid in doses of a fluid drachm, if the constitution of the patient be enfeebled or naturally weak. No benefit results from courses either of purgatives or diaphoretics.

We have little to propose respecting the general treatment of prurigo *senilis*. In most instances, the disease seems connected with a worn-out languid state of the habit, and requires the aid of a chalybeate, either natural or artificial; we prefer the former, but when it cannot be obtained, we consider the solution of the hydriodate of iron, in small doses largely diluted, as the best substitute. Some benefit has occasionally been derived from the Harrogate waters, employed internally and externally at the same time. When the itching is very severe, the warm-bath affords a temporary alleviation, and the warm sea-water bath should always be preferred to the fresh-water bath when it can be procured. When neither can be readily obtained, much benefit has followed the employment of a lotion of the bitter almond emulsion, containing one grain of the bichloride of mercury in each fluid ounce of the emulsion, and one fluid drachm of hydrocyanic acid. When pediculi infest the skin, the most effectual mode of destroying them is the fumigation with cinnabar, which acts promptly and effectually; or, where this is objected to, an embrocation with one part of the oil of bitter almonds, one part of the oil of turpentine, and six parts of olive oil, will be found useful: the fumigation, however, is more decidedly useful than the embrocation, as it not only destroys the living insects, but their ova, which often escape the action of the embrocation as they lie in the raghades.

2. The *local pruriginous affections* require a separate notice, as they have scarcely any affinity with the general diseases which we have just described. Two of them, namely prurigo *præputii* and *urethralis*, are objects rather of surgical than of medical treatment, and therefore do not require to be noticed here; and a third, prurigo *pubis*, arising solely from the presence of pediculi, is cured by whatever destroys the insects that cause it. The ointment of the white precipitate of mercury of the pharmacopœia, or an ointment made with equal parts of mercurial and sulphur ointment, answers every indication.

Prurigo podicis is sometimes a very troublesome and very obstinate disease. It generally occurs in aged persons and those of sedentary habits; and although it sometimes depends on hemorrhoids, chronic inflammation of the rectum, or ascarides, yet it appears independently of those local diseases. The itching is intense round the anus and along the perineum, extending to the scrotum, which often appears changed in colour and consistence, becoming brown, thick, and scaly. The irritation increases at night, and varies greatly, according to the diet of the patient.

Prurigo *podicis* requires a different treatment according to the degree of irritation and the habit of the patient. When it is severe, and there either exist hemorrhoids or a tendency to them, local bleeding is necessary; and this is best accomplished by cupping over the sacrum. Emollient cataplasms, composed of bread soaked in a strong decoction of poppy-heads in vinegar

* Lorry, de Morb. Cutan. cap. iii. art. ii. par. ii.

and water, also afford much relief to the itching at night. Rayer recommends the gelatino-sulphureous lotions proposed by M. Dupuytren, especially when the parts are excoriated by friction. We have no experience of this application, and would rely more on local bleeding, and the zinc or diluted tar-ointment; or on an ointment composed of 3℥ of acetate of lead, ʒi. of sulphate of zinc, ʒssiv. of tincture of opium, and 3i℥ of lard. We have seen much comfort derived from the daily employment of the warm hip-bath at bedtime, and the cold hip-bath in the morning. Little internal medicine is requisite: the secretions should be improved by the administration of very minute doses of calomel, namely, one-sixth of a grain combined with three grains of extract of conium at bedtime, and half a drachm of the solution of ioduret of iron, equal to gr.iss. of the salt, in a large glass-full of water twice a day. In old worn-out habits, the fluid extract of sarsaparilla, in doses of a table-spoonful in half a pint of milk three times a day, has proved useful. But it must be acknowledged that this troublesome affection often resists every treatment that has been suggested.

Prurigo scroti resembles *prurigo podicis* in many particulars, and seems to originate in similar conditions of the habit. It requires nearly the same treatment. Lotions made with calomel or bichloride of mercury and lime-water, without being filtered, have been found useful. When the disease arises in plethoric individuals from violent exercise in hot weather, nothing more is necessary than daily ablutions with tepid soap and water, regulating the bowels, and avoiding stimulant diet.

Prurigo muliebris differs little from the last-mentioned varieties, except as regards the nature of the parts affected and the sex of the patients. It is frequently connected with leucorrhœa, especially when it appears after the cessation of the catamenia. In some instances the itching and irritation about the labia and os vagina is so intolerable as to drive the patients from society, and sometimes to excite a degree of nymphomania. In such cases leeches to the vulva, and cooling saturnine emollient and narcotic lotions are indicated. On the continent much confidence is reposed on bleeding in the feet or ankles, but we are of opinion that more benefit is derived from relieving the affected parts than by any revulsive measures. Whatever local applications are employed should be frequently changed, and thus the following may be alternately used; the ordinary black-wash; the orange-wash, composed of two grains of bichloride of mercury and a fluid ounce of lime-water; equal parts of the solution of the chloride of soda of Labarraque and water; and a lotion composed of two fluid drachms of liquor potassæ, a fluid drachm of hydrocyanic acid,

and eight fluid ounces of bitter-almond emulsion. In one very obstinate case, the writer of this article found much benefit from pencilling the affected parts with a solution of nitrate of silver, in the proportion of two grains of the nitrate to a fluid ounce of distilled water, acidulated with two minims of diluted nitric acid.

It is scarcely necessary to remark that, in every local pruriginous affection, much heat should be avoided, and a firm mattress, instead of a feather-bed, adopted. As the irritation is always most severe in the night, much comfort may be procured at that time by applying the sedative lotions cooled in ice. If possible, friction of every kind ought to be avoided. It is also of importance to refrain from the use of all seasoned food, aromatics, coffee, wine, and fermented and alcoholic liquors, during the continuance of the disease.

(A. T. Thomson.)

RUPTURE OF THE HEART may be either complete or partial. The rupture is said to be complete when the walls of the heart are perforated or torn through; it is said to be partial or incomplete when it is confined to the tendinous chords or fleshy pillars of the heart.

Complete rupture.—The immortal discoverer of the circulation was the first to describe this lesion of its central organ.* Morgagni, who himself fell a victim to the disease, and other pathologists, both in this country and on the continent, have since recorded a considerable number of similar cases, and have clearly shewn that not a few of the cases of sudden death, usually attributed to an apoplectic seizure, are in reality caused by rupture of the heart. But if the disease has now, in a great measure, lost the interest of novelty, its investigation has acquired a still stronger claim on the attention of the physician, from the very fact of its occurrence being now no longer a matter of curiosity. We have ourselves witnessed two cases of rupture of the heart, occurring within the same year in the Dublin House of Industry; and M. Rostan observed three similar cases during the winter of 1816, and two more in the space of a fortnight in the year 1820. Still, however, the lesion may be considered as one of comparatively rare occurrence.

The following table, which we have drawn up from the most accurately reported cases that we have been able to select, may serve to illustrate some of the most interesting points connected with this formidable lesion, such as the relative frequency of its occurrence in the different parts of the heart, the sex and age of the individuals, the causes of the lesion, remote and proximate, and the symptoms which precede and follow the event.

* De circulat. sang. exercitat. 3.

Table of twenty-five cases of rupture of the heart, collected from various authors.

Author's Name.	Sex.	Age.	Symptoms.		Cause.		Situation of Ruptures.
			Premonitory.	Consecutive.	Proximate.	Remote.	
Adams, in Dublin Hospital Reports	Female	60	Dyspepsia	Sudden death	Straining to vomit	Softening and fatness	Anterior wall of left ventricle
Ditto	Male	64	Cerebral apoplexy	Ditto	Straining at stool	Ditto	Ditto
Bertin, Traité des Maladies du Cœur	Ditto		Not mentioned	Ditto	Leaping out of a window	Not mentioned	Right auricle
Ditto	Ditto		Previous health good	Ditto	Vomiting after supper	Prodigiously fat	Ditto
Bland, in Bibliothèque Médicale	Ditto	86	{ Pain of chest and } { oppression }	Ditto	Spontaneous	Ramollissement	{ Anterior wall of left ven- tricle near apex
Ditto	Ditto	58	Dyspepsia	Ditto	Straining to vomit	Ditto	Anterior wall of left ventricle
Ditto	Ditto	76	Previous health good	Ditto	Spontaneous	Ditto	Ditto
Ditto	Ditto	80	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto	Ditto		Not mentioned	Ditto	Ditto	Not mentioned	Ditto
Bohnius, De Renunciatione Vulnerum	Ditto	80	Previous health good	Ditto	Mental emotions	Ulceration	Septum ventriculorum
Crampton, case unpublished	Ditto		{ Pain in præcordia } { and dyspnea }	Ditto	Spontaneous	Loaded with fat	Right ventricle
Ferrus, in Archives Générales	Ditto	60	Organic disease of heart	Ditto		Ramollissement	Anterior wall of left ventricle
Harvey, De Circulatione Sanguinis	Ditto		Headach and flatulence	Ditto	Ditto	Not mentioned	Ditto
Morgagni, De Causis, etc. Morborum	Female	75	Palpitations	Ditto	Ditto	Heart loaded with fat	Ditto
Ditto	Male	65	Rheumatic pains	Ditto	Ditto	Ulceration	Ditto
Ditto	Ditto		Not mentioned	Ditto	Ditto	Ditto	Ditto
Morand, in Mém. de l'Acad. Royale	Ditto	Old	Ditto	Ditto	Ditto	Ramollissement	Ditto
Ditto	Female	77	Ditto	Ditto	Straining at stool	Ulceration	Right ventricle
Nichols, in Philos. Trans. vol. lli.	Male	70	Organic disease of heart	Ditto	Spontaneous	Not mentioned	Ditto
Rostan, in Nouveau Journal de Méd.	Female	75	Previous health good	Ditto		Thinning of the part	Anterior wall of left ventricle
Ditto	Ditto	78	Slight catarrh	Ditto	Ditto	Ditto	Ditto
Ditto	Ditto	74	Acute pain in præcordia	Ditto	Ditto	Ditto	Ditto
Ditto	Ditto	88	Previous health good	Ditto	Ditto	{ Ramollissement and } { thinning }	Ditto
Townsend, in Dublin Hospital Reps.	Ditto	84	Ditto	Ditto	Ditto	Ditto	Ditto

From the foregoing table it appears that the occurrence of this formidable lesion is almost exclusively confined to extreme old age, and that the number of males who fall victims to it is much greater than of females, the proportion being sixteen to nine, or nearly as two to one. As regards the situation of the rupture, it appears that of the *twenty-five* cases recorded, the lesion occurred *nineteen* times in the anterior surface of the left ventricle near the apex, *three* times in the right ventricle, *twice* in the right auricle, *once* in the septum, and in two instances there were more ruptures than one. The observations of Bayle likewise confirm these results as to the relative frequency of the rupture in these different situations. Of nineteen cases of rupture of the heart collected by this author, *fourteen* occupied the left ventricle near its apex, *three* the right ventricle, *one* the apex, and *one* the septum. (*Meckel*, vol. ii. note.) So that, from his observations as well as our own, it results that the left ventricle near its apex is, beyond all comparison, the part of the heart most frequently ruptured, the right ventricle comes next in order, and lastly the auricles and septum. This difference in the relative frequency of the rupture in their different situations may, we conceive, be accounted for by referring to those pathological alterations which usually precede and induce the rupture of this organ. We are aware that several cases have been recorded of rupture of the heart caused by some violent mental emotion or physical exertion, a remarkable instance of which occurred some years since in Dublin, when a gentleman, on reading in a newspaper the death of his only son at the storming of Bergen-op-Zoom, instantly fell from his chair, and expired without a moan. Still, however, mental emotions, however powerful, can scarcely be considered capable of producing so formidable an effect, unless where the heart had been predisposed to rupture by some organic lesion or degeneration of tissue; and therefore, while we do not deny the possibility of rupture of the heart arising in the same way as rupture of the uterus, from the inordinate action of its muscular fibres, we believe that such cases are excessively rare, and that in the great majority of instances which do not arise from external injury, the organic structure of the fibres is diseased before their substance is lacerated.

The alterations of structure which usually precede rupture of the heart, are ulceration, softening, or a disproportion in the thickness of the muscular parietes, arising either from atrophy of the part thinned, or hypertrophy of the other parts of the walls of the cavity, or from both these alterations combined.

Of these morbid changes, some, as ulceration and softening, may attack any part of the heart external or internal; and accordingly the ruptures, or rather perforations, which these morbid alterations give rise to, are found to occur with nearly equal frequency in the right and left ventricles, and in the auricles, whereas those cases of rupture arising from a disproportion in the thickness and strength of the walls of the heart, almost invariably occur in the left ven-

tricle, about half an inch from the septum, and the same distance from the apex. Laennec and Bertin, whose authority ranks deservedly high on such subjects, are both of opinion that perforating ulcers are decidedly the most frequent cause of the heart's rupture, but we cannot reconcile with this opinion the fact that fully three-fourths of the cases of rupture on record have occurred precisely in one determinate point, while the ulcers, which are supposed to precede them, evince no predisposition for that particular part of the heart. It is true that a large proportion of those ruptures which occur in the auricles or in the right ventricle, is caused by perforating ulcers commencing generally on the internal, occasionally, too, on the external surface of the parietes, and burrowing through their substance; but in those more numerous instances where the rupture occurs on the anterior surface of the left ventricle near its apex, the lesion is, in most instances, produced by the parietes having been previously rendered thin in that point, while their thickness was increased towards the basis.

The reason why this is so may, we conceive, best be understood by considering that although the parietes of the right ventricle and of the auricles are considerably thinner than those of the left ventricle, and consequently the parts which would, *a priori*, be supposed most liable to rupture, yet as they are nearly of the same uniform thinness throughout, the force of their contractions, as also their power of resistance, is equally divided, and operates equally on every point of their surface; whereas the walls of the left ventricle are naturally thinner near the apex than towards the basis, and this inequality is occasionally rendered still greater by disease, especially by that form of hypertrophy by no means uncommon in advanced life, in which the walls of the left ventricle are more or less thickened towards the basis, while they retain their ordinary thinness near the apex, or are even rendered thinner than natural. M. Rostan, who has particularly described this form of hypertrophy, has likewise enumerated four cases of rupture arising from it. According to this author, the disproportion is, in some cases, so great that the muscular walls of the left ventricle measure fifteen or even eighteen lines in thickness towards their bases, while near the apex they are scarcely two lines thick. This local thinning of the muscular parietes is frequently accompanied with, and as it were compensated by a thick coating of fat, which is sometimes so considerable as to have arrested the principal attention of several distinguished pathologists, who, accordingly, did not hesitate to refer the rupture of the organ to this hypertrophy of the adipose tissue, which, in our opinion, was no otherwise concerned in producing the rupture than as it coincided with the atrophy of the subjacent muscular substance.

Whenever the disproportion which naturally exists between the thickness of the walls of the left ventricle near the apex and towards the basis is rendered still greater, (as in the form of hypertrophy just alluded to,) or when, their

relative proportions remaining unchanged, the force of cohesion is generally diminished throughout their muscular structure, as in the case of general softening of that organ;* the apex of the left ventricle being the point which sustains the greatest shock in proportion to its powers of resistance, yields to the distending force; and accordingly we find that aneurismal pouches, as well as ruptures, occur most frequently at this very point, namely, at the anterior surface of the left ventricle, about half an inch from the apex, and the same distance from the septum.

It is not our intention to enter into a minute description of those morbid changes of structure which we have enumerated as the ordinary precursors of rupture of the heart, as they have already been fully discussed in the respective articles assigned them in this work: for our purpose it is sufficient to observe, that when the heart is predisposed to rupture by any of these morbid alterations, the slightest exciting cause is often sufficient to induce the fatal catastrophe. Of the twenty-five cases we have collected, there were eighteen in which no immediate cause of rupture could be assigned—the ordinary action of the heart being of itself sufficient to overcome its feeble powers of cohesion: of the two cases which fell under our observation, one died suddenly while chatting with his messmates; and the other as instantaneously while telling her beads in chapel. In three of the cases the act of vomiting was sufficient to cause the rupture; and in two instances it was occasioned by straining at stool. In one case already alluded to the rupture was caused by violent mental emotion; and we remember to have read of a similar event occurring in the person of Philip the Fifth of Spain, on hearing of the loss of the battle of Piacenza; and lastly, in one of the cases the accident was produced by external violence, the individual having jumped out of a high window.

From whatever cause the rupture proceeds, its occurrence is generally followed by immediate death; but in some rare cases life has been prolonged for several days after the accident, and the perforation has in these instances, we are informed, been found plugged up with a coagulum of fibrine. We have not ourselves met with an instance of this favourable termination of the lesion, nor have we been able to discover a single case of the kind in the medical annals of this country. Still we are not prepared to deny the possibility of such an occurrence, as the annals of surgery furnish abundant proofs that the heart may be perforated, and yet that the individual may survive the accident for many years. We might quote

many cases in point from the works of surgical writers, but prefer confining our observations to cases of spontaneous rupture. M. Cullerier saw an instance of rupture of the left ventricle, in which the fissure was plugged up with a firm fibrinous concretion; and M. Rostan relates that a woman, aged seventy-four, who had suffered for fourteen years from palpitations accompanied with excruciating pain in the left side and in the epigastrium, was seized with an attack of indigestion and vomiting, during which she expired suddenly, just as she was congratulating herself on getting over the attack. On dissection, the pericardium was found attached to the heart by albuminous bands in different stages of organization; an irregular fissure, nearly an inch and a half long, was also discovered on the anterior surface of the left ventricle, and to the left of this fissure the substance of the heart seemed destroyed for half an inch in length and half a dozen lines in diameter: this loss of substance was replaced by a firm concretion, which appeared incorporated with the surrounding tissue of the heart. In the neighbourhood of these changes, the walls of the heart were remarkably thin, and were as remarkable for their thickness every where else. M. Rostan adds, that from the appearance of the cicatrix he had no doubt that it was the mark of a former rupture, and probably of several years standing.

From these cases and others of a similar character we are justified in concluding that, in the event of rupture of the heart, there is a possibility of the aperture being closed by a coagulum, and of this coagulum becoming the medium for the formation of a true cicatrix: this favourable event is most likely to occur when the rupture is small, situated obliquely, and traversed by fibres attached to the ruptured surfaces; the cicatrix thus formed would, no doubt, receive additional strength from the formation of adhesions between the heart and pericardium in the immediate neighbourhood of the injury. This favourable termination is unfortunately of such rare occurrence, that the disease may be reckoned among those which are the most immediately fatal.

The premonitory symptoms of this lesion are, as might be expected, as varied as the conditions of the organ which precede its rupture. "Of the individuals," says M. Andral, "who died under my care in consequence of rupture of the heart, some had for a long time previously manifested the usual symptoms of organic disease of that organ; others had never betrayed any symptom of disease, either of the heart or large vessels; and others again had complained occasionally of uneasiness or pain in the precordial region, unattended with any other morbid symptom." In most instances the attention of the physician is first awakened by the sudden and unexpected death of the individual; and in not a few cases it is only on dissection that the true nature of the case is discovered, when on removing the sternum the pericardium is seen presenting a pale bluish tint, and when opened is found more or less distended with blood; most commonly only

* M. Bland, who has published a highly interesting memoir on this subject, regards the softening of the heart's substance as the result of its prolonged action, and as a frequent, if not a necessary consequence of old age; and this degeneration he considers the essential cause of the ruptures which take place in extreme old age, and proposes to designate by the term of "*déchirement sénile*."—*Bibl. Médicale*.

one rent can be discovered in the heart, but in some cases as many as five or six fissures have been found; in such cases the ruptures are usually the effects of ulceration.

The subject of treatment may, unfortunately, be dismissed in a few words, for as we cannot anticipate the occurrence of this lesion, or recognise its existence after it has occurred, we cannot, it is evident, know when to apply the appropriate remedies; which should, in the first instance, be directed to the removal of those morbid conditions of the heart which predispose it to rupture; and in the second, (after the accident has occurred without producing immediate death,) to support the nervous system under the violent shock it has received, and at the same time to restrain the inordinate action of the heart, with the view of moderating the hæmorrhage and favouring the formation of a coagulum.

Besides the species of rupture just described, the heart is liable to another, which for contradistinction has been termed partial or incomplete: in this latter form of the disease the rupture is seated in the chordæ tendineæ or in the columnæ carneæ.

This species of rupture is, we believe, of more frequent occurrence than the preceding, though in consequence of its not always causing such violent symptoms during life, or presenting such striking appearances on dissection, its existence is often overlooked. M. Corvisart, who first described this lesion, relates three cases of the chordæ tendineæ being torn across during violent fits of coughing; a sudden and intense feeling of suffocation immediately followed, and terminated in exhibiting all the usual symptoms of disease of the heart. Laennec, Bertin, and Bouillaud have likewise published cases of this species of rupture, and a very interesting case of the kind is fully detailed by Dr. Cheyne in the Dublin Hospital Reports. We have ourselves met with three instances of one or more of the tendinous chords being torn across; in those cases we have seen, the lesion was found in persons labouring under pulmonary consumption. It does not appear that this species of rupture occurs more frequently in one ventricle than in the other. In some instances the tendons appear to be ruptured or torn from their attachments by a violent muscular effort, and do not exhibit any appearance of previous disease, but more frequently the ruptured extremities present unequivocal marks of the ulcerative process by which the solution of their continuity was effected; in two instances we have seen small globular vegetations attached to the ruptured tendons.

The symptoms of this lesion depend, in a great measure, on the extent and seat of the injury: when only one of the tendons is ruptured, the circulation is in general but slightly deranged; we have found two of the tendons severed in their centre by ulceration where no symptom of any derangement of the heart's action was exhibited during life; the individual was in the last stage of phthisis; but when all the tendons which are implanted into one of the valves are ruptured across, the valve, being

no longer retained in situ, is allowed to flap backwards and forwards, and its valvular office is consequently destroyed altogether. The following observations, abridged from the case related by Dr. Cheyne, will serve to illustrate the formidable symptoms which are produced by this violent derangement of the heart's action. "A musician, ætat. thirty-four, was suddenly seized with acute pain in the region of the heart, so violent as to render him perfectly frantic,—the pain occasionally intermitted for some days. A month after the first attack, the stroke of the heart was indistinct and tremulous, and appeared to extend over the whole of the left side of the chest, from above the clavicle to below the scrobiculus cordis, without being more distinct at any one point than at another. Pulse 148—unequal, irregular, and indistinct—complexion of a leaden colour—countenance bloated—his eyes staring wildly—memory impaired—inability to lie down. The disturbance of the vital functions was wonderfully increased by walking even a few paces, and while the exertion increased the dyspnoea, it gave strength and distinctness to the stroke of the artery—death ensued without a struggle. Besides other morbid appearances, which it is unnecessary to enumerate here, the parietes of the left ventricle were found thickened, their internal surface much inflamed—several irregular excrescences were attached to the mitral and semilunar valves. The chordæ tendineæ, which connected the larger portion of the mitral valve to the wall of the left ventricle, were torn off just at the point of their insertion into the edge of the valve; four of these ruptured tendons hung loose into the ventricle.

Between the extensive lesion which occurred in this case, and the formidable symptoms resulting from it, and the rupture of only a single tendon, with its comparatively trifling effect on the heart's performance of its functions, several intermediate degrees of rupture may occur, each of which would, no doubt, be attended with symptoms of proportionate severity. M. Laennec frankly admits that these various kinds of rupture can at most be suspected, but cannot be certainly recognised by any positive signs. The only stethoscopic phenomenon which we could observe in a case of rupture that we had an opportunity of examining, was a confused tremulous pulsation, which it was impossible to analyse; and we have been informed by Dr. Stokes, that a similar kind of pulsation, extending over the whole cardiac region, was the only stethoscopic indication that he could detect in a case where, after death, he found the tendons of the mitral valve ruptured.

(Richard Townsend.)

SPINAL MARROW, DISEASES OF.—

The abnormal states of the spinal marrow are not so numerous as those of the brain, whether we take into account their congenital malformations or morbid conditions. As regards the latter, it seems, upon a fair consideration of all the facts hitherto collected, that those of the brain predominate; and considering the greater vascularity of that organ, its proximity to the

surface, the close adhesion of its fibrous covering to the interior of its bony case, and, in fine, the part which it plays in, or the connexion which its functions have with, the phenomena of mind, we cannot but accede to the justice of this conclusion.

Passing to the consideration of these conditions, we shall first notice the congenital malformations, to little more than a bare enumeration of which our space restricts us. Total absence of the spinal marrow has been frequently observed accompanying acephalous or anencephalous monstrosities, but never otherwise. To this form of monstrosity Beclard has given the name of *amyélie*. It is a question whether its absence is attributable to a real defect of the development of the organ, or to its destruction while yet in a state of great delicacy by the formation of a dropsical effusion either around it, or in the canal or ventricle which exists in it at an early period of its development. Cases of this deficiency are recorded by some writers as having reached an advanced period of uterine life.* One of the most complete cases of this kind is recorded by Lallemand. The fœtus had firm flesh, and the epidermis was sound; the testicles were situated at the orifices of the inguinal canals; the motions of the child were distinctly felt by the mother before birth; and, judging from the size of the limbs and the declaration of the mother as to the duration of her pregnancy, it was concluded that the fœtus had reached the period of between seven and eight months; yet it had neither brain, cerebellum, nor spinal marrow.† The spinal marrow is, moreover, found in various degrees of imperfection, constituting the *atelomyélie* of Beclard. These defects of form are thus enumerated by Ollivier:‡ 1. the malformation of various kinds of its upper extremity when the brain is absent, or when a variable portion of the upper part of the trunk is wanting; 2. its division, to a greater or less extent, into two portions; 3. its double form, as in cases where the spine is single to a certain extent, and then bifurcates at one extremity either to support two heads, or to form two trunks separated below and reunited above; 4. varieties in its length and breadth; 5. the existence of a canal in its interior; 6. its congenital dropsy, (*congenital hydrorachis*), which in general is accompanied with an accumulation of fluid in the meningeal cavity of the spine.

Of all these varieties of congenital defect the last is that which is most frequently presented to the notice of the practitioner. The dropsy of the spine, called *hydrorachis*, consists of an accumulation of fluid in the substance of the spinal chord, in the subarachnoid cavity between the arachnoid and pia mater, or in the arachnoid sac. It very frequently happens that there coexists with this disease a congenital deficiency of the

posterior portions of the vertebral rings—the spinous processes and vertebral laminae being absent—for a variable number of vertebrae. Hence the term *hydrorachis* has been constantly confounded with that of *spina bifida*, which merely has reference to the incomplete state of the bony canal. It cannot be denied that *hydrorachis*, or a superabundant quantity of fluid, may exist in the spinal cavity without the osseous deficiency; but it will be always important for the practitioner to remember that a natural fluid exists in this canal before he pronounces with certainty on the morbid character of an affusion. When a congenital *hydrorachis*, strictly so called, (or, as J. P. Frank terms it, *hydrorachia incolumis*,*) exists, it is generally only part of a dropsy affecting the whole cerebro-spinal axis, and therefore its symptoms are those of congenital hydrocephalus in an aggravated form, sense and motion being affected to a greater degree, and its treatment will be to be conducted on a similar plan. But that form of *hydrorachis* which is found along with a deficiency of the vertebrae (*hydrorachia dehiscens* of Frank) we decidedly think to be, in the majority of cases, an accumulation which the absence of the natural resistance from the posterior wall of the spinal canal allows to take place, and therefore this defect constitutes the essence of the peculiar affection under consideration. The presence, therefore, of this congenital defect is generally if not always indicated by the existence of a tumour proportionate in extent to the number of defective vertebrae, prominent in one or more regions of the spine. Such a tumour may occur in any region of the spine; but it is most frequently found in the lumbar region, next in the sacral, rarely in the dorsal, and least of all in the cervical; it may exist in two regions at the same time, or may occupy all the three regions, the whole spine being bifid. In the cervical region, *spina bifida* generally coexists with an open condition of the cranium posteriorly, resulting, as Isid. Geoffroy St. Hilaire remarks, from a sort of “*spina bifida cranien*.” There is a free communication between the tumour or tumours and the rest of the cavity of the spine, or even of the cranial cavity, as appears from the diminution in the size of the tumour produced by pressure, or by an alteration in the position of the infant, for when it is in the erect posture the tumour is tense, but if the head be placed lower than the rest of the trunk it becomes flaccid. It is said that respiration also causes remarkable changes in the tumour, that it swells during expiration, and falls during inspiration.† The coverings of these tumours vary, sometimes including the skin, and, when the fluid is accumulated in the marrow, the pia mater; but the dura mater and arachnoid—that is, one layer of it—will constantly be found among its coverings. The condition of these coverings is also variable, the skin being either sound, thickened, ulcerated, almost gangrenous, or covered with fungous growths or

* Ollivier, sur la Moelle Epinière, vol. i. p. 139.

† Observations Pathologiques propres à éclaircir plusieurs points de Physiologie. See also a well-observed case by Morgagni, epist. 48, § 50.

‡ Loc. cit. p. 153.

* De Curandis Hominum Morbis, tom. vi. p. 374.

† Ollivier, loc. cit.

tufts of hair; and the membranes may likewise be congested or thickened. The fluid itself is generally of the same characters as that of hydrocephalus; it may vary in quantity from a few ounces to six or seven pints, and has been found to occupy various situations, of which Andral enumerates the following:—1. in the cavity of the arachnoid; 2. between the arachnoid and dura mater; 3. between the arachnoid and pia mater; 4. between the latter membrane and the osseous parietes of the spinal canal; 5. in a canal formed in the spinal cord; 6. in a cyst situated outside the dura mater, which latter, as well as the other membranes, was perfectly free from alteration.* Sometimes serous cysts filled with clear fluid have been found in the tumour. Fleischmann† reduces the defects of the vertebræ to three classes:—1. when the whole vertebra, body as well as processes, is divided; 2. where the lateral arches are imperfectly developed; 3. where, although the lateral arches are developed, they are not united. Of these the first and third are rarely observed. Lastly, the condition of the spinal cord demands attention. Otto says, “In the most severe forms the spinal marrow is entirely wanting, and we find merely the membranes fallen together, usually slit at one or more spots, or even more or less degenerated and adherent to each other, forming sometimes a closed sac filled with lymph.”§ In the more ordinary cases it is, according to Ollivier, most frequently sound; but Meckel thinks otherwise, and that it is more frequently altered either in situation, being found in the cavity of the tumour, or in structure, being softened or reduced to a pulp and diminished in size, and sometimes imperfectly divided into two parts, or spread out into a kind of membrane. The nerves undergo some alteration in their mode of distribution. Sometimes the posterior branches do not pass beyond the tumour, but are distributed upon the internal surface of the walls of the tumour, and terminate there: in some cases they form a nervous network in their ramification on the internal surface of the tumour.||

This affection is for the most part fatal in its termination, and has hitherto been deemed almost incurable, but very few cases having either recovered or been ameliorated by treatment. The lower limbs are generally paralyzed, as well as the bladder and rectum, and sometimes there are convulsions and hydrocephalic symptoms. The hopelessness of a cure is of course increased, when, as is not unfrequently the case, there are other congenital defects, as deficiency of the abdominal walls, extroversion of the bladder, imperforate anus, &c. &c.

The duration of the life of the infant will depend on the size of the tumour—the larger the latter is, the shorter will be the former.

* Anat. Pathol. by Townsend, vol. ii.

† De vitis congenitis circa thoracem et abdomen. Erlange.

‡ Vid. a case of this kind by Mr. Stafford, in his work on Injuries and Diseases of the Spine, p. 48.

§ Path. Anatomy, by South.

|| Stafford, in loc. cit. pp. 21, 22, 23.

On the other hand, however, it is abundantly proved that a state of integrity of all the functions may occasionally exist even with a tumour of considerable size, for many instances are recorded of children living several years, and even arriving at the respective ages of 17, 18, 19, 20, 21, or even 50 years, with such tumours. If the tumour burst suddenly, death almost certainly will immediately result, preceded by violent convulsions; and the same consequence is apt to follow the opening of the tumour by cutting instruments, even where its evacuation is effected slowly.

Various plans of treatment have been proposed by surgeons to remove or remedy this congenital defect. The application of a ligature round the base of the tumour, pressure by a truss, (*Benjamin Bell*), the introduction of a seton, counter-irritants, (*Richter*), have been justly discarded. Compression and puncture were originally proposed by Mr. Abernethy, and have been since successfully carried into effect. Compression was devised by Mr. Abernethy, from the idea that it would supply that which was wanting in consequence of the incomplete state of the vertebral canal. This, however, is only a palliative remedy, and requires to be constantly kept up in order to prevent the increase of the tumour. Sir A. Cooper applied pressure by means of plaster of Paris fitted to the tumour, and maintained by a roller applied with a moderate pressure round the waist. This was removed after a time, and its place supplied by an umbilical truss, which answered every purpose, and kept the tumour entirely within the channel of the spine.* Mr. North, so well known to the profession by his work on Infantile Convulsions, has related to us an equally successful case which occurred in his practice. The subject of it, a girl, is now arrived at adult age, and able to perform the duties of a servant in a family in London.

The plan of treatment by puncture also has been successful in the hands of Sir A. Cooper. The tumour was punctured by a needle, and its contents evacuated every fourth day, and a roller applied round the body: after some time the walls of the tumour became solid, and the child was relieved from all inconvenience. This mode of treatment seems decidedly to be the only one likely to effect a permanent cure by the final consolidation of the tumour, and it is evident that its success will in great measure depend on the degree of perfection of the spinal marrow itself.

We may here allude to that peculiar yellow discoloration of the spinal marrow and of its serous covering which M. Lobstein has noticed in fœtuses at an early period, and which he has denominated “*kirronosis*.” The colour is a golden yellow, and does not seem to be attributable to any particular extraneous colouring matter, for it resisted repeated washings and a prolonged immersion in alcohol. M. Lobstein has not found this discoloration at a more advanced period of life, and has always no-

* Med.-Chir. Trans. vol. ii, p. 323.

ticed it in the nervous tissue and serous membranes.*

The morbid conditions of the contents of the spinal canal may be discussed in the following order:—1. those of the spinal meninges; 2. spinal effusions; 3. the morbid states of the spinal marrow itself.

1. *The morbid states of the spinal meninges.*—

The membranes of the spine are so similar to those of the brain in the healthy state, that it is natural to expect their diseases should closely resemble each other. As in the case of the cerebral membranes, we rarely find one of the spinal coverings acutely affected without the others being more or less implicated. The anatomical characters of acute spinal meningitis may be thus enumerated:—increased arterial vascularity of the meninges and of the tissues immediately in the vicinity of them; slight increase of thickness of the dura mater, and an exudation of lymph upon the surface of the arachnoid, or, according to Ollivier, more frequently between the arachnoid and pia mater, so as to give the marrow the appearance of being enlarged in circumference. Sometimes there is purulent effusion between these membranes, or considerable serous effusion into the arachnoid cavity, while that membrane itself is rendered opaque, probably by the thickening of the subjacent pia mater. If the arachnoid membrane appear red, it will be so from the turgescence of vessels subjacent to, not in, it, for this membrane, like the other serous membranes, does not afford any signs of red vascularity. Where there is a morbid state of the bones, local or circumscribed inflammations are observed. Lallemand,† Ollivier, and Bergamaschi,‡ relate cases in which effusion existed on the exterior of the dura mater, between it and the osseous wall of the spinal canal.

When the lymph is thrown out upon that portion of the arachnoid which lines the dura mater, it gives an appearance of increased thickness to the latter membrane, which of course will vary with the quantity of effused lymph. Adhesion of the two layers, and consequent obliteration of the sac of the arachnoid, as well as opacities of the membrane itself, often produced by a close adhesion to the pia mater, may be regarded as consequences of inflammation. Ulceration and mortification are also spoken of by some writers.

The greater number of cases of spinal meningitis occur in connexion with acute disease within the head, either antecedently or subsequently, and most frequently the inflammation spreads to the substance of the marrow itself; hence instances are rare where this affection has existed alone, and consequently those symptoms which exclusively depend on irritation of the membranes are imperfectly ascertained. Pain, sometimes extremely intense, occupying

a greater or less portion of the spine; rigidity, or violent spasms of the muscles of the back, occasionally producing opisthotonos, and also of other muscles, as those of the neck, upper extremity, &c.; a peculiar sense of constriction either round the neck, back, or loins, according to the part of the spine affected; rigors, more or less of exalted sensibility, or paralysis of motion; dysuria, or even retention of urine from paralysis of the bladder, and constipation of the bowels, are among the most prominent symptoms. The locality of the paralytic symptoms, as well as of the muscular rigidity, varies with the situation of the spinal disease. On the first invasion of the disease, there are generally some obscure symptoms about the patient; pains resembling those of rheumatism, attended with lassitude, and a feeling of weight about some part of the spine. The tetanic contraction is, as Ollivier remarks, particularly manifested when the patient is moved. In some instances the rigidity is continued and permanent until death, but most frequently there are remissions of a more or less complete character. Dr. Tweedie has related to us a case, the symptoms of which there is strong reason to think resulted from partial spinal meningitis. A young lady, in the advanced stage of a severe attack of fever, during which the brain had been severely affected, was seized rather suddenly with violent muscular contractions of the extremities, so that the arms were alternately thrown out from and drawn back to the trunk with great violence; while, at another, similar contractions of the muscles of the lower extremities occurred. These violent and irregular motions ceased almost immediately after large detraction of blood from the region of the spine, followed by counter-irritation, and the patient completely recovered. In another case that occurred to Dr. Tweedie, in which the early symptoms assumed the form of cerebral fever, the muscles of the lower jaw became so rigidly contracted, that medicines and nourishment were with the utmost difficulty administered. The muscles of the trunk became next affected, complete opisthotonos being induced. This lady died, and on examining the spinal cord, the dorsal portion bore traces of violent inflammation; the investing membrane was intensely injected, and the substance of the spinal marrow, for the space of an inch, reduced to a softened pulpy mass.

The exalted sensibility is, according to Ollivier, a constant phenomenon in spinal meningitis, and may serve, as he thinks, to distinguish it from inflammation of the marrow itself, which is in general attended with diminished sensibility. The respiration is sometimes difficult and oppressed; the pulse preserves its regularity but gradually becomes weak, and the patient dies exhausted by the severity of the spasms, or the intensity of the pain, or from convulsions, which are sometimes accompanied with trismus. The bladder is sometimes inflamed, either in consequence of the loss of its protecting sensibility or of the acrid nature of the urine, which becomes decomposed in the

* *Répertoire Gén. d'Anat. et Phys.* fasc. i. 1826; and Ollivier sur la Moelle, &c. v. i. p. 209.

† *Lettres sur l'Encéphale*, t. i. p. 309.

‡ *Giornale della Soc. Med. Chir. di Parma*. Guigno, 1810.

bladder. The causes of spinal meningitis are not always discoverable. It may arise from disease of the bones—from violence applied to the spine externally; it may appear consecutively to a similar inflammation within the cranium, as in Dr. Tweedie's cases just related, or, as some think, it may be caused by a suppression of the menses or of a hemorrhoidal flux; it may be the effect of cold, or on the contrary of a prolonged exposure to great heat, as from the sun's rays. It is generally fatal.

Treatment.—Copious local or general bleeding is obviously indicated as the first step of the treatment. Goss recommends free and deep incisions along each side of the vertebral spines, with a view of opening the veins which communicate so freely with those of the spinal marrow. The warm or vapour bath may be advantageously employed. Ollivier recommends the application of ice along the back, on the same principle that it is used in cerebral inflammations. Counter-irritation can have but little effect except it be severe and applied over an extensive surface. For this purpose, a sinapism or blister extending the whole length of the spine, or the ointment of tartarized antimony, may be employed.

The chronic affections of the spinal meninges consist chiefly of new formations in or upon them. Such are the cartilaginous pieces found on the arachnoid, in various regions; bony incrustations, which however rarely occur, as well in the dura mater as in the arachnoid; chronic tumours of various kinds; hydatids; tubercles. The cartilaginous incrustations appear to be developed in the arachnoid. They are generally very small and numerous, nor does it appear that they are prone to be converted into bone. Several cases of one or more hydatids found in the spinal canal have been observed. Cancerous or fungoid tumours, originating externally, may send deep processes into the canal, and thus compress the marrow. Of this Ollivier gives a remarkable case.* The tumour originated externally in the neck, and a deep process from it was prolonged into the cervical portion of the spinal canal through the intervertebral foramina; the tissue external to the dura mater was for a considerable extent converted into a similar matter. There was paralysis of the arm of the same side.

The symptoms produced by these chronic growths are by no means uniform; they will vary according to the region of the spine they may be placed in, or according to the part of the spinal cord upon which they may directly press, whether anterior or posterior. Paralysis, as well of sensation as of motion, sometimes general; muscular spasm, pain in the course of certain nerves, sometimes a morbidly acute sensibility of the cutaneous surface to a considerable extent, constitute the principal phenomena resulting from their presence. It is proper to remember that a large aneurism, compressing and causing the absorption of the bodies of the vertebræ, may so find its way to

the spinal cavity as to compress the marrow, and produce additional symptoms still more calculated to perplex the practitioner than those which are commonly attendant on those cases. The writer lately assisted in the examination of the body of a man who exhibited, some time before death, symptoms which seemed to depend on spinal compression. For a considerable period prior to his death, the integument of the thorax was so exquisitely tender that he could not bear the least touch; this continued till four days before death, when the integuments became perfectly insensible, except along the middle line, both anteriorly and posteriorly, where the former tenderness remained. This was a case of aneurism occupying nearly the whole thoracic aorta; the bodies of the corresponding dorsal vertebræ were completely destroyed from the pressure of the tumour. The spinal marrow in that region struck us as being peculiarly firm; and the fatty membrane, external to the dura mater, presented an unusual degree of density.

2. *Spinal effusions.*—These effusions vary as to their locality, and as to the nature of the effused fluids. They may take place—1. between the bony wall of the spinal cavity and the dura mater; 2. in the arachnoid sac; 3. in the space between the visceral layer of the arachnoid and the pia mater, (the sub-arachnoid cavity,) which in the healthy state is filled by the cephalo-spinal fluid of Majendie. In those situations serum, blood, pus, or air, may be effused, and thus produce symptoms analogous and sometimes precisely similar to those caused by the development of chronic growths from the membranes. Such effusions, however, may appear from other causes than those which operate directly upon the spinal meninges; the free communication between both the arachnoid sacs and sub-arachnoid cavities of the head and spine allows the fluids of one to pass to the other, and if there be cerebral apoplexy, the spinal fluid may readily be deeply coloured with blood. Pus and blood may come from chronic abscesses or aneurisms which have caused the absorption of the bodies of the vertebræ.

Effusion external to the dura mater may, as Dr. Abercrombie observes, be regarded as unequivocal evidence of spinal irritation. We have already alluded to cases of this kind related by Ollivier, Lallemand, and Bergamascchi. In that by Ollivier, the principal symptoms were opisthotonos, difficult deglutition, and coma; a red and very consistent fluid was found between the dura mater and the bony canal in the tissue situated there, with serous effusion within the membranes; and the arachnoid of the cord was covered with an albuminous layer for the extent of four inches. In Dr. Abercrombie's case, (that of a child aged two years,) the symptoms commenced with fever; after two days she was seized with violent convulsions, which lasted an hour, and were succeeded by coma; and about two hours after the first she had a second convulsive fit, which left her in a state of coma from which she

* Page 751, vol. ii.

never recovered. During the fits, and for some time after them, there were violent and irregular action of the heart, and a peculiar spasmodic action of the diaphragm. The eye was completely insensible, and the pulse very frequent. She had several slight attacks of convulsion, and one more severe, a short time before death, which happened thirty-three hours after the first attack. The brain was healthy; on the outer surface of the dura mater there was a copious deposition of colourless fluid, most abundant in the cervical and upper part of the dorsal regions; there was a little effusion of bloody fluid into the arachnoid sac, and the substance of the cord seemed softer than natural at the upper part.*

Serous effusions occur most frequently in the space between the arachnoid and pia mater, and in forming an opinion as to the morbid nature of them, we must be careful to make due allowance for the quantity of fluid which naturally exists between these two membranes. A case of unusual superabundance of this fluid is recorded in one of the numbers of the *Journal Hebdomadaire* for August, 1833, by M. Montault. The patient, ætät. 68, a porter, strong and athletic, after a fit of intoxication (not unusual,) fell rapidly into general paralysis, for which he was bled largely by leeches applied behind the ears, at the anus, and on the left side of the chest; he became delirious, and then comatose, and died on the sixth day. The body was examined fifteen hours after death; an enormous quantity of fluid was accumulated between the arachnoid and pia mater of the brain and spine. It amounted to nearly thirteen ounces in quantity, and extended into the lateral ventricles. There was no alteration in the texture of the brain or spinal cord.

Venous congestion may produce an increase of this natural effusion; but we conceive that it will often be impossible to say with certainty that it was not formed after death by the separation of the serum of the blood, and its infiltration through the coats of vessels. Increased serous effusion may also arise from any irritation in the immediate vicinity, and is found in cases of spinal curvature, or in meningitis, especially when chronic. This effusion may also occur in the arachnoid sac; and here it is impossible to say that it has not transuded from the sub-arachnoid cavity through the layer of arachnoid. It takes place under circumstances similar to those which produce that last mentioned. Both these forms of effusion are in general present, at least after death, in dropsy of the spine. We have already stated that a form of hydro-rachis of a different kind from that which is connected with congenital deficiency of the bones, is frequently found in children with hydrocephalus, and in all probability is attributable to the same cause: it also frequently accompanies serous apoplexy in the adult. There is no external tumour in these cases, as may be reasonably supposed; the posterior

wall of the spine being so resisting, except at its inferior extremity, where this wall is completed by a ligamentous expansion closing the sacral canal. Morgagni* relates a case from Genga, in which spinal dropsy of this kind manifested itself externally at the situation of this ligament. A child, aged four years, was attacked with hydrocephalus in consequence of a blow on the head. About a month afterwards a tumour appeared at the coccyx; it was opened, and the head appeared to diminish gradually in size as a large quantity of water was discharged from the puncture. Compression on the head increased considerably the impetus with which the fluid flowed from the opening; a circumstance which proved that this tumour communicated with the head, and resulted from the distension of the spinal membranes. It should be observed, however, that spinal effusion is not necessarily co-existent with hydrocephalus, for the exit of the fluid from the ventricles may be and often is prevented by the closure of the opening beneath the valve of Vieussens. Sometimes we find a viscid almost jelly-like matter effused round the cord, but this is most probably merely a post-mortem effect.

Effusion of blood into the spinal cavity, or between the membranes, constitutes the disease termed spinal apoplexy. The blood is generally found in a state of coagulum. This effusion may arise from concussion of the cord, occasioned by a fall from a great height—by a blow inflicted on the back; it is found also after death from cerebral apoplexy, hanging, tetanus,† hydrophobia,‡ and in children whose death has been occasioned by difficult parturition. Sometimes a portion of the spinal marrow itself is so mixed up with the coagulum as not to be distinguished from it, in which case the hemorrhage would appear to have originated in the tissue of the marrow.

Convulsions, paralysis, sometimes a diminution, and at others an increase, of sensibility, pain in the back, are the most usual symptoms which have been observed in such spinal lesions. In a case related by Dr. Abercrombie, of a child seven days old, the symptoms were repeated attacks of convulsions with trismus, and sometimes universal tonic spasm. Death took place on the fourth day. On dissection, a long and very firm coagulum of blood was found lying between the bones and membranes of the cord on the posterior part of the whole cervical region. A case of encysted spinal apoplexy is recorded by Dr. Stroud. The cyst was an inch in length, and about half an inch in diameter; it was external to the cord, and existed at the upper part of the dorsal region on the left side. The patient died universally paralysed; the disorder, however, set in with hemiplegia, to which succeeded paraplegia, and then the palsy spread.

* Epist. 12, § 9, and Ollivier, loc. cit. vol. ii. p. 494.

† Vide Reid on Tetanus and Hydrophobia.

‡ A. T. Thomson, Med. Chirurg. Transactions, vol. xiii.

* Abercrombie, loc. cit. p. 375.

Purulent effusions in the spinal canal are the surest indications of inflammation of one or more of the meninges, which likewise present other characters to particularize them.

Effusions of air, constituting *pneumotorachis*, have been described by Ollivier as occurring in the spinal canal. We are not acquainted with any writer who has fully confirmed his experience on this point. Otto has met with air in the spinal canal, but, he says, not under such unequivocal circumstances as would justify him in regarding it as a morbid product. Andral does not at all allude to its occurrence. M. Ollivier says, "It is not very rare to find the lumbar portion of the meningeal canal more or less swollen by a gaseous fluid, inodorous and colourless, which cannot be attributed to putrefaction, inasmuch as I have seen it in the spinal canal of subjects recently dead, and could not discover it in a great number of others which were dead some days. I have not remarked that this disengagement of gas took place as a consequence of any particular disease."* The cases in which he has found air in the meningeal sheath did not present symptoms of spinal disease before death; in most of the cases the examination was made twenty-four hours after death. Billard met with a case in connexion with ramollissement of the brain and spinal marrow.

In the treatment of spinal effusions it is obvious that the practitioner must have in view not only the removal of the effusion, but also that of its cause, when that cause may happen to continue. To effect the latter object, it is evident that he must vary his treatment according to what the symptoms would indicate as the most probable cause; but to remove the effusion various remedies may be had recourse to. Sometimes it fortunately happens that the effusion is absorbed as soon as its cause is removed, and thus the application of one remedy answers a double purpose. When after accidents of the spine there are numbness and pains in the limbs, symptoms in all probability denoting an increase in the natural spinal effusion, these symptoms are often removed with a remarkable rapidity after a free local depletion or a pretty extended counter-irritation. This latter object may be effected by the usual blister, by the moxa, by setons or issues, or by frictions along the spine with any irritating applications that will produce a discharge. Of these we decidedly prefer the last; they are often purely local in their action; whereas when blisters are used, some active principle of the cantharides seems to be absorbed into the system, which though it may not be manifest from appearance of strangury, yet we cannot help thinking, produces in a similar way that aggravation of symptoms which so constantly follows the injudicious application of blisters. Mercurials may be administered with benefit in these cases, either internally or through the medium of the skin. Perfect rest, the horizontal posture, and an exemption from such causes as may disturb the

circulation or respiration, are obviously indispensable.

3. *Morbid conditions of the spinal marrow.* These conditions may be thus enumerated:—inflammation and its consequences; atrophy and hypertrophy; new formations in the substance of the marrow.

Inflammation of the spinal marrow, called by Harles* and Ollivier *myelitis*, is principally known by its terminations; the first stage, that of simple hyperæmia, being of rare occurrence, inasmuch as the derangement of function which it occasions is seldom sufficient to cause death. It is only in cases where death has occurred, in consequence of severe injuries, that we can expect to find the early stage of myelitis. Mr. Stafford speaks with a confidence which would imply that he has seen this early lesion; he says,—“All that can be perceived is that it is redder than natural, and that when a section of it is made its vessels are found turgid, presenting bloody points in its substance; it is usually found in this state in injuries of the spine, opposite to where the blow was received.”† From all that has hitherto been collected relative to inflammation of the spinal cord, it seems pretty well ascertained that it may present the following terminations:—1. ramollissement, 2. induration, 3. suppuration.

1. *Ramollissement.*—As in the brain, anatomists are not agreed respecting the inflammatory nature of ramollissement in the spinal cord. But when the medullary substance surrounding a portion of marrow thus softened is in a vascular state, and that vascularity extends even into the softened portion; when, moreover, (as is not uncommon,) there is unequivocal evidence of meningitis, it appears to us that there are ample grounds for the opinion that the ramollissement is inflammatory; and as such cases as we have described are the most common, a great number of the cases of ramollissement may be regarded as the results of *myelitis*. The softened part is in general of a brownish colour, resembling that of the lees of wine; it is most frequently found in the lumbar region, and next in frequency in the cervical. According to Ollivier it commences in the grey substance; but that substance is itself so obscure, that we can hardly regard this opinion as fully substantiated. M. Dupuy has frequently found ramollissement of the cervical and lumbar portions of the spinal marrow in horses. So great is the softening in some cases, that the substance of the marrow has become a diffuent mass; and in raising the cord out of the vertebral canal, it gives way at that part, the upper and lower portions being only united by the pia mater. Sometimes the softening does not extend through the whole thickness of the spinal marrow, appearing in one or two cases to be accurately confined to the anterior or to the posterior columns.

Ramollissement of the spinal marrow is by no means uncommon with new-born infants;

* Opus cit. vol. ii. p. 537.

* Über die Entzündung des Rückenmarks.

† Loc. cit.

it is most frequently co-existent with a similar ramollissement of the brain. One remarkable feature in this ramollissement is that it exhales a marked odour of sulphuretted hydrogen, indicative of a rapid advance of putrefaction. Such an alteration, Billard says, is generally found in infants who had lived only a few days, respired with difficulty, and exhibited but few signs of sense and motion. Congestions of blood are in general found in the viscera of the other cavities, and there is extensive disorganization of the brain.*

It is a fact deserving of attention, that the substance of the spinal cord softens very rapidly after death: the lapse of half an hour, during which the nervous substance has been exposed to the air, often produces a manifest alteration. This we have verified on numerous occasions.

2. *Induration* may be likewise regarded as a consequence of the inflammatory action on the cord; but the inflammation appears to be of a more chronic character. The opinion is founded upon the occasional co-existence of meningitis with many cases of this alteration and increased vascularity of the cord in the neighbourhood. When the induration is considerable, Ollivier observes that the nervous substance is similar to the white of egg boiled hard. It is not vascular; and in such cases there are not, in general, obvious indications that the indurated portion had been the product of inflammation. Induration has been found by Esquirol and Pinel in the spinal marrow of epileptics; and Ollivier gives an instance of induration in the whole length of the cord in an epileptic. Billard, also, found it so extensive in a new-born infant, that the cord, after being stripped of its membranes, was able to support nearly a pound weight; in this case the meninges were lined by false membranes.†

3. *Suppuration*.—When pus is found in the spinal marrow, it is generally infiltrated through its substance. Abscess of the spinal cord is very rarely met with. Two cases of this lesion are now recorded; one by Velpeau, and the other by Mr. Hart of Dublin; a third, which was met with by Dr. Carswell, has been alluded to in the article *ABSCESS*.

The symptoms which result from inflammation of any portion of the spinal marrow, vary according to the region in which the inflamed part exists. In the early stages there will be increased sensibility, more or less pain in the back, muscular spasm, and sometimes convulsion; as disorganization proceeds, the sensibility becomes blunted, and paralysis of sense and motion ensues; sometimes there is no paralysis, but violent convulsions, and in such cases the fatal result ensues speedily. The progress of the symptoms is proportioned to the activity of the inflammation. Hence in some cases we have a train of obscure premonitory symptoms: pain in the course of particular nerves; formication; feebleness of muscles;

sometimes a kind of subsultus; deficient action of some internal organs which may be connected with the spinal marrow. If the seat of irritation be in the cervical region, difficulty of deglutition is among these precursory symptoms, and sometimes slight dyspnœa, which may end in complete asphyxia; but there is a remarkable variety as to the extent of the paralysis which follows disease in this region. In some cases it has extended to the four extremities, but in others it was confined to the upper, and in a few instances the paralysis affected the lower extremities only, although the upper part of the cord was most extensively the seat of disease. This fact has been regarded by some physiologists as proving that the several segments of the spinal marrow are independent of each other; though it is obvious that, if we admit the justice of this inference, a difficulty, perhaps as hard to be surmounted, will arise to account for the occurrence of paralysis from a lesion precisely similar in locality, extent, and nature. It is well known that the division of the spinal marrow in the neck of an animal leaves his four extremities powerless; and that the dislocated cervical vertebra which so compresses the marrow as, if we may so speak, to stop the nervous current downwards, paralyses every part below it. Have we not, then, as much reason to infer from these facts, that the inferior portions of the marrow are dependent on the superior, as to suppose them independent, merely from the occurrence of a few such cases as those we have alluded to? In the present state of our knowledge as to the connexion of the brain and spinal marrow, and their influences on each other, and on the organs of motion and sensibility, we are not authorized to form conclusions from data which, to say the least, are not completely established.

Sometimes the symptoms of an acute affection of the heart have manifested themselves when the irritation was seated in the dorsal region. M. Serres relates a case of meningeal inflammation and ramollissement of the cord, in which the heart's action and impulse were of such a nature, that the disease was pronounced to be dilatation with hypertrophy of the left side of the heart, which notwithstanding proved to be perfectly sound.

The lumbar region of the spinal marrow is most frequently the seat of morbid irritation: this produces all the symptoms of paraplegia, more or less perfectly paralysed limbs; formication or insensibility; tendency to the formation of bullæ; gangrene from pressure; retention and incontinence of urine; paralysis of the sphincter ani, &c. We would remark as to the nature of the incontinence of urine in these cases, that it is of that description which, paradoxical as it may appear, can exist along with retention. In some of these cases the bladder seems to be reduced to the condition of an inert reservoir, alike insensible to stimuli from within, and incapable of obeying them. Although all anatomists are not agreed as to the existence of a sphincter to the bladder, yet all

* *Maladies des Enfants*, &c. pp. 614-15.

† *Andral*, *Anat. Path.* by Townsend, vol. ii. p. 750.

admit that the *detrusor urinae* muscle is opposed by muscular fibres, which prevent the urine from transgressing at least the limits of the prostatic portion of the urethra: we allude particularly to the muscle of Wilson, which compresses the membranous portion, and so opposes the flow of urine through it. This muscle may be paralysed, and so the passage of the urine remain free; or the sensibility of the mucous surface may be destroyed; and thus, although the muscle may be in a state of integrity, it will not act because the insensible surface will not convey the necessary stimulus. Hence, the retention of urine is always a prominent symptom from paralysis of the detrusor; and the incontinence appears whenever the patient is placed in such a position as will cause the urine to flow by its natural gravity.

To determine, then, the precise situation of the spinal inflammation, the practitioner has recourse to the early symptoms—the parts paralyzed—and a minute examination of the spine. For this last purpose he may have recourse to the method proposed by Mr. Copland, viz. passing a sponge filled with hot water along the spine: the patient will shrink as the sponge passes over the affected part. Percussion may in some instances direct us to the inflamed spot.

We subjoin two interesting cases of encysted abscess of the spinal cord, with a view to illustrate the symptoms in that stage.

The first is from the pen of Mr. Hart, a distinguished anatomist of Dublin, and is extracted from the fifth volume of the Dublin Hospital Reports.* A child, aged nine months, had been for about a month suffering from irritation of the bowels, which the parents supposed to be owing to dentition, when a lateral curvature of the lumbar portion of the spine to the right side was observed, accompanied with spasmodic twitching of the right leg and thigh. Soon after this occurrence the child was affected with convulsions, which became more frequent, and were shortly accompanied with well-marked symptoms of hydrocephalus, which, notwithstanding active treatment, proved rapidly fatal. On examination of the head there were the usual appearances from hydrocephalus. When the spine was opened, the spinal cord appeared of unusual thickness: an incision was made into it, from which some *thick purulent matter* flowed out. It was found that this matter was contained in a cyst which occupied the very centre of the spinal cord. This cyst was of an oblong form, extending from the first to the twelfth dorsal vertebrae, and was terminated by an obtuse extremity both above and below. Its diameter was about four lines, its parietes were a line in thickness, and so solid as not to collapse when the contained fluid was discharged. So completely did it occupy the centre of the cord that the medullary substance formed a tube of equal thickness on every side.

The second case is quoted by Dr. Aber-

crombie from Velpeau. A woman, æt. fifty-six, was affected with sudden loss of power of the limbs of the left side without loss of feeling; it soon amounted to perfect palsy; her voice became feeble and her speech embarrassed; the pulse was natural but the respiration quick. The left arm became œdematous. After four days the speech could not be understood, the pulse became feeble, with increasing general debility and stertorous breathing, and she died in a week. In the centre of the right column of the spinal cord, in the middle of the cervical portion, there was a cavity three inches long and two or three lines in diameter. It was full of a soft matter like pus, which became more consistent towards the parietes of the cavity, which were firm and about a line and a half in thickness. In the left column there was a similar disease but less extensive, being about one inch long and one in diameter, and its contents were less purulent, rather resembling ramollissement of the substance of the cord.*

As to the duration of inflammation of the spinal marrow, it may be said to vary considerably; some cases have terminated fatally in three days. It has been observed that the fatal termination is much more rapid when the dorsal region is the seat of the disease; a fact which is attributed by Mr. Earle to the greater narrowness of the spinal canal in that region. When the disease has become chronic or passed into any of the stages above mentioned, life may continue for even a very prolonged period, patients thus affected continuing to live from five to fifteen or twenty years; but the ordinary period of duration of the chronic disease is two, three, or four years.

Treatment.—There is no reason why inflammation of the spinal marrow should not be cured, but it is so very seldom met with in the first stage, that the practitioner has always to labour at a great disadvantage. In the treatment of inflammation of the spinal marrow, the antiphlogistic system must be rigidly observed; general and topical bleeding, with counter-irritation from blisters or stimulants of various kinds. Issues or setons are to be employed if the inflammation be of the chronic form. The tepid or the cold douche applied from a great height to the suspected region, has been known to be very serviceable.

In the chronic stage we may expect to confer some benefit by the application of remedies. Perfect rest in the horizontal posture is, perhaps, the most necessary and useful measure, to which we may add the adoption of means to keep up a continued counter-irritation. Close attention to the digestive organs, a continued course of purgatives, combined with a mercurial, tepid or cold bathing or the douche, will often be found useful. The strychnine, too, may be administered either internally or to a blistered surface through the medium of the skin.

The effects of concussion of the spinal

* P. 523.

* Velpeau, *Revue Médicale*, 1826.

marrow seem to depend very much upon chronic inflammation. Concussion sometimes proves immediately fatal; probably in consequence of the altered circulation about the spine and the general shock to the nervous system, but in general no morbid appearances can be detected. It is possible that acute inflammation may follow concussion, but more frequently there are all the signs and symptoms of chronic inflammation, which in some instances disappear without any bad consequences. At other times the concussion is followed by some permanently morbid state of the cord, which causes permanent paralysis. Sometimes these symptoms continue from the moment of the accident, but at others the patient is taken up powerless, he recovers, and in a short time gradually relapses into a worse state. General paralysis has not uncommonly succeeded to this accident.

Atrophy.—According to M. Chaussard, the spinal marrow is one of those organs in which the effects of old age become very conspicuous. This organ, he states, becomes much increased in density as age advances, and exhibits a proportionate diminution in volume as well as in length. These changes take place simultaneously with similar ones in the brain. Ollivier has confirmed these observations. The volume of the spinal roots he found in a direct ratio with that of the spinal marrow, and atrophy was appreciable in each of them. It has also been noticed by Cotunnus and Magendie that the quantity of fluid round the marrow is in these cases inversely as the size of the organ.

Prolonged inactivity will produce atrophy even to the whole extent of the spinal cord, as in two cases seen by Ollivier and Magendie; and in many cases of paraplegia the spinal cord is found in a state of atrophy at the original site of the disease which caused the palsy. The condition of the roots of the nerves in atrophy of the spinal marrow is worthy of notice. In one case the anterior roots exhibited little more than neurilemma, but the posterior did not exhibit any obvious change. In another case the roots of the lumbar nerves were reduced to threads.

Prolonged pressure, as from a displaced vertebra, or a tumour in the spinal canal, has been known to produce atrophy of the compressed part.

Hypertrophy.—This affection has been a few times noticed in the cord. It is characterized, to use the words of Andral, by the enlargement and increased firmness of the cord without the presence of hyperæmia. The cord then fills the whole cavity of the dura mater, and is closely applied to the parietes of the vertebral canal. Laennec and Hutin have observed this condition to exist in the whole length of the spinal cord. Andral found it in the cervical region of an epileptic girl.

In consequence of the induration which accompanies hypertrophy, Ollivier inclines to the opinion that it is the product of chronic inflammation.

We know of no symptoms which particu-

larly indicate the existence of either this or the preceding affection.

New formations in the substance of the spinal marrow.—There appears to be a perfect identity as to the nature of the morbid conditions of the brain and spinal marrow. This is in nothing better exemplified than in those chronic formations which are met with in the substance of the latter organ. All of them tend to the production of similar affections of sensibility and the power of motion, varying, like all the other diseases of this organ, according to the portion of the marrow in which these products are developed. The access and progress, however, of these symptoms are uniformly insidious and slow, and at first often simulate diseases of other organs; so that until the sensitive and motive faculties begin to be impaired, either together or separately, the practitioner is at a loss to account for the train of symptoms, or attributes them to a cause very different from the true one. These morbid products are as follow:—1. tubercle: 2. encephaloid and other tumours similar in the slowness of their growth: 3. entozoa: 4. osseous or cartilaginous tumours; but these are of rare occurrence.

Tubercle occurs more frequently in children than adults, and is much more rarely found in the lower than in the upper parts of the cord. In general, and according to Gendrin and Leveillé always, these tumours are surrounded and separated from the nervous substance by a cyst. Very often the symptoms resulting from the presence of one of these bodies are localised to one extremity, or to a particular nerve or nerves of an extremity, but in general there is very great variety in them. Epileptics are frequently found to have had tubercles in the spinal marrow.

Encephaloid tumours exhibit the same characters here as in other parts. We often find other tumours of a cellular or cellulo-vascular nature producing similar effects and similar symptoms.

The entozoa found in the spinal cord are principally hydatids and cysticerci. They are likewise found exterior to the meninges, which sometimes have seemed to have entered from some external part through the intervertebral foramina.

Having thus examined the obvious and tangible morbid changes which the spinal cord or its meninges exhibit, we shall next inquire how far a disturbance of the functions of the spinal cord may take place without the occurrence of any change of the structure visible after death.

It is by no means uncommon for the practitioner to meet with cases in which pain referred to some particular region, generally about the thorax or the abdomen, seems to have a remarkable connexion with the spine. If, in these cases, the finger be passed down along the spinous processes, making slight pressure on each, the patient will shrink when it comes to one or two particular vertebræ and will complain that the pain shoots forward from the

point compressed by the finger to that where the pain was previously felt. A very slight degree of pressure is in general sufficient to produce this result; but an increase of the pressure always adds to the intensity of the pain. Sometimes there is so much tenderness that the least touch will cause pain, and when there is such extreme tenderness it is not generally confined to one spot, but extends over the whole or a greater portion of the spine; at first one would be led to consider the integuments as the seat of this extreme sensibility, but it is difficult to account for the connexion of this increased cutaneous sensibility with the pain which had previously existed; and moreover, it is equally difficult to conjecture how pressure of the kind alluded to on an osseous ring, such as the vertebra, can be communicated to a part so well protected and so far separated from the surface of the vertebral canal as the spinal marrow. That these cases very frequently, more especially when the irritation is confined to a small space, recover rapidly after the local destruction of blood by leeches, or by some counter-irritant, is a fact now pretty generally known; nor can we say that this fact serves to throw much light upon the true cause of the symptoms we have mentioned. On the other hand, instances are by no means wanting where these remedies have totally failed in removing the symptoms in question. The difficulty of finding an adequate explanation is greatest when the phenomena are slightest and confined to a very limited extent; but when the tenderness occupies the whole spine—when not only pressure from without, but even the slightest motion aggravates the pain—we are then forced to admit that the origin of the evil is in the vicinity of the spinal cord itself. It is not fair to deny the previous existence of a morbid compression or irritation of the spinal cord or of the spinal nerves at their origins, because the anatomist can detect no vestige of disease after death. It must be remembered that the spinal cord and the nerves which emerge from it are surrounded by a venous anastomosis of remarkable complexity;—these veins do not possess valves;—that they communicate freely with the superficial veins and with the numerous muscular veins in the region of the back. That respiration exerts a considerable influence on the venous circulation has been long since fully proved. No where can we expect this effect to be more marked than in the venous plexus of the spine, where the respiratory movements are so constantly felt, and where muscular action is so prominent in all the efforts of the trunk. From these anatomical and physiological considerations we may with justice infer that such a degree of congestion or turgescence of this spinal venous plexus as will excite irritation at the origins of the spinal nerves, may easily occur; and it appears to us that it is equally fair to conclude that such a congestion may exist *ante mortem*, and no trace of it appear *post mortem*, for to set aside all other means of accounting for the absence of the appearances, the very sections which are made to get

at the supposed seat of the disease are sufficient to dissipate the venous congestion: we have stated thus much to shew that anatomy affords some support to the doctrine of *spinal irritation*, as a source of many obscure morbid phenomena, a doctrine which has been put forward with more enthusiasm than discretion, and which for that very reason has received more opposition and less dispassionate consideration than it deserved. While we would express our fullest concurrence in the wise caution which Dr. Abercrombie gives, that we should take care that this doctrine be not a *gratuitous principle* assumed so as to answer phenomena rather than deduced from observation, we must likewise endeavour, on the other hand, to avoid setting too slight a value on observations which are supported by many respectable names, and thus falling into an error which might debar us from many an opportunity of relieving distressing and obstinate symptoms.

The most complete account of the phenomena resulting from what is called “spinal irritation” yet published, is to be found in a work by Messrs. Griffin of Limerick, on what they term “Functional affections of the spinal cord and ganglionic system of nerves.” These writers are entitled to the merit of having with great industry collected many interesting cases, in all of which anomalous symptoms prevailed, and had a more or less obvious connexion with that irritable condition of the spine to which we have alluded. To enumerate these symptoms would be but to recount the numerous ills to which flesh is heir: it will suffice to state generally the result of their observations, which it is but just to say bear the internal evidence of truth and accuracy. The symptoms are in general localized to those regions of the body which receive their nervous supply from that segment of the spinal marrow that occupies the irritable portion of the spine. Thus when the cervical region of the spine is the seat of irritation, there may be painful affections of the head, the neck, the upper extremities, the respiration may be affected, or there may be pain in the chest. Some of these symptoms are of so severe a nature as to give rise to the suspicion of acute or chronic organic disease, and indeed one of the greatest difficulties connected with this subject consists in being able to discern when organic disease and when a simple spinal irritation gives rise to these symptoms. In some of the cases there have been fits of insensibility, paralysis, numbness of the cutaneous integument, deafness, cough and oppression, amaurotic symptoms, hesitation and difficulty of speech; all of which would at a first view of the case excite apprehension as to the existence of organic disease. Again, when the dorsal region of the spine is the seat of tenderness, there are pains about the chest or in the side, weight and constriction of the chest, cough and fits of syncope, sense of sinking, loss of appetite, vomiting, gastrodynia, pain in the region of the liver, hiccup, and where the lumbar region is affected, pains in the abdomen, dysuria, or ischuria, pains in the testes or lower extre-

mities, with disposition to paralysis. In a few cases there are symptoms resembling those above enumerated, but without any spinal tenderness; these cases were however considered and treated as cases of spinal irritation.

Females of a nervous temperament, who have passed the age of puberty and are prone to hysteria, are commonly the subjects of spinal irritation. The duration of this complaint is variable, sometimes yielding readily to the simplest treatment, and at other times resisting every mode of practice that can be devised; sometimes it yields and returns again, and so continues alternately to vanish and re-appear. It is obviously highly important that the symptoms which arise from this condition should be distinguished from those which result from organic disease as well of the spinal cord itself as of the vertebrae. According to the Messrs. Griffin, from whom (pp. 214, 15) we take the liberty of quoting the following paragraph, the symptoms which more particularly indicate spinal irritation, are

1st. The pain or disorder of any particular organ being altogether out of proportion to the constitutional disturbance.

2nd. The complaints, whatever they may be, usually relieved by the recumbent posture, always increased by lifting weights, bending, stooping, or twisting the spine, and among the poor classes often consequent to the labour of carrying heavy loads, as in drawing water, manure, &c.

3rd. The existence of tenderness at that part of the spine which corresponds with the disordered organ, and, we would add, the increase of pain in the organ by pressure on the corresponding region of the spine.

4th. The disposition to a sudden transference of the diseased action from one organ or part to another, or the occurrence of hysterical symptoms in affections apparently acute.

5th. The occurrence of fits of yawning or sneezing, which, though not very common symptoms, yet as scarcely ever occurring in acute or organic diseases, may generally be considered as characteristic of nervous irritation.

The treatment in these cases is either local or constitutional: sometimes local treatment alone rapidly removes all symptoms; but in general it is necessary to combine with it a plan of constitutional treatment calculated to regulate the digestive organs and to tranquilize the nervous system generally. Bleeding by leeches and cupping, blistering or counter-irritation by other means constitute the local treatment; the use of the cold or tepid shower-bath, the vapour-bath, or the warm-bath, may also be advisable. Change of air and scene, and indeed all remedies which tend to divert the patient's mind to other objects than himself and his sufferings, are peculiarly applicable in these cases.

Most of our readers will recollect that the coincidence of spinal tenderness with hysteria forms the subject of a small volume by Mr. Tate, in which he gives several instances of the successful employment of the friction of the

back with tartar emetic ointment.* This writer, like many other practitioners, considers that the frequency of the occurrence of spinal tenderness in hysterical cases may be accounted for by a supposed connexion between the uterus and the spinal marrow. There can be no doubt that an anatomical connexion does exist between these two parts, as well through the medium of those uterine nerves, which are of spinal origin, as indirectly through the filaments derived from the sacral ganglia which innosculate with the anterior branches of the sacral nerves. Moreover it very frequently happens that symptoms of spinal irritation or more serious spinal disease rapidly make their appearance after the sudden stoppage of the menstrual flux from whatever cause. The generative system in the male seems to have somewhat a similar connexion with the condition of the spine, and we now and then read of and meet with cases in which the symptoms seemed to follow as a direct consequence upon an excessive abuse of sexual intercourse. The extreme pain and tenderness of the loins which precede a difficult menstruation or a hemorrhoidal flux, or which follow the stoppage of the latter, and which often accompany amenorrhoea, cannot be supposed to have their seat primarily in the lumbar muscles; but may, as it seems to us, be reasonably accounted for on the supposition of the existence of a vascular turgescence surrounding the branches of the lumbar and sacral nerves as they escape from the spinal foramina. This view may with equal probability be applied to account for the phenomena of spinal irritation generally, as it is obvious that a congestion affecting the nerves at their exit from the spine will be just as apt to produce the varied symptoms which we have detailed, as if the marrow itself were the congested part.

Mr. Teale adopted the doctrine of spinal irritation in explanation of many forms of neuralgia, and, as we think, with much justice. He records several cases of neuralgia of the scalp,—upper extremities, the mamma,—lower extremities, the knee, in which there was an evident connexion with spinal tenderness, and which were successfully treated by remedies applied to the spine. Mr. Teale's experience fully accords with that of the Messrs. Griffin, as well as that of Dr. Brown, who was among the first to call attention to spinal irritation in a paper which he published in the Glasgow Medical Journal for May 1823. Similar views were entertained by the late Dr. Darwall, whose opinions are recorded in a paper entitled "Observations on some Forms of Spinal and Central Irritation," and published in the Midland Medical and Surgical Reporter for May 1829.

We have thought it unnecessary in this article to enter into any statement of the views of many authors as to the degree in which the spinal marrow is engaged in many diseases of a convulsive or nervous character. Under the respective articles, CONVULSIONS, EPILEPSY,

* Tate on Hysteria.

HYDROPHOBIA, TETANUS, the reader will find this fully treated of.

(R. B. Todd.)

STOMACH, ORGANIC DISEASES OF.

—The term organic disease, as it is used in this article, comprehends alone the morbid affections which involve *profound* alterations of structure in the stomach, as distinct from those pathological states in which structural changes are imperceptible, or are only slight and transitory. The important affections which fall under the latter description are treated of in this work in the several articles, GASTRITIS, INDIGESTION, &c.

In this acceptance the term organic disease has been employed for a long period, and is generally received at the present day. Its strict limitation, however, is not without ambiguity, on account of the great advancement which pathological anatomy has made in modern times, and in particular because the doctrines of some influential writers have asserted for it a position in medicine which it is not likely to retain. When we consider the comparatively short period within which it has become a branch of science, and the copious fruit it has yielded, it seems indeed only difficult to imagine the bounds of its application. Previous to the time when Bichat's researches gave a new direction to physiological study, the lesions of structure were not at all investigated. Descriptions of morbid appearances were occasionally recorded, but they refer almost exclusively to the surface of organs, and notice merely their alteration in volume, form, and colour. But the analysis of the tissues soon made it apparent that a rich mine of pathological discovery remained unworked in their morbid anatomy, and the attention of most of those who pursued medicine with scientific views was soon directed to this subject. To their labours is to be ascribed the unprecedented progress which medicine has made within the last half century, and the partial remodelling which has taken place in its principles and practice. The effects of disease have been investigated not only in the interior of organs, but in every variety of tissue which contributes to their formation; morbid products have been discovered and classified, and the minutest alterations have been observed, inasmuch that it would seem that the researches of anatomy have approached the verge of what is cognizable by the senses, in tracing the organic changes caused by diseased action. But notwithstanding this, the fundamental dogma of the school of Bichat and Reil (viz. that vital actions are ultimately referable to the organisation of matter) is warmly maintained, and applied to pathology by some who are desirous of basing the latter altogether upon anatomy. They assert that every morbid action is primarily caused by an organic change, and they consequently admit no definite distinction between diseases which exhibit lesions of structure, and those in which none can be discovered, every disease having thus, in their doctrine, the

nature of an organic disease.* This appears to us to be an abuse of pathological anatomy. We shall not, however, discuss this matter further here, as our object in alluding to it is mainly to fix the value of the term, which, as we have said, has been somewhat embarrassed by being mixed up with those theoretical subtilities. But these have not attached any uncertainty to its meaning (particularly when applied to the stomach) in practical medicine, in which it unequivocally signifies the diseases of that organ which are obviously connected with structural lesions.

Organic diseases of the stomach may, for the sake of description, be conveniently divided into the diseases in which the parietes, or the separate tunics which enter into their composition, become altered in structure, and those in which the entire viscus suffers a pathological change. To the first class belong cancer or scirrhus of the stomach, ulceration, hypertrophy, and atrophy of the tunics, and softening. The second comprises the alterations in volume of the whole organ; viz., its enlargement and contraction. This division is as precise as the present state of the subject will admit of, and seems to be founded on natural distinctions. The lesions comprised in it possess different degrees of importance, and we now proceed to notice them separately, in the order in which they are enumerated. We shall treat of them in as practical a manner as possible, and shall observe brevity on many of the subjects, to avoid the repetition of matters, which are amply discussed in this work, in articles specially devoted to them, viz. ATROPHY, HYPERTROPHY, SCIRRHUS, SOFTENING, ULCERATION, &c.

I. *Cancer or scirrhus of the stomach.*—This formidable malady has for its essential character the growth of a morbid product, usually called scirrhus, upon some part of the parietes of the stomach, which, being once developed, advances until this viscus becomes disorganised, and in its course produces a slow succession of distressing symptoms, and eventually a fatal termination. Its history had been traced with considerable accuracy long before anatomy had given any light to pathology, and it seems to have been among the first internal organic diseases which attracted notice. Some have asserted, not unreasonably, that it was described by Hippocrates under the name of *μελαίνα*; and although this, from want of anatomical evidence, cannot be proved with certainty, it will appear, on reference to the brief but graphic description which he has left us of the disease represented by this term,† that it corresponds closely with that of cancer of the stomach. Galen also must have had this disease before him, when he observed that the growth of certain tumours in the stomach sometimes obstructed or even interrupted the passage of food, inasmuch as organic obstructions of this viscus are almost invariably of a cancerous nature. And, as before necroscopic in-

* *Rostan*, Cours de Médecine Clinique, tom. ii. p. 6. et passim.

† *De Morbis*, lib. ii. sect. v. (*Chardel*.)

spection had revealed its nature, its formidable symptoms had given it a place in medical writings, so at the earliest period at which this was practised, we find an account of it. Antonio Benevieni, who is cited by Lobstein as the first author that was specially occupied with pathological anatomy, makes particular mention of scirrhus of the stomach.* Afterwards Hildanus, Morgagni, Lieutaud, and Haller, noticed its external anatomical characters with reference chiefly to its obstruction of the alimentary canal. At the commencement of the last century the subject of scirrhus and cancer was much discussed in the schools. Then only the identity of this morbid structure as invading the stomach, with that which produces the long known cancer of external parts, became fully recognised, and from this period it formed an ordinary topic in every collection of medical observations. Some interesting facts are recorded in these, but the history and pathology of the disease were advanced but little by them, as the theory of medicine was still fettered by narrow speculations, and the only method which was employed to investigate cancer was to reduce it to the dogmas of the humoral pathology. At the beginning of the present century this had given place, and amongst the first benefits which accrued to medicine from the enlightened spirit of observation which succeeded, is to be reckoned the ascertaining of the physical properties of the anormal tissues, inclusive of scirrhus and cancer. This, the result of the researches of Bayle and Laennec, was the chief step in our knowledge of the pathology of cancer of the stomach, as it at present stands. It is also to be acknowledged that in this as well as all other diseases of this organ, the science is greatly indebted to the labours of Broussais. His writings and the agitation of his doctrines challenged for the stomach an importance in pathology which has directed to it the attention of the distinguished men whose labours constitute the richest materials of modern medicine.

History.—Cancer of the stomach is a disease very insidious in its commencement, and chronic in its course. Few cases come to a termination in a period shorter than six months from the time at which the organ first exhibits signs of being affected, but for the most part it entails upon the patient a protracted train of suffering not unfrequently of several years' duration. On comparing the numbers of males and females affected by it, the former greatly predominates. The stomach of the latter comparatively enjoys an immunity from cancer, which observation has been confirmed by the rare occurrence of the disease at the great hospital Salpêtrière at Paris, which is tenanted by old females. This difference as to the sexes seems to depend on the greater exposure of men to some of its causes, such as the habitual use of ardent spirits, and still more to the greater frequency in them of deep moral emotions of a gloomy character, which are observed to exert a pecu-

liarily injurious influence upon the digestive organs. In the female these are less prevalent; besides, in this sex the genital system suffers those physical effects of moral emotion which in man bear upon the digestive system, and in agreement with this it is found that cancers of the mamma and the uterus fully compensate for the lesser number of cancers of the stomach in the female than the male sex. It is a disease of mature age, and seldom manifests itself before thirty or after seventy. We believe there is no authenticated case on record in which it occurred before puberty, which observation, it may be remarked, is an additional indication of the influence which moral causes exert in its production. Some authors affirm that the temperaments have a different predisposing influence with respect to it, and that the lymphatic and sanguine are more liable to its invasion than the bilious and nervous. If this be on the whole founded in fact, the preponderance is not very great. As far as our own observation extends, individuals of dark hair and eyes possess a greater immunity neither from this disease nor from pulmonary tubercles (with respect to which the same difference in the temperaments has been asserted), than those whose complexion is of an opposite character.

In detailing the symptoms of cancer of the stomach, it is convenient to consider its progress as having separate periods or stages. Chardel* conceived this plan, and in his description marked three periods. Succeeding authors have observed it likewise, but, as we think, with greater insight into the pathology of the disease, they have recognised but two. The latter division will be followed in this account of the symptoms, which we shall give very succinctly, as we shall notice some of them separately in adverting to the diagnosis afterwards.

First period.—There is but little perceptible difference between the earliest features of this disease and those of common nervous dyspepsia. As in the latter, flatus, acid eructations, and weight at the epigastric region are commonly its first symptoms, accompanied, however, by a greater degree of general languor than that which attends on any form of dyspepsia. No uncommon attention may be paid to these, until considerable pain begins to be felt in the region of the stomach, especially after meals, and pressure in the epigastrium detects soreness. On some occasions it has commenced by a sensation quite the reverse of pain, which consisted of an indescribable tickling of an agreeable nature, occurring when the stomach is empty. But sooner or later pain at length arrives; at first it is confined to its own seat, and disturbs the patient only at intervals, but in a little time it becomes very oppressive, and shoots from the stomach into the back and loins down the thighs. The animal spirits sink more or less, and often the individual is known to express his consciousness that he is the victim of some profound

* De abditis nonnullis ac mirandis morborum et sanationum causis. Florent. 1507.

* Monographie des Dégénérationes Skirrheuses de l'Estomac. Paris, 1808.

disease. Nausea sets in, and the food is rejected, mixed with quantities of ropy mucus, by which the pain and oppression are relieved, so that in the beginning the patient rather desires vomiting, and sometimes uses artificial means to provoke it. When the process of digestion is past, much mitigation of all the symptoms ensues, during which a comparative calm and even cheerfulness prevails in the mind of the patient. He learns to pay the greatest attention to his diet, from the peculiar distress experienced after eating any substance which causes flatulency. On this account he avoids feculent vegetables, highly seasoned puddings and other dishes, and prefers small quantities of solid meat. Yet the appetite is sometimes but little impaired, but it cannot be indulged to satisfaction from the aggravation of the symptoms which full meals induce. Feverish excitement rarely occurs at this period, neither is any remarkable thirst present, but occasionally spirituous drinks are taken with avidity for the purpose of helping the torpid digestion, and by this means mitigating the pains, which are more severe when this process is slowly and laboriously performed. A sensation of dryness and of constriction in the throat (more permanent than what is called *globus hystericus*) is not uncommonly an additional source of distress and alarm. The bowels are habitually costive, and the use of laxatives becomes indispensable. These are followed by temporary relief, for the same reason as the vomiting, viz., by the evacuation of the fecal and gaseous accumulations which oppress the stomach by their distension. While the disturbance of the digestive organs is manifested in this manner, the tongue varies little from its natural appearance; it rarely presents any saburral coating or redness, as in inflammatory affections of the digestive tube. Occasionally it is chopped, and lies flat and flabby in the mouth, and sometimes an excessive development has been observed in the fungiform papillæ which are situated at its base.

So far the absence of some of these symptoms may cause variety in this account of the disease. But an observation of still more practical importance is presented in the fact, that in this first period the whole suite of phenomena has been known, under the influence of some cause, evident or undiscovered, rapidly to vanish, and continue suspended for a term of several weeks or months. This inconstancy may appear incompatible with the nature of an organic disease, and thus lead the patient, and even the physician, to form prognostics more favourable than are destined to be realised. The occurrence of this respite is the more usual event, but whether it takes place, or that the symptoms proceed without remission, a time arrives, the term of which it is impossible to assign, at which the malady takes firm possession; and its phenomena, although they may be still ambiguous as diagnostics, are no longer inconstant in their progress. They all at this period take on an increased activity, and henceforth the patient is never left entirely without suffering. The unfavourable change is now and then connected with some imprudence of the patient,

but for the most part it supervenes without any evident exciting cause. Its phenomena constitute the second stage.

Second period.—Before the confirmation of the symptoms which marks the commencement of this stage, the nutrition is seldom remarkably affected; but now a visible wasting sets in, and as the malady advances, increases to a frightful degree of emaciation. The pain and weight in the epigastrium in a certain degree become constant; they are aggravated, however, at a particular period after meals, and spontaneous pains of a lancinating character are added. It occasionally happens that the appetite still remains, yet the wretched patient fears to satisfy it, and even prefers to suffer hunger rather than the pain produced by the entrance of food, or by the rejection of it, which he knows will ensue; for the vomiting no longer affords relief as at the beginning, but now much increases the distress. At length a tumour appears in the epigastric region, which may be detected by accurate touch a considerable period before its external progress produces a visible elevation of the abdominal parietes. Pressure on the tumour does not aggravate the pain immediately, but often it causes great distress to the patient to recline upon the side which is most remote from it. This is evidently owing to the stretching of the irritated viscera by the weight of the tumour, as may be inferred from observing that the patient usually lies upon that side on which the latter least depends.

To the foregoing causes of distress are added sleepless nights. Suffering now becomes habitual, and leaves its impress strongly marked upon the countenance by a peculiar contraction of the features,* which is often rendered more ghastly by a dun discoloration of the skin. Nothing is more harassing than the vomiting, which is almost inevitably brought on by the smallest quantity of food. It has been observed that a remarkable anomaly sometimes occurs in the action of the stomach: amongst different articles introduced into it at the same time, it retains some and rejects others, exhibiting thus a kind of election as to the vomited matters. A stronger instance still of this is related in that the food of the preceding day was vomited, whilst that latest swallowed was retained and digested. But besides the food, various other matters are thrown up from the stomach. Of these the most common are fluids, containing a dark substance like coffee-grounds, uncoagulated blood, a thick porraceous matter, or, finally, a dark green serum.

The breath exhales a foul odour, which is disgusting to the patient himself. Towards the latter periods, aphthæ appear in the pharynx. Dropsical effusions occur in the peritoneum and general cellular tissue, which may conceal the extreme marasmus which would be otherwise visible. The constipated state of the bowels gives place to a diarrhœa, which hastens the close. When this symptom is present, a weak febrile action occurs; but independent of

* The French call this painful expression "*face grippée*."

it, the disease runs its course without any exaltation of the pulse, loading of the tongue, or feverish heat. At the last, so much debility seizes upon all the functions, that the pains and vomiting cease, and death arrives without any struggle. In some cases it is preceded by delirium.

Pathology and causes.—As the essential element of this disease lies in the organic lesions to which it gives rise, a description of these is the first consideration in its pathology. Their situation and extent are various. At one time the stomach is found lying in its natural position, unaltered in its size and external appearance; while in others these relations undergo the most important changes: its volume may be uncommonly enlarged, or it may be shrivelled up into a small compass. Instances are on record in which the parietes of the entire viscus were engaged in the cancerous development, but these are exceedingly rare. For the most part its seat is circumscribed, and it occupies in preference,—1st, the pylorus; 2d, the cardia; 3rd, the body of the stomach.

1. When it is situated at the *pyloric extremity* of the stomach, this part is changed in a greater or less degree. On inspecting it from without inwards, the peritoneal coat is generally seen in its normal state of smoothness and transparency, and through it appears a dull white mass, forming a tumour of considerable magnitude. It extends from the pyloric orifice, where it is thickest, for some distance towards the body of the stomach, but it is seldom found to encroach upon the duodenum. The cellular tunics are so confounded in the foreign tissue which forms the tumour, that they cannot be distinguished in the midst of it; they form the original nidus of it, and are incorporated in its growth. The muscular tunic is also embedded in the mass, but is generally transformed into mere fibrous bands, or so atrophied as to be difficult of recognition. Cases, however, are recorded in which this coat has not only been spared, but found hypertrophied to a considerable degree.* The appearance of the mucous membrane varies according to many contingent circumstances; but the state of that part of it which bounds the cancerous tumour internally depends much upon the extent to which the latter is developed. If it has produced no lesion of continuity by its internal growth, the mucous membrane is generally united firmly to it as far as it extends, and in the most central part of the area occupied by the tumour a depression is often found, which has been compared to the round mark left by the blow of a hammer on a piece of lead. In many instances, however, the mucous membrane is found to have yielded by ulceration before the advance of the cancerous mass, which then presents itself at the internal surface of the stomach, with the appearances peculiar to itself.

The intimate structure of the cancerous deposit possesses considerable variety in this as in other situations of the body. Its incision by the scalpel most usually shews it to consist

of a firm homogeneous substance of a white colour, resembling the section of a potato, from which this variety was called by Recamier *solanoid*. In other instances fibres in a concentric arrangement are observed to pass through the mass, which the same pathologist, under these circumstances, would propose to call *napiiform*, from its resemblance to the fibrous texture of a cut turnip. Not unfrequently the denser cartilaginous variety which has been more especially known under the name of scirrhus, is found to constitute the mass wholly or in part. Again, it is found in a softer condition, formed by a pulpy substance, having a lobular disposition, and traversed copiously by dark veins, by the rupture of some of which the softest portions of the mass are occasionally found infiltrated with blood. This is the description of cancerous formation to which Laennec gave the well-known name of encephaloid or cerebriform matter. In other cases a viscous jelly has been observed to form some part of the tumour, and this has been found situated in cells, occurring for the most part in the cartilaginous variety; whence it has been considered by some pathologists to be the latter in a state of diffident softening. All these varieties occur in cancerous masses; and it is to be remarked that they may be combined in the same pyloric tumour, forming separate portions of it, or it may be mingled together so as to lose their distinct character. They are all referable to some of the varieties of carcinoma, which Dr. Carswell has classed under the two species, which he has denominated *cephaloma* and *scirrhomia* in the Article SCIRRHUS. We refer to this for the anatomical and physiological history of these heterologous tissues.

2. *The cardia* is the situation in which, next in frequency to the pylorus, the disease occurs. The structural changes differ from those of the pylorus only with respect to their conformation and their relation to the neighbouring viscera. The cancerous mass is seldom voluminous in this situation, but the disorganisation extends generally for some space along the lesser curvature and into the œsophagus. Instead of the loose tumour which the pyloric extremity presents when it is the seat of the disease, rarely any morbid appearance is to be seen until by opening the stomach it can be inspected from within. It is then perceived that a greater or less narrowing has taken place in the cardiac orifice by the deposit of the foreign substance. The latter is disposed in various ways; at one time it forms an annular circumscribed stricture, occupying precisely the orifice; at another it projects internally, having burst through the mucous membrane, and presents a cauliflower fungus. Such a vegetation has been known to hang loosely from the edge of the orifice into the stomach, like a valve, so as to prevent the rejection of its contents by the act of vomiting.

3. *The body of the stomach* is, in comparison with the other situations, rarely the primitive seat of cancer. It is, however, by no means uncommon for the affections of the cardiac and pyloric orifices to spread for some space, and involve the adjoining portions of

* Laennec, Louis, Prus.

the organ; especially the lesser curvature, which is sometimes found disorganized through its whole extent. In this case the gastro-hepatic epiploon with the lymphatic glands and the vessels contained in it often partake in the disease; as, in like manner, if the greater curvature be much engaged, the greater omentum may be found in a state of scirrhus degeneration.

Independently, however, of disease of either the cardia or pylorus, the cancerous structures in the various conditions above recounted are occasionally observed in the body of the stomach. It is here more especially that a variety which is properly called primitive cancerous ulcer (to distinguish it from those ulcerations which occur in previously existing cancerous deposits) is found. This form of disease commences and runs its course without any antecedent deposit of cancerous structure which can be discerned; yet, as it spreads, its edges are distinguished by a scirrhous hardness, and upon its surface grow fungous vegetations which partake of this character. There is, moreover, another form which is in a measure peculiar to the body of the stomach, being rarely met with at the pylorus or cardia. We allude to a hard circumscribed condition of the parietes, caused by what is called *atrophic* cancerous degeneration. The area which this occupies appears contracted, and the mucous membrane involved is condensed and puckered into hard ridges or star-like streaks. The scirrhous substance does not undergo softening as the other varieties; the alteration which time induces is rather to contract it, and give to its texture a more gritty hardness. It seems to be a laminar deposit of the cartilaginous structure, properly called scirrhus, and it is said to be accompanied with lancinating pains of a more intense description than any other variety of morbid product.

The lesions just detailed are those which are immediately connected with the pathology of cancer of the stomach: we have now to advert to some variations of these which are of minor interest in this regard, but yet are worthy of attention as connected with some striking phenomena which occasionally complicate the disease towards its termination.

The usual course which the cancerous mass takes in its progressive development, as above remarked, is towards the interior of the stomach. Exceptions to this rule sometimes occur, in which a contrary direction is chosen, and then this morbid product exhibits its well-known characteristic of propagating itself from one surface to another, which is unconnected with it, either by continuity of tissue or analogy of organization. From this it results that other organs are involved in the morbid appearances by a process which is sufficiently evident from an examination of the lesion. In its outward progress adhesions are contracted between the peritoneal coat of the stomach and that of the adjacent organ, and the cancerous matter is deposited in the latter, while its proper tissue is absorbed, apparently by its advancing pressure. This is most frequently observed in the liver, the middle lobe of which is often found

firmly united to the pyloric end of the stomach by a cancerous mass, which had originally spread from the latter. A similar propagation of it takes place to the other neighbouring organs, the spleen, pancreas, colon, &c.

Many of the morbid phenomena depend upon the degree in which softening has proceeded in the cancerous formation. This process is for the most part slow in its arrival and partial. Instances, however, are known in which it pervaded the entire thickness of the mass, and induced rapidly fatal peritonitis by its perforation. (See PERFORATION.) But this is rendered a rare occurrence by the adhesive union, which is usually established between the stomach and adjacent viscera before perforation can ensue. The same provision, however, which prevents this accident, gives occasion for the softening cancerous mass to pursue its course into the adherent organ: in this way the liver has been found deeply corroded, and forming a cavity continuous with the stomach, the parietes of which were in this place destroyed, and their edges adherent to the liver. In an instance which is on record, a cancerous mass above the cardia propagated itself into the right lung, and excavated it into a profound cavern, in which food was found lodged. Still more striking consequences are exhibited in some rare cases in which the softening cancer proceeds to a perforation, while the stomach is united by adhesion to the anterior wall of the abdomen, or to some of the intestines. In the former instance an external fistula is formed, and the food having free egress escapes in the abdomen. In the latter, the contents of the stomach and of the intestine pass reciprocally into each other by the perforation: on the one hand, fecal vomiting occurs as a consequence; and vice versa, the aliment passes from the stomach through the opening, directly into the intestine, and is voided without having undergone the action of its natural passage.

These are the organic lesions directly connected with this disease which post-mortem examination discovers. Besides these, it is to be remarked that other organs are found simultaneously with the stomach to be the original seat of cancerous deposits, of which the most frequent are the liver and pancreas. Finally, we must not omit to observe that the morbid appearances of several other diseases, which are known occasionally to complicate its course and termination, are revealed by dissection. Amongst these may be enumerated inflammation of the lower portion of the small intestines, peritonitis, bronchitis, tubercular disease of the lungs, and of other organs.

In pursuing the pathology of the disease it will be useful to subjoin to this account of the anatomical lesions some remarks with reference to the influence of these in the production of the symptoms as above detailed, and to notice here some variations in the latter, which are more or less explicable by the former. The connection between some of the phenomena and the organic lesions is direct and obvious, in others obscure. In adverting to some in-

stances in which it may be recognised, we shall consider in what manner the stomach is affected by the morbid product as to its functional and physical relations, and then notice that constitutional depravation which it gives rise to, called cancerous cachexy.

a. Doubtless the organic lesion produces a prejudicial effect upon the functions of digestion and general nutrition, and must in this manner contribute materially to the cachectic emaciation. This would be anticipated, on considering the malignant character of the disease, and the primary position which the stomach holds in the digestive apparatus; and it seems proved by the fact that the emaciation is a more prominent feature of cancer when seated in the stomach or intestines, than in any other organ of the body. Some cases, however, are occasionally met with, which shew that its influences in this respect are not so great, or at least so general, as would be suggested by these considerations; for such must be the inference drawn from cases on record, in which little diminution of the appetite and no emaciation took place, while the stomach was profoundly disorganized by cancerous deposit. In these instances the disease was situated at the pylorus and the lesser curvature, leaving the larger end of the stomach untouched.* This is an interesting remark, inasmuch as the latter is the part of the stomach in which the functions of chymification and absorption are mainly performed; and it permits the conclusion, that unless cancer either invades these parts, or becomes a focus of irritation for the entire organ, these functions remain comparatively uninjured. b. In its physical relations the chief pathological considerations are the mechanical obstacles which the cancerous products afford to the passage of the aliment. These exist when the disease is situated at either of the orifices, and they become the source of some of the phenomena which are most pathognomonic of the malady. When they occur at the cardia, the food being hindered in its entrance into the stomach, is rejected shortly after deglutition. But if the pylorus be the seat of the obstruction, the alimentary mass is retained in the stomach for a period of two or three hours during the process of chymification; at the end of this, in its progress towards the intestine, it meets the pyloric obstruction, and then vomiting is set up. The amount of obstruction which is presented varies from the smallest contraction of the dimensions of the orifice to a total occlusion. It appears self-evident as a general rule, that the constancy of vomiting is in proportion to the obstruction; but exceptions to this occur of such a nature as make it manifest that the mechanical obstacle is but a part of the conditions on which this symptom depends. The most obstinate vomiting has been observed in cases where a pyloric tumour was so situated as to produce little or no contraction of this orifice; and on the other hand, its calibre has

been found greatly diminished in instances in which vomiting rarely happened during the course of the disease. These different facts demonstrate that other conditions conspire with the mechanical obstruction, and modify its effect in producing vomiting; the most obvious of which is a state of congestive irritation in the organ. Cardiac obstruction gives rise rather to a regurgitation of the food than the proper act of vomiting; but notwithstanding this, it is the cause of deeper distress than that of the pylorus, as, on account of the food not reaching the stomach, the pangs of hunger may be added to the other sufferings of the disease, and the slow progress of the latter may be anticipated by a deplorable death from inanition. c. Its propagation to other organs, and the pathological complications which their affections furnish, constitute another class of phenomena entering into this malady. To this may be referred the jaundice, which is not an uncommon occurrence, particularly in the advanced periods of the disease: it owes its origin for the most part to direct disease of the liver, but it may be also produced by the pressure of a cancerous tumour of the stomach upon the bile duct. The anasarous infiltrations have been simply referred to the debility of the last periods of the disease, which undoubtedly contributes in many cases to their production; but they have been observed in others where the strength was as yet little broken, and the vigour of the circulation undiminished. On this account we must look to other sources in order to give a sufficient explanation of them; and these are presented to us in the obstructions of the venous circulation, which are caused alike by morbid states of the liver, and by the direct pressure of a pyloric tumour upon the trunks of the *venæ portæ* and *cavæ*. These vessels themselves may also be the seat of cancerous deposits, as in the remarkable case detailed by Reynaud, in which obliteration of the right branch of the vena porta and the inferior vena cava was produced by a foreign substance (apparently encephaloid) deposited within their cavity.* d. Cancerous *cachexy* is the term which designates the special alteration of the whole system, sooner or later consequent upon the disease in whatsoever part of the body it is situated. It comprises all the effects of the morbid influence which it exerts on the general constitution, distinct from its local ravages, or the sympathetic derangement which these give rise to in other organs. When fully developed, it is characterised by a peculiar livid colour of the skin and the mucous membranes, emaciation, friability of the solids, and diminution of density in the liquids, but more particularly of the blood. To the change which it produces in this fluid is to be ascribed the facility with which hemorrhage occurs in advanced cancerous deposits, and the liquid uncoagulable character of that which is occasionally vomited during the latter stage of cancer of the stomach. It is to be observed that the

* See Chardel, p. 39; and Abercrombie, Diseases of the Stomach and Intestinal Canal, p. 61.

* Journal Hebdomadaire, 31 Oct. 1829.

full manifestation of the constitutional cachexy is less frequently met with in cancer of the stomach than elsewhere; because, as it would seem, the lesions of this organ are more injurious to the vital economy, and so anticipate the time in which the general system becomes fully subjected to the malignant influence of the cancerous disease. Finally, we would remark that this constitutional condition receives additional interest, if we may contemplate it as having any connection with the facts mentioned by Dr. Carswell relative to the presence of carcinomatous substance in the blood. (See SCIRRHUS.)

The essential nature and the origin of cancer of the stomach are points to which all other matters in its pathology are secondary. As the elementary morbid product of which it consists is identical in this and in other organs, the question of its origin here involves that of cancer in general. Many doctrines have been from time to time promulgated on this mysterious subject, but have successively fallen into merited neglect, being founded on crude and insufficient observation. In the present day it is studied in a manner which promises more fruit; but it must be confessed that modern researches, while they have exposed false views, have done little more: the origin of cancer still lies covered by the veil which keeps from our penetration the secret operations of nutrition and special secretion. The reader is referred to the article SCIRRHUS for an account of the subject, which is carried as far as the actual state of knowledge permits. We only desire to express here our full accordance with the author in renouncing two modern theories on the subject; one of which assumes it to be a degeneration of a pre-existing tissue, and the other (chiefly supported by Andral), which maintains, that in its essence it differs nothing from hypertrophy and induration of the submucous cellular tissue.

It is a generally admitted fact, irrespective of any theory concerning its essential nature and origin, that the deposit of cancer in the parietes of the stomach is preceded by an irritation in this organ. Much diversity of opinion exists concerning the nature of this irritation, and it is well known to be the doctrine of Broussais that it is of an inflammatory nature; he has in fact maintained that cancer is a direct product of inflammation. It is a question of very difficult solution to decide in what manner this irritation differs from inflammation; but that it does so is not doubted by any pathologists who confine the latter term to its ordinary signification. Without offering any opinion on this subject, we merely notice it in this place for the purpose of adverting to a practical point connected with it, which is deserving of notice; namely, whether the irritation which precedes it (whatever be its kind or degree) originates in the mucous membrane, or has its primary seat in the subjacent cellular tissue, where the foreign substance is found deposited. To determine this directly, the stomach should be inspected in its first stage, while it yet retains the earliest appearances of

the disease. But opportunities of post-mortem examination are rarely presented until a long continuance of the disease has produced great alteration, so that immediate proof is wanting of the relative condition of the tunics at its commencement. The mucous membrane has, however, been found in its physiological state at a time when the subjacent texture was filled with the cancerous product. Recamier has observed the latter developed to several lines, or even an inch in thickness, while both the mucous and peritoneal coats were in a healthy state and glided without any adhesion over the engorgement.* This proves, according to him, that the latter was not of an inflammatory nature in these cases; and he infers, a fortiori, that as the tunics were not in a pathological state at an advanced period of the subjacent deposit, they had not been so at an earlier. M. Andral has examined this question with his usual sagacity, and has fully shewn that such negative facts are not to be received in evidence. In adducing his arguments we should state, that although we have not adopted the opinion with which this eminent pathologist has connected them, (namely, that scirrhus and cancer is a mode of induration of the cellular tissue,) yet, as we recognise the fact that such a condition is frequently a *nidus* for its deposit, and moreover agree with him that it is preceded by irritation, they are equally applicable to the notion we entertain as to its origin. He first illustrates the fact, that in irritations of the intestinal, bronchial, urethral, and conjunctival mucous membranes, and of the skin, the subjacent cellular tissue is frequently involved. He then passes in review some instances in which these mucous surfaces became free of the inflammation, while the subjacent tissue still remained the seat of organic changes which had occurred during its subsistence. Of this a familiar example presents itself to us in stricture of the urethra; this is a circumscribed hypertrophy of the submucous cellular tissue, which for the most part supervenes at a period when the inflammation of the lining membrane of this canal is receding. Finally, M. Andral deduces arguments of a still closer analogical application from observation of certain conditions of the gastric mucous membrane itself: he has been able to follow the different degrees by which it returns to a healthy aspect after inflammation, and he has observed in many instances that the submucous tissue still remained morbidly affected. His observations and reasoning appear to us satisfactory as to the general principle: while, therefore, we draw a broad line of distinction between scirrhus and hypertrophied cellular tissue, which he identifies, we are enabled to enter fully into his conclusion, viz. that cancer may arise in the submucous cellular tissue of the stomach, subsequent to irritation originally seated in the mucous membrane. We add, that Chardel arrived at a similar conclusion from the study

* *Recherches sur le Traitement du Cancer*, t. ii. p. 44. Paris, 1829.

of the anatomical lesions;* and his opinion is so much the more entitled to regard, as it was expressed before it became a subject of doctrinal emulation in the schools.

We shall, lastly, advert to that branch of the etiology of the disease which includes its *occasional* causes. The concurrence of all observers places as the foremost amongst these, the operation of depressing moral emotions; and it may be indeed stated, that the influence of the mind upon the animal economy is not so prominently displayed by any other chronic malady. Corroding cares, caused by reverses of worldly circumstances and disappointment, concealed grief, and protracted terror, are the conditions of mind which are more particularly connected with its origin: so commonly does it partake of their influence, that few cases occur in which some of them could not be discovered, were it always possible to fathom the moral history of its subjects. With reference to this, it is worthy of remark that during and subsequent to the French revolution the disease was common in France, and it seems probable that many of the numerous cases, which Chardel's monograph contains, were caused by "the reign of terror." This was the malady of Napoleon: when he arrived at St. Helena he was in the possession of perfect health, and it was two years afterwards that the first indications appeared of this disease, which slowly consumed his life in a period of three years and a half. We allude to his case as an example of these conditions acting probably at a maximum; yet we have seen the same causes produce similar effects in individuals who occupied the other end of the scale of moral power. The mode of action of this class of causes it is very difficult to explain, and according to the present strict method of investigating medical doctrines, it seems rather to be drawing more than is warranted by the actual data, to offer any decisive opinion with respect to it. It cannot, however, be reasonably doubted that their direct action is on the nervous system, and we feel much inclined to assent to the opinion which Lobstein has ventured to put forth concerning their remote effect. He affirms that moral emotions give rise, first, to a defective innervation; secondarily, to a perverted nutrition, in which consists the elementary change which produces organic products of an anomalous nature.†

There are various phenomena connected with the healthy action of the economy, the *cessation* of which may become occasional causes. Some of those are of a physiological nature, as the menses; others are pathological, but are so habitual or periodic that they become, as it were, grafted on the constitution; to these belong hæmorrhoids, sweats in different parts, as the feet and axillæ, headaches, periodic gout, &c. The suppression of these has been known to originate cancer in the stomach as well as in other parts of the body, and with these may be classed the existence of a syphilitic taint in the system, under the influence of which, if not

this, a disease in almost all respects similar has been known to arise. It has also been clearly traced, in some instances, springing up as a consequence of hereditary predisposition.

Other causes are to be enumerated of a more definite and local character; amongst which is to be first mentioned the long-continued use of ardent spirits. It is incontrovertibly established by a collection of many facts that this disease is frequently brought on in those who become addicted to the inordinate use of spirituous liquors; it is not, however, so clear that the entire effect of these is owing to their local action as a stimulant to the stomach, which some are ready to maintain. Several considerations with respect to individuals of this class seem to oppose this, and we are disposed to think that this cause acts, in part at least, upon the nutritive function in a manner analogous to the first set of causes, either by a prejudicial effect upon the nervous system or directly upon the blood. But whether its action be general, or merely local, or that it partake of both, it is certain that this effect of habitual drinking is much promoted by the depressing passions. These act in the relation of a predisposing cause to determine this effect from the former; and unhappily amongst the poor, the influence of both is too frequently found in concert, from the prevalence of ignorance, and of the desperate delusion which tempts the wretched blindly to have recourse for solace to the ruinous habit of drinking.

Continued pressure on the epigastrium, or mechanical injury of this part by any means, are also to be reckoned amongst the causes of this disease. Chardel relates two cases, which exemplify the effect of such causes: the one of a hatter, whose particular province obliged him to press the abdomen against a board; a cancerous tumour formed in this man's stomach, which ultimately broke through the abdominal parietes by the formation of a gangrenous slough at the epigastrium: the other case was that of a coachman, in whom the disease occurred consequent upon the kick of a horse received at the lower part of the chest.* Haller has recorded one of similar import in the instance of a young man, who in a drinking revel received a kick in the belly from his drunken companion, and afterwards became affected with a lingering and ultimately fatal illness, which was proved on dissection to be caused by an extensive cancerous disorganization of the stomach and omentum.† These cases are illustrative of the effect of mechanical injuries of the epigastrium in giving rise to cancer of the stomach, a result, besides, which ample evidence has established. While, therefore, it is fully acknowledged as an occasional cause, the explanation of its action is not so easy as may at first appear, inasmuch as, for several reasons, it seems evident that its influence is not to be directly referred to its immediate irritation of the parietes of the stomach. First, because, as Chardel observes, the cancerous product re-

* Op. cit. avant propos. p. 11.

† Anat. Pathol. tome i. p. 557.

* Op. citat.

† Opuscula Patholog. Lausan. 1755, p. 49.

sulting is not found to occupy the part of the stomach which receives the direct mechanical impression, namely, the anterior wall which lies against the epigastrium, but manifests the same election as to situation (the pyloric or cardiac extremities) as when it arises from other causes. Moreover, we remark that mechanical irritants acting, though with considerable force and permanency, *merely on the walls of the stomach*, do not produce cancer. Thus we find, in a case noted by Baillie, in which five halfpence were lodged in the stomach for some time, and had formed a pouch by their pressure, "the coats of the stomach were thinner at that part, but were not inflamed or ulcerated;"* and in another recorded in the Medical Commentaries, two pistol-bullets were lodged in the organ, previously the seat of cancer, for two months, apparently without any effect.† A third, more curious than either, is the singular case narrated by Tonneler, and witnessed by Laennec, of a girl, who, with the purpose of poisoning herself, swallowed an ounce of arsenic, but unexpectedly recovered. Again, a year afterwards she took poison, and this time died. On post-mortem examination, beside the effects of the recent poison, a cyst was discovered of the size of a goose-egg, which had been obviously just detached from the parietes of the stomach near the pylorus: on being opened it was found to contain an ounce of arsenic.‡ These cases afford examples of the action of powerful mechanical and chemical irritants *immediately* upon the stomach; yet by none of them was displayed any disposition to the formation of cancer. The question then recurs undecided—in what manner do pressure and contusions in the epigastric region act, in occasioning cancer of the stomach? Chardel thinks that their injurious operation can only be accounted for by their mechanical disturbance of the process of digestion. It is an inquiry of much interest; and while we abstain from expressing a decided opinion, we beg to suggest it as an important consideration, how far it is to be referred to a lesion of innervation, caused by a *mechanical shock* on the solar plexus. If such an explanation should be accepted, it would place epigastric contusions and moral emotions in the same class of causes, and permit us to express their mode of action similarly.§

* Morbid Anatomy, 1793, p. 92.

† Vol. iv. p. 154.

‡ Auscult. Médiate, vol. ii. p. 634.

§ The above was written before we met with M. Recamier's opinion on this subject, and we are gratified at finding that it is expressly similar to that which we have proposed. He brings forward several arguments of a positive as well as negative import, against the notion of cancer being developed in the stomach by the mere irritation of the viscus from local violence, and proving that the operation of the latter is to be referred to "*nervous commotion*." He cites two facts which seem decisive. One person received a blow in the pit of the stomach, which was followed by violent pain and anxiety in this region, yet the individual stated that he had been scarcely touched by the blow. Another was only frightened by a gesture imitating a blow, which however was productive of the same anxiety and "*malaise*."

The abuse of certain therapeutic agents must not be omitted amongst the occasional causes of this disease. Those medicines are to be reckoned as such, which, while they are exhibited for the sake of their specific effect, depress the animal system, and at the same time act locally on the organ. Preparations of mercury and arsenic are especially alluded to; and it must be confessed that the effects of the former in inducing that condition of the system which is favourable to the development of anomalous products, have not been hitherto sufficiently regarded; they begin, however, to excite general attention. The fear of this disease forms also one of the chief reasons for vigilance in using arsenical medicines in minute doses. Their exhibition should be strictly watched, that the constitution be not kept too long under the influence of this mineral; which, as would appear from the case cited by Laennec, has not the power of originating the disease by its local effects, unless the economy be previously deteriorated by its general influence. Finally, with respect to inflammation, (without reverting to the question as to whether it may be an occasional cause of cancer of the stomach,) it is of the utmost importance to be aware that it frequently accompanies its commencement, complicates its course, and hastens its termination.

Diagnosis.—Accuracy of diagnosis is the foundation of good practice in all diseases, but if it be required in the practitioner on one occasion more than another, it is when engaged about the diseases which are deemed incurable, because upon it so much depends. On the one hand, the mistaking of a disease beyond the resources of medicine for one in which these might be applied with success, subjects the patient to illusory hopes, and treatment that might have been spared, or that may even hasten the unlooked-for termination. On the other, the pronouncing a disease to be incurable, which in reality may not be so, is a still more grievous error; for this cuts off from the patient resources which had been available, were they not interdicted by ignorance of the nature of the disease; not to speak of the loss of reputation which accrues to the practitioner, if the course of nature or the application of another's skill discover his error, by restoring to health the patient whom he had doomed to the grave. These remarks are worth attention in connexion with the disease before us, to which they are obviously applicable with reference to its incurable nature; but they are so equally with respect to its diagnosis, concerning which we should greatly miscalculate, were we to estimate its facility by merely regarding the profound organic changes and the prominent features of its history, as we have endeavoured to trace them. No general description could comprehend all the diversity

In both individuals an *organic affection of the stomach was consecutively developed*. "Such examples at the same time manifest this," adds this experienced and judicious author, "that general commotions of the system exhibit their *local* power, in proportion to the *local* predominance of nervous susceptibility."—Op. citat. tome ii. p. 45.

which its symptoms may present; more particularly, however, we wish to direct attention to this fact, that its most striking phenomena may be simulated in the course of some diseases which have a totally different origin and issue. For the purpose of elucidating its diagnosis, we shall now compare it with the affections which present similar phenomena: this can be effected most conveniently by noticing these affections in connection with the symptoms of cancer of the stomach which constitute the resemblance between them. This method also affords us the opportunity of noticing some diversities of these symptoms, which were reserved for consideration in this place, as they are chiefly important with reference to the diagnosis.

a. Vomiting.—It may be in general stated, that when vomiting occurs immediately after deglutition, the disease is situated at the cardia, and that when a period of two or three hours elapses, its seat is at the pyloric extremity. No relation which can be with certainty relied on, appears to exist between the intensity of this symptom and the extent of the cancerous deposit which causes the obstruction; for besides the latter, the state of general irritability of the organ influences it in a degree little inferior; and this is often observed to be greater at the first period of the disease than later, when much disorganization exists. Much diversity is to be remarked in the different stages of the disease with respect to the character of the vomited matters. In the beginning they consist of large quantities ofropy mucus, and of this mingled with the aliment in different stages of digestion. Afterwards they become mixed with secretions of dark-coloured fluid, in which a sediment forms like the grounds of coffee. These, with a muddy liquid of the colour of chocolate, and occasionally blood, are the fluids thrown up from the stomach, which are regarded as characteristic of the confirmed and later periods of the disease.

Nevertheless, it is to be remembered that this symptom may occur under every variety as a phenomenon of other diseases; so that neither its constancy or periodic recurrence, nor even the quality of the matters vomited, can with certainty assign it to cancer of the stomach. Added to this, other semblances of the disease may co-exist with it, which tend to heighten probability to its highest pitch, and yet it may be unconnected with it. This is strikingly illustrated by two cases related by Louyer Villemay. One a man aged forty, whilst a prey to profound grief, became affected with nausea, weight and shooting pain in epigastrium; to these were added, while his strength declined, daily vomitings after every meal. After a month's treatment this man recovered. The other case was a youth aged twenty-one, who had many of the preceding symptoms, and in addition to these, the vomiting continued for nine months, and the matter rejected was of a blackish colour. The application of blisters and other remedies completely restored his health. Chronic gastritis, affections of the liver and gall-ducts, are some of the other various sources whence it arises. Certain forms of hysterical disease

exist, also, in which a constant vomiting often prevails as the principal symptom for months; in one instance of this kind within our observation, it continued unappeasable night and day upwards of two years. An infinite variety of cases are also on record of nervous or spasmodic vomiting which for obstinacy might be compared with that caused by the most profound organic lesion. A most remarkable instance of this is related by Morgagni in the case of a lady of Padua, who was affected with this symptom from her birth. It came on two hours after dinner daily, and during pregnancy at the age of thirty-four it became much aggravated; and thence it continued unremitting until her death, which happened twenty-four years afterwards. No organic disease was found in the stomach, but it was small and contracted near the pylorus, so as to appear divided into two parts. Vomiting, with a long succession of symptoms which were mistaken for the effects of organic disease, were caused, in a singular case recorded in the *Mémoires de l'Académie Royale de Chirurgie*,* by hernia of the stomach between the recti muscles. The patient, a young surgeon, underwent the most severe sufferings, chiefly from the unconquerable obstinacy of the vomiting, and found no relief from a great diversity of treatment, until at length, hearing a description of this rare affection from Garengo, he thought that he recognized the source of his own disease, whereupon he applied a proper truss, and from that hour was cured.

Finally, with regard to bloody vomiting, and especially the fluids resembling chocolate, if these coincide with other prominent features of the disease, it cannot but be considered a symptom of ominous import. Yet in proportion as it merits this character in its true connection, caution should be exercised not to assign it a false value in cases where it is not really indicative of this disease. The other conditions under which blood may be vomited are its metastasis from hæmorrhoids, retention of the menses, or any suppressed discharges. Falls and contusions not unfrequently give rise to hæmatemesis, which continues long after all their other effects have subsided. It may likewise be caused by hæmorrhage from the posterior nares, which has been found to pour its blood into the stomach, and to be rejected from thence at intervals of a melanic appearance.†

b. Tumour.—On referring to the anatomical relations of the two orifices, it is scarcely necessary to remark, that when a tumour, externally perceptible, is developed by the disease, the pylorus is its probable seat. We say probable, because, although a rare case, a cancerous growth situated in the body of the stomach may attain to such a form and size as to be felt through the parietes of the abdomen; and

* Tom. i. p. 702.

† See this origin indicated, case by Manchart *Misc. Acad. Nat. Cur. dec. iii. and iv. (Archiv. Générales, Oct. 1833;)* also by Dr. Graves, *Dub. Med. Journal, vol. i. p. 297.*

it is conceivable that even a cardiac tumour might be detected by the touch, under the ensiform cartilage, in an individual with a short breast-bone. The characters belonging to a pyloric tumour are more or less distinctive. It is felt, for the most part, rather on the right of the median line, lying obliquely, from right to left, with its most prominent part two inches below the lowest rib. It is movable by the hand, so as to allow of being pushed considerably out of the position it occupies; and it possesses, moreover, a spontaneous motion, which affords a diagnostic mark with respect to it of peculiar value: under the influence of this it may be placed one day in a different situation from that of the preceding, and it sometimes even retires so deep, as to be no longer distinguishable by the touch, which circumstance has been known to create some embarrassment.

The presence of the tumour is the least equivocal sign of the disease; but yet the diagnosis can by no means be reposed upon it with an unreserved confidence; for, in the first place, extensive cancerous disorganization has been found at the pylorus as well as in other situations of the stomach, after death, which had previously escaped the most accurate investigation. Its thickness may be too small, or take an internal development, or its situation may be entirely confined to the posterior part of the pylorus. Any of these conditions may prevent it from being recognized; moreover, other abdominal tumours frequently present themselves, from which it requires not a little discrimination to distinguish it. It is unnecessary here to do more than indicate that these may be constituted by any of the following, namely, tumours situated in the liver, the pancreas, the omentum, the mesentery, the colon, the abdominal parietes, and by aneurisms of the aorta. Two cases are before us which illustrate this double source of fallibility here referred to, that is, with regard to the presence and the nature of the tumour. The one was that of a man who died of pulmonary inflammation of five weeks' standing. He was under the observation of Dr. Graves for seventeen days preceding his death, and during that time no phenomenon was remarked, capable of exciting the suspicion of organic disease of the stomach. This organ, on dissection, externally presented the appearance of an hour-glass contraction, but on opening into its cavity, a morbid growth of a medullary structure, equal in size to a large mushroom, was found projecting internally from the greater curvature, about midway between the two orifices.* The other case, occurring under the same physician, in the Meath Hospital, was one in which a fistulous opening permitted the food to pass out from the stomach through the abdominal parietes; and no doubt was entertained but that this remarkable phenomenon depended upon the softening or ulceration of a cancerous mass, its ordinary source. On dissection, however, it was shewn to be caused by the bursting of

an encysted abscess of the peritoneum at once into the stomach and externally through the walls of the abdomen.

Cancerous growths of the cardiac orifice become also frequently objects of exploration; and as obstructions in this situation are in the majority of instances caused by tumours of this nature, their diagnosis is of fearful interest, both on account of their ominous character, and of the dysphagia resulting from them, which occasionally proceeds to such a degree as to occasion death from inanition. As the various abdominal tumours complicate the diagnosis of disease of the pylorus, in like manner cardiac cancer may be simulated by morbid products within the thorax of a very different origin. Innumerable instances are on record in which enlargements of the bronchial, œsophageal, and the other lymphatic glands of the mediastinum have caused dysphagia, and ultimately, as its consequence, death.* The same results may be derived from abscess situated behind the œsophagus, and from aneurism of the thoracic aorta. In these doubtful cases the principal method in use for exploring the state of the cardia is the introduction of the probang, but when this is called for, it is commonly as much for the purpose of endeavouring to overcome the obstruction as to establish its diagnosis. Under such circumstances, however, this means of examination requires to be employed with great caution, and this more especially with reference to the possibility of interfering with an aneurismal tumour. The utility of this admonition is testified by a case published by Mr. Porter, of a man who, amongst other distressing symptoms, had nearly complete inability of passing any food into the stomach, and frequent vomiting; for these a probang was introduced, without meeting any decided obstacle, but without relief. Death suddenly occurred six days afterwards, and *post-mortem* examination disclosed a large aneurism of the aorta, which had burst into the œsophagus.†

c. Emaciation, pain, &c.—Cachectic emaciation is common to this with many other chronic diseases; it is, however, to be noted, that as far as this symptom depends upon cancerous development it is unaccompanied by febrile action. This observation serves to distinguish it more especially from that which attends upon tubercular phthisis, as hectic fever is more or less prevalent from the time that emaciation sets in in the latter disease. But notwithstanding this, in individual cases of cancer of the stomach which are complicated by a catarrhal affection, so much resemblance may exist in many of their features to phthisis as to embarrass the diagnosis at the first examination; at the present day, however, in which the resources of auscultation and percussion are becoming fully recognised, this difficulty cannot exist long.

* De Glandulis Thoracis Lymphaticis atque Thymo. Specimen Pathologicum. F. W. Becker. Berol. 1826, p. 56.

† Dub. Med. Journal, vol. iv. p. 206.

* Dublin Medical Journal, vol. ii. p. 175.

The pain belonging to this disease is peculiar, and a difference has been even remarked with respect to it as occurring at the two orifices. When the cancer is seated at the cardia, the pain is described as a tensive circumscribed sensation about the pit of the stomach, striking through to the back, and exciting a feeling of incipient suffocation, which is aggravated on taking food, and relieved by vomiting.* The pyloric affection gives rise to pain less confined to one spot, but rather producing a dragging sensation (as the patient sometimes expresses it) over the upper part of the abdomen. But besides these local peculiarities, the lancinating pains which are common to cancer in all situations must not be omitted, nor yet a characteristic circumstance which is still more properly diagnostic of this terrible disease, namely, that the pain does not immediately respond to pressure upon the morbid product, as does the pain of inflammation, but allows a sensible after-period to elapse, when it occurs, as it were, by a spontaneous reaction. It is here, however, important to observe, that on collating the history of several cases of *simple* ulceration of the stomach, with reference to this symptom, no difference sufficiently distinctive could be established between it and that of cancer.

The dark colouring of the skin is one of the most characteristic signs of the cancerous cachexy, yet it is so often absent in this disease that it cannot be depended on as a symptom of negative import.

Terminations.—When it becomes once established that the stomach is the seat of cancer, the only question which the prognosis admits regards the duration of the malady, for no other hope grounded on experience can be entertained but that it must inevitably terminate, sooner or later, in death. We are aware that some, in contemplating the cicatrices of ulcers of the stomach, which have been found in a few rare cases, have been led to express a less rigorous conclusion; we cannot find, however, that this is countenanced by the healing in any instance of ulceration of the stomach which could be demonstrated to be connected with a cancerous deposit.

We have referred to the intermission which occasionally takes place in the early periods of the disease, and to the progressive manner in which its course proceeds, when these being passed away, its symptoms are all established; but with respect to the disease in general, it is not possible to assign any period of time as the term of its duration. This is obvious, when we reflect upon the diversities in the power of resistance to morbid action which the various constitutions exhibit, and the other contingent affections which modify this malady. To the slow exhaustion of the vital powers produced by the disease itself, the weakening effect of the constant vomiting is added, and not unfrequently the deficiency of actual nutrition. The fatal period is at one time brought on suddenly by the softening and breaking up of the can-

cerous mass, and the consequent hemorrhage; at another, it is hastened by the occurrence of perforation and communication with the peritoneum, which is, however, rare, from the protective causes before explained. Moreover, the affections above indicated, as complicating its latter stages, the diarrhoea, inflammations of the peritoneum, lungs, and the liver, are all influential in its termination. Finally, observation confirms that the disease of the pylorus lasts a considerably longer time than that of the cardia.

Treatment.—It is obvious that since this disease when decidedly formed is one which does not yield to the resources of medicine, the most practical considerations which it presents to the mind of the physician are those attempted to be illustrated in the foregoing part of this notice of it, which conduct to correct notions of its nature and its diagnosis. These, in the first place, suggest the responsible part which he performs towards the patient in pronouncing positively upon its existence; and, secondly, when it is recognized beyond doubt, they should dissuade from the employment of untried experiments in its treatment, which must necessarily fail, and not only disappoint hope, but tend to hasten the unavoidable period. This remark would much misrepresent our meaning, were it conceived that it contains any pretext for omitting the assiduous application of means: the first part of it is intended especially to convey a warning against a too hasty conclusion in any given instance that we have to do with an incurable disease; while the second is directed against an abuse of therapeutic agents, which might bring them into unmerited neglect, were not the period in which they are unavailing plainly pointed out. In the confirmed disease, medicine, with its present resources, can only be applied with a palliative view. In the early period, however, while there is yet ground for hope that the malady has not become irreversibly fixed, or when some doubt exists in the diagnosis between it and other organic affections, the treatment should be directed with perseverance to combat it radically. But the line of demarcation must be very obvious before we give up the latter, hopelessly to resign the treatment to the former, and on this subject there may exist some danger of reposing too much reliance upon the minutiae of diagnosis. The following remark of a modern writer expresses appropriately our meaning, coupled also with a statement which may not be altogether unwarranted. "Our predecessors, who were less acquainted than us with the fatal progress of organic lesions, succeeded perhaps oftener than we do in palliating the symptoms and prolonging the life of the patients, by applying themselves incessantly to oppose the most obvious symptoms. Their attention was not entirely preoccupied, like that of the anatomist-physicians of the present day, with the incurability of the local lesion which is the source of the disease."^{*}

* *Pemberton, Practical Treatise on various Diseases of the Abdominal Viscera, fourth edit. 1820, p. 128.*

* *Gibert, Revue Médicale, Juin, 1833, p. 375.*

The first care which should engage the physician in entering upon its treatment, is to investigate its occasional cause, and, if this be possible, to have it set aside. Moral causes are at once the most frequent and the most difficult to remove, but until this be, in some part at least, accomplished, little success need be expected from any remedial measure; while, on the other hand, a decided improvement has been often observed to follow upon a change of circumstances which has alleviated mental depression. If the malady be observed to spring up simultaneously with the cessation of the menses, or of any other discharge or pathological condition which had become habitual, in case it be not possible to restore these, it would be a most advisable step to effect a substitute for them by the employment of some derivative plan, as issues, blisters, or local bleedings. Pains should be taken to examine into the probability of a syphilitic taint having got entrance by any means into the system; it is a fact of a most interesting nature, that some cases presenting the characters of an advanced stage of this disease have been known to yield to a mercurial treatment, which had been undertaken as a last resource, on discovering that the patient had been either mediately or personally exposed to venereal contamination. Hereditary predisposition should be also inquired into,* and idiosyncrasies dependent upon temperament, or other conditions; and if any source of this nature be detected, appropriate attempts to obviate its influence by a total change of circumstances should form a consideration in the treatment of primary importance.

The main principle to be observed is the abstraction of every condition which tends to cause or maintain a state of irritation in the stomach. It will be readily seen, that in pursuit of this the regulation of the diet is to be chiefly relied on, and this in fact demands from the earliest suspicion of the disease the attention of the practitioner, even more decidedly than medical agents. At this period he should impress the patient's mind with the necessity of submitting himself to a peculiar regimen, from which the latter ought not to suffer himself to be tempted on any occasion to depart. The object of this is to regulate in such a manner both the quantity and quality of the food as that every thing of an exciting nature should be steadily renounced. It seems certain that this disease owes its chief progress to the physiological congestions which occur during digestion, in accordance with the law, that the functional action of an organ becomes a source of irritation to it when in a morbid state; all the symptoms are aggravated during the continuance of this process. This is the explanation of Chardel's remark, "*La digestion finie, ordinairement le calme renaît.*" Our aim should be to preserve a state of as great quiescence in the organ as is possible, consistently with affording sufficient nu-

triment to the system. With this view the patient should deny himself the use of solid meat; and in cases where excessive irritability of the stomach prevails, animal food should be altogether dispensed with. However, as the object is to spare the organ, not to reduce the system, this is not in all cases advisable, and in individuals of a lymphatic constitution, in whom the more animalised materials of the blood are deficient, it is contra-indicated. Nutritious broths, made without spice or vegetables, answer well for such; they should be taken rather in small proportions oftener repeated than much at one time. All the varieties of boiled vegetables should be inflexibly refused. Where animal food in other forms is judged inexpedient, jelly may still be used, and this will be advantageously interchanged with the bland gelatinous substances, arrow-root, sago, tapioca, &c. which being at once nutritious and unexciting, are valuable adjuncts to the patient's diet-list. With respect to the choice of these, experience must decide, as that which is adapted to the stomach of one does not agree with a second, and too frequently it will be impossible to find in any of them articles which fulfil our end. Few cases occur in which milk does not serve, and when it agrees it should constitute a large portion of the aliment. If, as sometimes happens, it sours upon the stomach, this may be obviated by the addition of lime-water in the proportion of one-third.* Asses' milk has been endured on the stomach in cases where all other substances have been vomited. The patient must be inhibited the use of wine and spirits; it is sometimes, however, deemed necessary to allow some stimulant potion of this nature on account of painful digestion, and in such a case light table-beer should be preferred to alcoholic liquors, which, whatever impression they make for the time, invariably promote the progress of the malady. The meals should be taken at a fixed hour; irregularity in this matter increases irritability in the stomach; nor is it unworthy of being noted, that slowness in mastication has the effect of rendering substances, otherwise difficult, pass through the digestive process with much less irritation. We would remark, finally, that the beneficial effect of a rigorous regimen, in this first doubtful period, will mainly depend upon the constancy with which it is persevered in. We have seen a decided improvement which had followed upon its adoption speedily lost, because the patient permitted himself to indulge in a slight relaxation upon some incidental occasion. On the other hand, the example of the eminent anatomist, Beclard, affords much encouragement (if not in cancer, yet in simple ulceration,) to a steady perseverance. Having become affected with an organic disease of the stomach, manifested by unequivocal symptoms, he determined on treating it by a rigorous diet, little short of abstinence, from which he did not suffer himself to swerve, until after a considerable period the symptoms disappeared.

* See *Recamier*, op. cit. tome ii. p. 48, for some remarkable instances of the influence of this, and the attempts proper to counteract it.

* *Dict. de Sc. Méd.* t. iii. p. 631.

He recovered perfectly, and afterwards his death took place from an acute disease of the brain, consequent upon erysipelas;—post-mortem examination displayed the cicatrix of a large ulceration in the stomach.

The use of local bleeding by leeches is found beneficial when there exists evidence of more than ordinary gastric irritation, and for the relief of excessive weight and pain in the epigastric region. It may be sometimes preferable to apply them beside the spinal column, about the first lumbar vertebra, in which situation acute shooting pains often occur. General depletion can never be requisite in this disease, and care should be taken in the use of leeches that they be not applied in number sufficient to give rise to a very prejudicial debility. Small blisters on the epigastrium repeated at intervals, or kept open by an irritant ointment, may be in some cases attended with benefit, in others setons applied in this situation, or at the back, merit the trial more. Not unfrequently, however, the weakness and irritation consequent upon the derivative means will be found to interdict their use. The state of the bowels will demand the continual attention of the physician: they are seldom free from constipation, and the accumulation and distention of flatus, together with the weight of the alvine contents consequent upon this condition, gives rise to considerable distress. Aperient medicines can seldom be endured by the stomach, and drastic purgatives of every kind, especially such as contain mercurial preparations, should never be exhibited. The daily use of emollient injections, on the whole, fulfils this indication better than the habitual use of any laxatives; but as those lose their efficacy in time, it will be expedient at occasional intervals to assist them by a purgative or turpentine injection. In certain cases, however, gentle laxatives, composed of senna, manna, rhubarb and magnesia, or castor-oil, do not disagree with the stomach, and then their use may be conveniently alternated with the enemata. Emetics are to be deprecated as injurious in any stage of the disease. The antispasmodics, as castor-oil, ether, valerian, ammonia, assafetida, &c., which afford relief to the flatulence and pain in nervous dyspepsia, should never be exhibited for the same purpose here; their use, it is to be remembered, is invariably followed by irritation, which by no means compensates for their temporary effects of this kind; and besides the object is better fulfilled by the seasonable exhibition of narcotics.

The administration of narcotics should not be left over to that latter period, when they are indeed indispensable, but when their alleviation of the worst symptoms is in proportion to their oppression of the sensibility of the brain. It will be very advantageous to procure their sedative action for the stomach from the first suspicion of organic disease, and they may be properly used at the same time as the rigorous regimen and derivative treatment. Recamier's plan of exhibiting the extract of cicuta, while the patient observes a severe diet (Callisen's

cura famis), seems to be more appropriate in this disease than in the scirrhus engorgements, where he employed this combined treatment with decided advantage.* (See SCIRRHUS.) Opium, the extracts of cicuta, hyoscyamus, aconite, belladonna, and stramonium, have been each lauded at different times; a variety of circumstances may incline the physician to the choice of one of them rather than another, but it seems that the general suffrage of modern practice remains only with the three first. The salts of morphia are preferred by several before any other narcotic, as producing the sedative effect with the least local and general excitation. The acetate may be given in the dose of a quarter, third, or half a grain. The solution of the muriate, in the proportion of five grains to an ounce of distilled water, is considered to be equal in strength to the common tincture of opium. In some instances where a tendency to acescence in the stomach exists, alkalies and absorbents may be advantageously given in combination with narcotics; for this end we have used the following formula:

R Extracti conii maculati
—— hyoscyami nigri aa, gr. i.

Oxydi bismuthi, gr. ii. M. ft. pilula,
quotidie bis terve sumenda.

The sedative effects of the prussic acid in gastrodynia may also commend its trial; it is conveniently conjoined with a light tonic infusion as a vehicle, as that of chamomile, calomba, rhubarb, or cascarrilla.

Finally, we would repeat our former observation, that the treatment here detailed is applicable to the cases where, the symptoms plainly indicating an organic disease, we are compelled to apprehend the coming on of cancer, rather than to those in which its presence is too obvious to be mistaken. Where the constitution is sinking under this disease fully developed, the medical art can do nothing more than attempt the palliation of its appalling symptoms, and it affords for this object scarcely any resource but a free use of anodynes. An opium plaster, or one composed of extracts of belladonna and cicuta, with a little camphor, applied to the epigastrium, may procure temporary relief. If diarrhœa supervene, it should be opposed by astringent opiate injections. In the case of impending inanition from the rejection of all kinds of food by the stomach, some support may be derived from the use of nutritive injections, and the application to the abdomen of large poultices of bread and milk. The anodynes fail at length in procuring rest, and towards the close the disease triumphs wholly without control.

II. *Ulceration.* In noticing this and the remaining organic diseases, we shall not pursue the systematic method which we observed in cancer of the stomach. These affections are of great interest and have been much studied of late, but up to the present time they have

* Op. cit. tome i. p. 476.

been handled by writers rather in the form of essay than of regular treatise; and this appears to us to be still the best adapted to the measure of our knowledge of them. Besides much information with reference to them is contained elsewhere in this work, as their consideration belongs in many respects as much to other articles as to this.

Ulcerations of the stomach are less diversified in their anatomical characters than those situated in other parts of the alimentary canal; all the varieties which it is of any pathological interest to remark, may be comprised under three heads, as follows:

1. The form which is more especially called the simple ulcer. This is a solution of continuity which extends more in breadth than in depth, being seldom found to engage any of the tunics beneath the mucous membrane. Its shape and extent are various, but it is more usually found to affect a roundish form than any other. The edges are formed by the mucous membrane smoothly eroded, and are not elevated above the rest of its surface: the base or ground is uneven, and often studded with minute vascular eminences, or small patches of the mucous coat which had been isolated in the midst of the ulceration. Over the parts of the stomach which are not engaged in the latter, more or less vascularity prevails, and according as this is the case, the ulcer presents different shades of colour. This is a form which is either acute or subacute, and it corresponds to the ulcerations which occur in the lower third of the ileum, and in the colon, but does not embrace the patches of agminated glands, which are so conspicuous in it, when it occupies those situations. It may be present in any part of the organ; more commonly, however, it is found on the greater curvature and the cul-de-sac. The slight erosions which are occasionally found on the surface of the mucous coat in fevers and other acute diseases are reckoned by some pathologists to be a variety of it, while others with equal reason consider those as not produced by true ulceration, but rather as connected with the diseased condition which gives rise to the softening of the tunics. We have placed this variety first, because it presents the simplest form of ulceration, not with reference to its frequency: it is, in fact, comparatively seldom met with, inasmuch as, however frequent in the intestines, ulceration is not a common consequence of acute inflammatory action in the stomach.

2. Ulcers of a small extent, with a defined circular area, and edges somewhat raised above the level of the rest of the internal surface. The base may be formed by the cellular tissue, or it may have eroded through this and the muscular layer, so as to lie upon the peritoneal covering. Its size varies from that of a split pea to a shilling, and it more frequently occurs single than in number, although occasionally a succession of them seems to take place, in which case they may be presented in different degrees of development, some shewing a tendency to form cicatrices. This form of ulceration

is for the most part primarily seated in the glands of Brunner, which occur singly in different parts of the stomach, but chiefly along its curvatures and towards the duodenal end. It arises at one time on their surface by their direct irritation and ulcerative absorption, while at others it seems to succeed upon their internal swelling from obstruction to their follicular orifices.

3. Circumscribed ulceration of a decidedly chronic character, with much thickening over its base and edges. It varies in extent from the size of a shilling to that of a crown-piece or larger; it may occur in any part of the stomach, and involve the different tunics to a greater or less degree; yet for the most part, as it proceeds in depth, its ground becomes overlaid with a thickened cellular substance which also occasions the elevation of its circumference. Its origin does not differ obviously from the last form, but its course is more chronic, and although generally solitary, it is more extensive in its disorganization. Some pathologists are not disposed to admit the separation of this from ulcers of a cancerous nature, regarding the thickened and indurated cellular tissue as a mode of scirrhus formation. It appears, however, manifest to us, that an ulceration with these chronic features is not unfrequently met with, which is entirely devoid of the cancerous character; and with regard to the thickened condition of the tunics which it originates, it seems that this is strictly analogous to the callous edges and base which are found upon certain old ulcers of the leg. We see the latter every day removed by stimulants, escharotics, or pressure; and cicatrizations have been found to ensue upon the former. This at once affords a strong argument, and is an important practical reason for not generalising them under the same head as the intractable scirrhus. Yet it is to be observed that by this distinction we do not deny that this form of ulceration of the stomach may degenerate into a cancerous disease by the deposit of foreign tissue, as happens in like manner occasionally to some ulcers of the skin. For the purpose of distinction, then, it would be advantageous to designate all the forms which are free from any foreign complication by the term *simple* ulceration, although this is in a peculiar manner applied to that first described, because it is generally confined to the mucous membrane.

The inflammatory origin of ulceration of the stomach appears to be undeniably established. Accurate investigation has evinced that the ulcerative solution of continuity is preceded on all occasions by more or less hypertrophy and hardening of the mucous membrane in which it arises. In those ulcers which are consequent upon an acute inflammation, this is less obvious than in chronic cases; and on the other hand also, in some of the most chronic forms occasionally little alteration is found in the parts surrounding the ulcer. Yet these appearances are so commonly found, that it gives room for the inference that ulceration is

a change which has a secondary relation to foregoing inflammatory alterations in the stomach. The mucous coat, or the glands connected with it, are invariably the primary seat of the ulceration, which is a distinguishing circumstance between the simple ulceration and those forms depending upon the development of foreign structures. In the latter, which have their seat generally in the cellular tissue subjacent, the ulceration is for the most part propagated from this to the other tunics; but although these may suffer in simple ulceration, their destruction is secondary to that of the mucous membrane, in which it always commences. It is obvious likewise, that as it commences by inflammatory action, its extension whether in breadth or depth is to be ascribed to the occurrence of the same condition, which is from time to time kindled in the part.

The inflammation which attends ulceration is of an extremely low character; on some occasions it is not indicated either by its symptoms during life or by the appearances after death, and the high free inflammation of acute gastritis never terminates in ulceration. It is true that it occurs in certain forms of fever, which, with reference to the general system, is an acute disease. This, however, does not form an exception to the remark, as it has been proved by the investigations of Krimer and Schröder van der Kolk, and is sufficiently evident from daily experience, that in fevers of this kind in which the general nervous influence is weakened, the inflammations which arise are of a very imperfect character.* It is also a remark of great interest, that if the nervous influence of the part becomes prejudicially affected during the subsistence of this low and chronic form of inflammatory action, the ulceration may lose its simple nature, and assume a cancerous character.

The symptoms attending upon the early stages of ulceration are rarely of a more alarming nature than those which are characteristic of functional derangement of the stomach. Flatulence, acidity, anorexy, oppression of the stomach after eating, and pain, are the ordinary indications which it presents in the commencement, and these are common to it and the dyspepsia which takes its origin from a different source. It is when the pain becomes the prominent symptom that a more serious affection is indicated, its character also being different from that of gastrodynia. In its degree and duration it varies considerably, but it is usually of a dull oppressive description, yet occasionally sharp and rather approaching to soreness. In many cases it is complained of only after eating, and continuing with much severity while digestion is going on, subsides when that process is completed. A frequent expression of such patients, says Dr. Abercrombie, is, "I should be quite well if I could do without eating."† It affects others more permanently, but in all it is aggravated

on taking food, on which account the patient acquires a dread of his necessary meals, sometimes rendered the more distressing by the circumstance that the appetite remains nearly unimpaired. Occasional nausea is apt to occur from the commencement, but vomiting is not usual until the decided establishment of the disease. Great uncertainty, however, prevails with regard to this symptom; in some it occurs from the beginning, but without constancy, and may yield to a regulation of the diet; in others it is more permanent, and entirely uncontrollable; while cases are not wanting in which the disease ran its course to the last period with little or none at all. A similar diversity exists in the substances rejected by vomiting; these consist at one time of ropy mucus or various secretions, at others of a brownish fluid; and on some occasions blood in considerable quantity is thrown up. Dr. Abercrombie illustrates the variety which occurs in this and the other symptoms by several interesting cases, which serve to exhibit the insidious nature of the disease, and the impossibility of finding limits which would exactly define the features of its history. But their general outline is sufficiently distinct, and permits us to perceive the similarity which it bears to the phenomena of cancer of the stomach. The important practical question contained in the latter remark has received the attention of M. Andral; and his consideration of it leads him to the conclusion, that neither simple ulceration nor the other lesions resulting from chronic gastritis are to be distinguished from cancer of the stomach, except where the abdominal tumour, the least ambiguous sign of the latter, is present.*

It is, however, needless to state that the issue of simple ulceration of the stomach is not to be regarded in so hopeless a light as that of those which are connected with foreign degeneration; but although this is so, it must be added that a favourable termination is rather to be counted an exception. Four modes of termination have been observed, in the consideration of which we are led to some interesting points of its pathological history.

1. Like other chronic diseases it may terminate by the gradual exhaustion of the powers of life. In such instances it gives rise to a protracted train of suffering, and is generally complicated at an earlier or later period by other affections, as dropsy of the abdomen, or anasarca, disease of the liver, intestines, pancreas, or spleen.

2. It may prove fatal by a hemorrhage proceeding from the ulcer. The hæmatemesis resulting is sometimes at first inconsiderable, yet by its uncontrollable continuance or frequent recurrence it wears out the patient; in other instances it comes on suddenly and extinguishes life rapidly by an overwhelming effusion. This termination has been observed to occur most frequently in the large chronic ulcers with much thickening. It is ascribed either to erosion of vessels by the ulcerative

* Die Darmgeschwüre, dargestellt von Dr. J. Fr. H. Albers. Leipsig, 1831. s. 68.

† Op. cit. p. 17.

* Clinique Médicale, t. iv. p. 432.

process, or to exhalation of blood from the surface without any lesion of continuity in these. The latter has been very seldom directly observed in simple ulceration, and analogy seems to teach us that the pouring out of blood from the superficial capillaries is the more usual mode of its occurrence.*

3. It may produce perforation of the stomach, and give rise to peritonitis, which proves rapidly fatal. (See PERFORATION, PERITONITIS.) Some modifications have been noted with respect to the manner in which this occurs. At one time the disease proceeds to the gradual erosion of all the tunics in succession, and the forming of a direct opening between the stomach and the peritoneal cavity. This is infinitely more rare in the stomach than in the small intestines, in which situation the observations of modern pathologists have shewn it to be by no means an unfrequent accident, especially at the close of certain forms of enteric fever. For the most part when the stomach is thus directly perforated, the ulcer is of a small extent, and belonging to the second variety we have above described. Several observations are recorded by ancient and modern authors which rendered the opinion more or less prevalent that such perforations were produced by the eroding action of intestinal worms. In some instances lumbrici have been found lying near the perforation in the stomach; in others, as in the case related by Dr. Crampton,† they had apparently passed through the opening into the peritoneal cavity. Gaultier de Claubry has described an appearance in which this origin was more strongly suggested than by their situation in either of the other localities. He has seen the stomach and intestines perforated in several places by lumbrici, which were so impacted in the openings as to require force for the purpose of withdrawing them.‡ At the present day, however, this opinion seems entirely discarded, and the presence of worms at or near the perforation is regarded as a mere coincidence. In some instances the ulceration has not penetrated the entire parietes of the viscus, but resting upon the serous or muscular tunic, perforation suddenly occurs by the rupture of its deepest part during efforts of vomiting, coughing, or other forcible exertions of the muscles of the abdomen. A modification of this happens where the ulcer, having eroded the stomach and united it by its edges to a neighbouring organ, this union is torn by a similar shock. Cruikshank relates a remarkable example of this, in the case of a lady in whom an illness fatal in two or three days ensued upon a fit of vomiting, which,

as it was afterwards found, had separated the adhesions of a large ulcer from the left lobe of the liver.*

4. Finally, simple ulceration may terminate by cicatrisation. The occurrence of this condition has been a matter much debated by pathologists. Some assert that cicatrised ulcers are seldom if ever met with in any part of the digestive canal;† others affirm that their anatomical researches have demonstrated that their occurrence is not exceedingly rare.‡ Albers supposes that these opposite statements concerning a matter of observation are explicable by the fact, that different conditions of the digestive tube were contemplated by the observers on either side;§ that the attention of one party was particularly directed to the ulcers connected with foreign degeneration; while that of the others was engaged about the simple forms of ulceration. In whatsoever manner this may be reconciled, too many cases amply authenticated are on record, to leave any doubt that ulceration of the stomach may heal by undergoing cicatrisation. The importance of this conclusion in its pathology is manifest: a practical distinction arises out of it between the simple ulceration and that connected with foreign structure; and it affords a ground for hope in undertaking the treatment of these affections, which its absence should entirely take away. The cicatrix which was found in the stomach of Beclard has been already referred to; it was situated at the lesser curvature, near the cardia, and was about an inch in diameter; its surface was depressed, and traversed by a few cellular bands, one of which passing through its centre divided it into two lacunæ, whose base rested upon the peritoneal tunic. This example of cicatrisation is cited by authors as a proof of the efficacy of a resolute adherence to a severe regimen in its treatment. Recamier has recorded a case which equally deserves attention on another account. A woman, twenty-six years of age, presented symptoms of a profound organic disease of the stomach, viz. pain, vomiting some hours after meals, and progressive emaciation. From inquiry into her husband's health, this physician was led to suspect the possibility of the disease being connected with a syphilitic taint, and accordingly recommended a mercurial treatment by frictions, and a milk diet; under this she gradually improved, and in four months entirely recovered her health. Six years afterwards she was attacked by pulmonary phthisis, and died. Examination of the body displayed, besides tubercular cavities in the lungs, a cicatrix in the stomach, of the size of a crown piece, resting upon the pancreas, to which it adhered; and the stomach immediately around it was formed into folds, like those of the mesentery. We recite this case, not only on account of the extensive

* We were much confirmed in this opinion by once observing the sudden effusion of blood which took place from the whole surface of a large ulcer at the nape of the neck, (which had been artificially produced by an escharotic application,) on the use of a douche over the head and back. The form and aspect of the ulcer was like the third variety above described.

† Irish Med. Trans. vol. i. p. 29, New Series.

‡ Guersent, Dict. de Méd. art. *Vers*.

* Anatomy of the Absorbing Vessels of the Human Body. London, 1786. p. 113.

† Louis, Albers, Lesser.

‡ Cruveilhier, Scutletten, Prost, Trousseau.

§ Op. cit. p. 120.

cicatrization of which it affords an example, but more especially for the sake of the instructive lesson which it contains in the consideration of the occasional cause of the disease and of the success of the appropriate treatment. It evidently shews, says Recamier in his comment upon it, that even in an extreme instance of such a disease, we may have a hope of obtaining a cure, provided a cause be recognised which can be advantageously combated, such as the syphilitic taint.* This important remark is illustrated with equal force by the history of a case related by Andral, in which a train of the most profound symptoms in every respect characterizing this disease, had brought a lady, after four months' illness, to the verge of the grave; when at this point the detection of an ulcer in the throat possessing a venereal aspect, together with the account of former suspicious circumstances, suggested to the physician (M. Andral's father) the possibility of the disease of the stomach having a syphilitic origin; whereupon, as every mode of treatment had entirely failed to arrest the progress of the disease, he acted upon this, as a last resource, and exhibited mercury gradually, both internally and by inunction. Some amendment was perceptible even from the commencement of this treatment; and ultimately, from its continuance, the patient, who had been to all appearance in the last stage of this disease, was perfectly restored to health.†

The ordinary treatment of simple ulceration of the stomach consists in regulation of regimen, local depletion, and counter-irritation, together with the conservation of as great a state of calm with respect to the function of the stomach and the general system as possible. It is unnecessary to enter into the detail of the means by which these ends are to be procured, as this would be but a repetition of those which are described under cancer of the stomach. The treatment exposed in that place is in fact given more with the aim of combating the disease here described than cancer; and any success which it promises is almost entirely grounded upon the similarity of the phenomena presented by the two affections, which in many cases permits us to encourage a hope that we have to deal with the least formidable.

III. *Hypertrophy and atrophy of the tunics*.—An organic change, consisting in a mere increase or diminution of nutrition, is occasionally met with in the stomach, which may involve its tunics either separately or entirely. Its most frequent seat is the mucous membrane, but it has also been observed to occur in the subjacent textures; with the exception of the peritoneal covering, which is not affected with any structural alteration, properly limitable to the gastric portion of this serous membrane.

1. *Hypertrophy* invades the mucous membrane of the stomach either partially or generally, and may induce various modifications of form and colour. For the most part this mem-

brane preserves its smooth and uniform aspect, but receives an increase in its density, as well as in thickness, so as to admit of being raised upon the scalpel in flakes from the subjacent tissues. Occasionally it is found developed in round eminences of various sizes from that of a split pea to a large filbert, which appearance has been called *mamillated* (Fr. *mamellonnée*.) The colour of the hypertrophied part is at one time that which is proper to the rest of the membrane; but this is not common, as it usually presents different shades of brown, slate-colour, or even black; and in some rare instances it is disposed in circumscribed patches of a milk-white colour, similar in appearance to those lymph exudations which are occasionally found incorporated in serous membranes; but on examination by incision, according to M. Andral, they prove to be nothing but the mucous membrane in a state of hypertrophy, and altered in colour.

To this condition are to be referred the polypous growths and vegetations of different sizes and shapes which are met with from time to time in examinations of the stomach. Considerable variety exists in the instances of excrescences of this nature, which are recorded by authors; at one time they are attached by a pedicle, and represent pyriform polypi; at others they resemble mushrooms, or present a foliated appearance like the *book* portion of the ruminating stomach: but whatsoever diversity of conformation such productions exhibit, they are constituted by the mucous membrane in a state of hypertrophy, and differ from its ordinary form chiefly by taking a projecting development in isolated points. Their internal texture occasionally is contrasted with the remainder of the villous coat by a different degree of firmness or of softness, and also by a greater development of the bloodvessels, which are sometimes varicose, and so abundant as to give them the appearance of erectile tissue. In respect to the difference of texture in these productions, observers have denominated them vegetations, excrescences, polypi, fungus, &c. We cannot, however, follow M. Andral in comprehending under the same class any tumours which partake of a scirrhus nature, as those seem to us to depart entirely in their pathological characters from the others here detailed, which are, according to him, simple developments of the hypertrophied mucous membrane.*

The muscular tunic also undergoes the change of hypertrophy, which may be confined to a portion of its fibres, or extend over the whole. But little notice has been taken of the occurrence of partial hypertrophy, although it is probable that it is more common than the silence of pathologists would account for. This remark appears to be warranted by the fact, that the fibres of this tunic altered in thickness and colour are not unfrequently distributed through a scirrhus degeneration of the cellular membrane, but have generally been mistaken hitherto for fibrous productions of the substance

* Op. supra cit. t. ii. p. 55.

† Clinique Médicale, t. iv. p. 470.

* Précis d'Anatomie Pathol. t. ii. p. 49.

in which they were found imbedded.* General hypertrophy has been observed to pervade the muscular tunic of the stomach by M. Louis, who has furnished an accurate description of it, as well as of the lesion with which it was connected in the cases in which it occurred. It gave to the parietes of the viscus a double thickness and considerable increase of density, both of which conditions varied in the different parts of the stomach, but were greatest towards the pyloric extremity, in which the muscular fibres became interlaced in a cancerous degeneration. In the midst of this, however, they preserved their state of hypertrophy, but assumed a bluish semitransparent appearance.

This condition of the muscular tunic has been almost invariably found to occur in cancerous disease of the organ, and for the most part in cases where a contraction of the pyloric orifice existed. On this account M. Louis suggests that it may depend in the relation of effect upon the latter in the same manner as hypertrophy of the muscular parietes of the heart is caused by a contraction of the orifices of this organ. But he affirms this rather from analogical reasoning than on direct evidence, as a sufficient number of cases have not yet been collated with reference to it, to prove that it stands always in connection with a contracted state of the pylorus. The same observation applies to the conjecture of M. Prus, that it owes its origin to the constant vomiting attending upon organic disease, which, by increasing the muscular efforts of the stomach, causes this tunic to assume an excessive development. It appears, however, very probable that both conditions more or less contribute to produce this effect.

The cellular tissue which separates the tunics from each other is also not unfrequently the seat of hypertrophy. It then becomes condensed and deprived of its areolar structure, and may give so much firmness to the parietes of the stomach as to prevent them collapsing upon each other, as happens in the natural state of the organ. For the most part it occurs in the tissue subjacent to the mucous membrane, but it may involve that also which separates the peritoneal from the muscular coat, and penetrate between the fibres of the latter.

We have before adverted to the opinion of some pathologists, which has attached in modern works considerable importance to the hypertrophied condition of the cellular tissue; namely, that scirrhus and cancerous products are constituted by it, in a certain stage of development. It is certain that some varieties of these foreign structures bear much resemblance to it, and it even appears to us a tenable opinion that there is a gradation connecting them together, of which the tissue called *lardaceous* is an example. When perfectly developed, however, there does exist a distinction between the external characters of those products; and setting this aside, the difference in their history, their respective effects on the general economy, and subjection

to therapeutic means, afford weighty grounds for considering them as different organic textures. These counterbalance in our judgment any arguments for their identity derived from their original deposit or molecular analysis; the latter considerations scarcely afford to the science any basis for the division of morbid tissues, which can be placed in competition with such palpable marks of pathological distinction as are supplied by the former. It is certainly often a matter of observation that the foreign deposits are found in the midst of the hypertrophied cellular tissue, nor is it possible to define the gradation by which the change takes place; but we would only remark that the same may be predicated of the conversion of cartilage into bone. Finally, we rather recognise that the hypertrophy of the cellular membrane of the stomach is frequently a nidus for the deposition of cancerous tissues, than agree with those who regard them as identical, and we publish this here only with the confidence derived from its being the opinion of some eminent British pathologists.

2. *Atrophy* of the gastric parietes is a change which is not unfrequently brought under observation by necroscopic examination. It may be local or general, and involve the tunics separately, or embrace them altogether. At one time the villi of the stomach have disappeared under its influence, partially or entirely; at another, the substance of the mucous membrane is so diminished as to be scarcely capable of being discerned separately from the subjacent tunics. These in their turn suffer the same diminution of nutrition; and lastly, it is found in different degrees to invade the whole parietes, which are occasionally reduced to such a thinness as to be transparent, and to seem to be constituted almost wholly by the peritoneal tunic. When the atrophy is local, it is ordinarily seated in the fundus of the stomach, and this situation manifests more obviously its effects, being naturally the thinnest portion of the organ.

Every form of these organic lesions is referable to some variety of chronic irritation in the stomach. The hypertrophy of the mucous membrane appears to be the only one of them which is contemplated by pathologists in the light of a primitive disease; this is a direct result of chronic gastritis. We have stated before that the hypertrophy of the subjacent cellular membrane is a secondary result of the latter, and that of the muscular tunic is found generally to attend upon cancerous disease. The atrophy of the stomach acknowledges an organ still more indirect, as proved by the researches of M. Louis, with respect to its occurrence in the mucous membrane; in the great majority of instances it occurs as a secondary lesion in the course of chronic diseases of other organs, such as phthisis and disease of the liver and of the brain. These organic changes will have to be referred to again in considering the dilatation of the stomach.

IV. *Softening of the stomach.*—This lesion constitutes the post-mortem appearances of a disease, which is in a great degree peculiar to

* Clinique Médicale, t. iv. p. 411.

infants, but which occurs also in adults, and is found in them generally to accompany the last stages of some profound affections of other organs. Although it has proved to be not a very rare occurrence, it escaped being fully identified until a recent period; but upon the recognition of its fatal character, and its importance as a pathological phenomenon, it received attentive investigation. It has been described by Jäger, Cruveilhier, Guersent, Gairdner, and others, and experiments have been instituted by Camerer and Carswell, which have furnished satisfactory evidence with regard to its true nature. It would be superfluous to present its description in this place, as it has already been amply treated of in other articles. Under DENTITION and GASTRITIS is to be found an account of its history and symptoms; and for that of its pathology, which seems to be now fully established by the experimental researches of its author, we refer to SOFTENING OF ORGANS. Nothing remains for us but to indicate it here amongst the organic lesions of the stomach.

V. *Enlargement of the stomach, and contraction.*—1. *Enlargement* of the stomach is an organic change, which involves in its causes and many of its phenomena considerations of great interest. On account of it being almost always a secondary lesion, and one which is not of common occurrence, it has seldom been formally noticed in medical works; extraordinary cases of it have, however, been recorded by Mauchart, Riverius, Lieutaud, Bonet, Valsalva, Morgagni, and others among the moderns; but it deserves more special attention than it has received in any systematic work, if it were only because it forms one of the several causes of abdominal tumours, which are known to be a frequent source of diagnostic embarrassment in the practice of medicine. Amongst the descriptions of it which have been given by recent authors, none have occurred to us which contain so much information as that by M. Duplay, and we desire to acknowledge the obligations which we lie under here to his well-digested memoir.*

When the functional and mechanical relations belonging to the stomach are considered apart, its morbid dilatation has a strict analogy with that of the other hollow viscera which are endued with muscular parietes, as the heart and the bladder. The organic lesions with which it is connected are at one time obvious, and at another are not demonstrable to the senses; but like the corresponding affection of the latter organs, they are referable to two distinct classes; namely, to lesions producing mechanical obstruction to the contents of the stomach; or to others, which deprive the organ of its power of propelling the alimentary mass. In both orders of causes retention of the latter is the invariable accompaniment of the dilatation, in like manner as the urine is re-

tained and becomes a secondary cause of distention, as well from obstruction in the urethra as from any condition which diminishes the expulsive power of the bladder. As far as has been already observed, the following pathological conditions of the stomach may be recounted as standing in the *relation of cause* to this affection.

1. Contraction of the pyloric orifice. This is by far the most frequent source of dilatation of the stomach, and is ordinarily produced, as we have seen, by cancerous disease. Its mode of action is obvious: the alimentary matters not finding a free outlet by the pylorus, accumulate in the stomach, and distend it to a greater or less degree, which is determined chiefly by the extent of the obstruction, and in part by the quantity of the accumulation which may be rejected by vomiting. When depending upon this cause, the parietes of the viscus may be found in a state of simple dilatation, or along with this they may have suffered thinning and softening to such a degree as to give occasion to rupture; or, on the contrary, hypertrophy of all the tunics, especially the muscular, may coincide with its increased capacity; which lesions, it may be remarked, preserve an analogy between this alteration of the stomach and diseases of the heart connected with valvular obstruction.

It is, however, to be observed that dilatation does not occur in every instance of pyloric contraction, nor even invariably where total obliteration of the orifice is found. Moreover, it happens in cases in which this orifice has continued perfectly patent, or still wider than in the natural state; all which circumstances conspire to prove that other conditions co-operate with the mechanical obstruction to produce the dilatation, even when they appear most obviously in connection. M. Andral has made it apparent from researches on the action of the pyloric end of the stomach, in propelling the chyme from this viscus into the duodenum, that the integrity of its muscular action is necessary for the performance of this movement. But it will be observed that it always happens in cancerous disease of the pylorus, that the muscular tunic, to a greater or less distance from the orifice, is surrounded by the scirrhus induration, which must impede its contraction, and thus deprive the stomach of its action. This sufficiently explains the cases of dilatation with patency of the pyloric valve, for in all the instances of organic disease in which these conditions coincided, the muscular fibres in its neighbourhood have been observed to suffer either by surrounding induration or by their direct lesion. Another circumstance which frequently co-operates in cancerous disease to impede the muscular action is the occurrence of adhesions between the stomach and the neighbouring organs, which, in the same manner as the former conditions, contributes to effect the dilatation of the organ by causing the retention of the alimentary mass.

2. Organic alterations in the muscular tunic. With reference to their effect in originating dilatation of the stomach, these may be partial

* De l'augmentation morbide de l'estomac considérée surtout sous le rapport de ses causes et de son diagnostic; par A. Duplay, chef de clinique interne à l'hôpital de la Pitié. Archives Générales de Médecine, Octobre 1833, et Décembre, même année.

or general. Observation has established that the destruction of the muscular fibres which are situated near the pylorus is an occasional cause of this morbid condition, and not less certainly that it originates under an atrophied state of the whole of this tunic. On account of the special office which the pyloric end performs, of propelling the gastric contents into the duodenum, the partial injury of the muscular tunic, when seated here, is as effectual in causing retention and the consequent dilatation, as the general atrophy of this tunic, but it is easily conceived that the action of both is similar.

3. Paralysis of the stomach.—The dilatation has been occasionally observed to occur where none of the foregoing causes existed, the stomach being entirely free from any organic disease. This organ in fact may be affected with a paralytic loss of its contractility in the same manner as the bladder; and as the urine, under such a condition of this viscus, accumulates without the power of being voided, so the stomach, in like circumstances, yields as a flaccid bag, and becomes dilated gradually by the accumulation of the food. This source is worthy of particular attention, as it affords a hope with reference to the employment of therapeutic means, which the affection connected with organic lesions leaves scarcely any room for entertaining.

4. Finally, it may be produced by tumours of various kind, polypi, fibrous growths, or hydatids, situated either internally and involving obstruction of the orifices, or by their weight giving rise to a relaxation of the viscus, which may occur when they have an external attachment, or are even situated in the omentum.

History and diagnosis.—With this enumeration of its causes prefixed, the phenomena of enlargement of the stomach present themselves with freedom to the mind, and we are prepared to meet the diversity which they offer, the result of the various morbid states connected with this lesion: in proceeding to detail its symptoms, we shall first notice the manner in which it progresses.

When the contents of the stomach become accumulated, either, as we have seen, from the obstruction of its orifice or loss of its contractile power, distension takes place. In the commencement this may be not immoderate, and only temporary, as it can be relieved by vomiting; which action, however, if the viscus be already somewhat weakened, is only partial, permitting much of the ingesta to remain still lying in its cavity. This, by its continual weight, diminishes the power of resistance, and by a re-acting influence the alimentary matters are allowed to augment, so that at length the most depending part of the stomach begins considerably to yield under the downward pressure. As the dilatation advances, the oblique position of the viscus disappears, and the two orifices take the same level, and approach each other, so closely in some extreme cases as to be found in actual contact. The vomiting becomes more infrequent, as the

capacity is increased, and in the same proportion it becomes more difficult to unload the stomach completely, so that all the circumstances contribute to the accumulation. The dilatation augments in this manner to an enormous measure; in some cases it invades the entire abdominal cavity and pelvis, stretching downwards to the pubis, and covering the intestines which lie compressed behind it; in others, its pressure extends upwards and produces great distress by interference with the thoracic organs, and sometimes even dangerous effects by obstructing their functions.

With respect to the appearances which are found post mortem, as far as they depend simply upon the enlargement of the stomach, they correspond of course with this description of its progress; but it is easily conceived that almost the entire pathological interest of those is absorbed in the investigation of the primary lesion with which they are connected. Concerning the latter we add nothing here; it may be mentioned, however, that besides the displacement of the various viscera which is occasionally found to have been effected by the dilated stomach, not unfrequently every trace of the epiploon disappears; the gradually expanding organ having glided between its separated folds, those overlay it, and become united to its parietes.

The symptoms belonging to the disease of the stomach, which originates the dilatation, form an important part of its general features; but we shall consider them here only so far as they are characteristic of the lesion itself. Amongst the causes above enumerated, those which involve organic disease, such as cancer of the pylorus, afford signs which have been more or less adverted to; but it is necessary to notice the conditions which have been observed in connexion with the atonic relaxation or paralysis of the stomach. This morbid state has been found most frequently to occur in those who have contracted extreme habits of gluttony, and more especially in those extraordinary instances of perverted appetite in which the individuals have been accustomed to swallow foreign substances. In a man at Brest whose stomach was found to contain a quantity of fragments of glass, pieces of wood, iron, and tin, with an entire knife and handle, this organ was found enormously dilated. In the case of a lunatic which latterly occurred in Dublin, the enlargement was connected with his swallowing buttons, halfpence, pins, &c. which were found after death in considerable number, and even during life betrayed themselves by a jingling sound on the succussion of the abdomen.* M. Perey has collected the histories of several cases of individuals addicted to gluttonous excess in eating and drinking, in whom enormous dilatation occurred; and it has happened in others in which the gluttony was not carried to the immoderate excess which distinguished the latter, as in an interesting

* The particulars of this case, which are, as we learn, interesting in many respects, we hope to see shortly published by Mr. Adams, in whose practice it occurred.

observation related by M. Pezerat, where an evident paralytic relaxation of the stomach ensued in an individual who was unable to refrain from the indulgence of a habit contracted from his infancy, namely, taking copious drinks of weak wine and water.* It has been known also to occur in females liable to recurrent attacks of hysteria, in whom the meteorismus of the stomach prevails, which is a common accompaniment of the nervous dyspepsia attending upon this disease. Other instances are not wanting where no connexion could be traced between it and any of those exciting causes; in such the stomach seems to undergo a true paralytic relaxation, which was regarded by Lieutaud, who described it, as similar to that which is observed in the bladder in advanced age: the same condition is noticed by Chaussier, and compared by him to the relaxation of the scrotum, which occurs in certain individuals.

Pain, oppression in the epigastric region, and general tension of the abdomen, repeated, uncontrollable eructations of sour air, and profound digestive derangement, are symptoms which are to a greater or less degree invariably present in this morbid condition. They cannot, however, be relied on as special characteristics; nor is any single sign entitled to be esteemed as such, as none taken alone is sufficient to establish the diagnosis. Yet for this object much assistance is furnished by the examination of a particular symptom, the vomiting, and more especially by the exploration of the abdomen.

The vomiting consists at one time of the mucus of the stomach in great quantity, and at others of the alimentary matters which had been swallowed, more usually of a mixture of both, or, if cancerous disease exists, of its peculiar secretions. Its action is remarkable, being rather a regurgitation of the gastric contents than the forcible muscular expulsion which characterises ordinary vomiting. In the beginning of the affection it occurs more frequently than when the dilatation has already made some progress, and at the more advanced period it is apt to observe distant periodic intervals of two, three, or four days in its return, and then brings a much desired relief, by unloading the organ partially or entirely of its enormous accumulation. To procure this artificially the patient sometimes has recourse to tickling the fauces, or the use of emetics; in other cases, he finds the relief still more effectual which the operation of drastic purgatives produces. Unhappily instances occur in which the vomiting ceases totally, the stomach seems insensible to any stimulant, the consequence of which is, that the feeling of oppression is not to be relieved by any means, and the accumulation continually increases.

The exploration of the abdomen, the most palpable sign, in every respect furnishes the most valuable data towards recognising this morbid state. On this subject we quote from

the memoir of M. Duplay, in which the information derivable from this source is lucidly set forth. The patient should be subjected to a double examination; the first to be conducted some time previous to the coming on of the vomiting, the second after the vomiting.

"*Before vomiting*, the examination of an individual with enlargement of the stomach, whatever be the nature and cause of it, presents to the touch a *tumour* more or less indistinctly circumscribed, which extends from the left hypochondrium to the right iliac fossa. This tumour extends also to the hypogastrium, and ascends towards the right side: in some instances its outline along this track is easily distinguished. When the patient is placed in a vertical position, the epigastrium projects less than the lower part of the abdomen; on the contrary, when he lies in a horizontal position this region participates in the general tumefaction of the belly, which in every part gives the sensation of an obscure fluctuation and absence of elasticity (*empatement*).

"On practising percussion, the abdomen gives a clear sound in the epigastric region, which becomes more dull as we descend towards the hypogastrium; a difference which naturally depends upon the respective gravitation of the fluids and the air contained in the viscus. This consideration also evidently suggests that the difference is much influenced by position; the dullness in the inferior part of the abdomen augments in the vertical position and becomes diffused, and appears to ascend towards the epigastrium in proportion as the patient changes to the horizontal.

"On tapping for fluctuation (*ballotement*), by the hands being placed on either side of the abdomen, a particular sound is perceived, similar to that which is produced by striking on a bladder half filled with air and liquid.

"*Succession* has not yet been employed in its diagnosis, or at least its application has not been described in any of the cases which the author has consulted. Smart shocks upon the trunk, with the ear applied to the epigastrium would, however, produce the sound of fluctuation more distinctly than the *ballotement*, especially in individuals who have still preserved their fulness of flesh. This is evident from the fact that some individuals have the power of producing a gurgling sound by alternately contracting and relaxing the diaphragm and the abdominal parietes.

"The ingestion of liquids or of aliments may also contribute towards establishing the diagnosis of this morbid condition. In some cases the patient will be able himself to perceive the substances which he receives into his stomach descending to the lowest part of the abdomen.

"*After vomiting*, all the signs above stated disappear in part or become less evident. The projection which the distended stomach forms is less easily to be traced through the abdominal walls, even when these are emaciated. The dullness on percussion disappears more or less completely; the lateral pressure and the succession no longer produce the fluctuation

* Journal compl. des Dict. des Sciences Méd. t. xxxv. p. 162.

nor the gurgling, or only in an obscure degree. Again, the signs are reproduced upon the re-introduction of food or liquid into the stomach.*"

It is scarcely necessary to add that those means of exploration furnish their data, both positive and negative, in proportion to the extent to which the dilatation of the stomach has proceeded. If it be supposed that this lesion is of such a palpable nature that it would not be difficult to recognise it, this is not accordant with the histories of it which the annals of medicine contain; in the great majority of these it has never been discovered until after death. But, besides this fact, cases are recorded in which it had been mistaken for other abdominal tumours, such as ascites, encysted dropsy, or pregnancy. A case, extraordinary for the enormous quantity of fluid which was contained in the stomach, amounting to ninety pounds, is related in the works of Riverius, in which the disease of the female was first supposed to be pregnancy; when the period passed which disclosed this error it was taken for ascites, and after death a puncture was made in the abdomen to give exit to the fluid which was thought to exist in this cavity, the distension being so great as to exceed the size of the coffin: and finally the same case has been recited in several authors as an example of the disease which they named "dropsy of the stomach." A fact of similar import is related by Bonet, namely, that a woman, the volume of whose abdomen had caused her to be regarded as pregnant, died, and being opened, it was discovered that the swelling was produced by the stomach enormously enlarged. In these cases the puncture of the abdomen was not made until after death; but in an instance related by Chaussier,† and in another by Vacca,‡ this error was committed during life, and death was the speedy consequence. All those cases, but particularly those last mentioned, are worthy of consideration with regard to the diagnosis of this disease: it is not likely that at the present day any practitioner who is in possession of the resources of diagnosis would be so far deceived as to proceed to such an operation; but still much ambiguity may be found in certain cases, and it may be said that in none should we be so confident as to dispense with the diligent application of all the means which can be devised.

For the purpose of distinguishing it from ascites, the following will serve as valuable marks of difference. The form of the abdomen varies in the two affections; in ascites no approach to a definite contour is visible, as occurs where the tumefaction of the belly is referrible to enlargement of the stomach. The progressive growth of the tumour in both diseases proceeds in contrary directions; in the stomach the fundus supporting the liquid and

solid contents, gravitates from the epigastrium downwards; while in the dropsy of the peritoneum the gradually increasing fluid ascends from the hypogastric region into the superior parts of the abdomen, and corresponding to this opposite progress the dulness of sound on percussion also moves. Together with these the comparative states of the tumour before and subsequent to the emptying of the stomach afford a characteristic which is quite peculiar to enlargement of this organ, and distinguishes it with much certainty from ascites, pregnancy, or tumours in any other of the viscera of the abdomen.

Many of the same differential signs are applicable to prevent it being confounded with pregnancy. The latter condition, however, possesses in auscultation and its other means of exploration signs of such positive value, that an attentive investigation can at the present day scarcely fail to decide correctly between them.

Treatment.—It will appear manifest from the consideration of the ætiology of morbid enlargement of the stomach that the resources of medicine are of little avail for its counteraction. The connexion in which it stands in the majority of instances with the most profound organic lesions leaves room for it only to be regarded as a distressing complication of a disease in itself hopeless. We have already seen the fatal character of cancerous disease of the stomach, and how impotent the medical art remains against ulceration, atrophy, or hypertrophy of this organ. In the variety of it which depends upon atonic relaxation more room is left for the trial of curative means; but they can rarely afford any prospect of success in an affection which is the accompaniment either of old age or of some serious lesion of the nervous system. Where the dilatation exists in individuals addicted to gluttony, at first view it would seem more amenable to treatment, as it has rarely in such to contend with primary structural lesions, or with loss of the organic nervous power. But are the perversions of our spiritual nature less untractable than the diseases of the body?

Some relief may be obtained from the evacuation of the intestinal tube by means of gentle laxatives. Strong purgatives are not recommendable, as the irritation and weakness consequent upon their action tends to aggravate the evil. In the paralytic dilatation an attempt should be made to excite the action of the stomach by the use of light tonic bitters, such as the sulphate of quinine, gentian, calomela, or others of this class; a fair indication seems also to be afforded for the exhibition of strychnine. In a case in which M. Rayer employed it, the tetanic twitches seemed to be produced in the region of the stomach which have been sometimes observed to precede its successful operation in other parts affected with paralytic disease; but these were not attended by any sensible amelioration. The application of moxa to the epigastric region has been tried with the same object; it might be applied with as much suitableness to the dorsal region of the

* Archives Générales de Médecine, Décembre 1833, p. 549.

† Essai sur les fonctions du grand épiploon, Mém. de l'Acad. Dijon, 1784.

‡ Arch. G. Dec. 1823, p. 528.

spinal column. It seems probable that in some cases the oppressive distention might be mitigated by the use of a bandage surrounding the stomach in such a manner as to give support to the depending viscera. Finally, the regulation of the diet demands close attention; it should consist of the materials which agree most with the stomach, and this at one time is answered by animal food, while at another this is improper. It is obvious that in the case of voracious eaters the overcoming of the vicious habit is the only hope of success; but the accomplishment of this is extremely difficult. It should be attempted by the limitation of their meals to a restricted quantity, and making them consist of that which is of the most nutritive quality, in the smallest compass. The internal use of ice may be employed for the purpose of allaying the hypersthenic state of the stomach, at once the effect and the reacting cause of the craving appetite of such individuals. On their part this treatment will meet probably with resistance, but it should be enforced, if possible, by persuasion, if not, by this combined with firm restrictive measures; and it will be happy for the victims of such a tendency who shall be placed in circumstances of life which admit of the employment of coercion.

2. *Contraction of the stomach.*—This lesion has been already adverted to as a consequence of cancerous disease of this organ, which is by far the most usual pathological state with which it is found connected. It is frequently met, however, quite independent of this; in almost every collection of anatomical observations promiscuous cases of it are related, and to many of those much interest attaches; yet there is wanting (as far as we are aware) a digest of the materials which illustrate the subject. When it receives an enlarged investigation of this nature, including facts which contain the light of modern research, little doubt remains but that this lesion will be found to possess much practical importance; at present we are obliged to be content merely to mention it with reference to the circumstances in connection with which it has been observed.

The diminution of volume is sometimes to be ascribed to direct pressure upon the organ, by collections of fluid in the abdomen or by enlargement of the different viscera of this cavity adjoining the stomach, as the spleen, the liver, and the pancreas. The same cause operates also acting from without; it has been proved to originate under the influence of tight lacing of the stays in females, and also in individuals whose daily employments necessitated them to lean the abdomen upon the edge of a table, as in the case of hatters and writing clerks.

It has been also observed to arise from the violent action of purgative medicines and emetics, which in such cases are to be placed in the rank of poisons, as it is one of the most common appearances which are found in those who have died from poisoning, especially from having taken the metallic poisons or the strong

acids. Hysteria seems to be another cause of this lesion, as it has been also occasionally found in individuals who had been subject to this disease. Portal affirms that in several persons who died from the abuse of magnetism, which had caused a disease manifesting languor, marasmus, and vomiting, the stomach and intestines were exceedingly contracted.* According to the same author venereal excesses are also to be reckoned amongst the causes of it, which have been proved by post-mortem inspection; and in individuals who have died after prolonged abstinence or chronic diseases during which little food could be taken, the stomach is often seen to have its capacity so much diminished as to present its cavity nearly obliterated.

Much diversity exists with respect to the forms which the contracted stomach under different circumstances may assume; in some cases, longitudinally disposed, it appears like the remainder of the intestinal tube, in others it takes a globular shape, while in others it is found divided into two or more cavities; a condition which depends upon the irregular and spasmodic contraction of the muscular fibres, and seems to have originated a mistaken idea amongst some of the old authors, who describe the occurrence of two or three stomachs as a variety which the human subject occasionally presents.

(J. Houghton.)

TETANUS, from *τῆταια*, root *τενω*, *tendo*, is the name given to a disease of which the essential character is a rigid contraction of certain muscles; which contraction is sometimes called a *tonic* spasm, and is the opposite of that species which alternates with relaxation, and is termed *clonic*, or convulsive. Although tetanus has been employed from the earliest times as a generic term, inclusive of several subdivisions, it will be seen presently that it is itself the peculiar designation of one of those varieties. Three principles of distinction may be noticed in the arrangements of the different specimens of the disorder, hitherto adopted. The most common is derived from observing the different parts of the body or sets of muscles affected in certain cases; whence the ancient names of *emprosthotonos*, *opisthotonos*, *pleurosthotonos*, *tetanus*, and *trismus*. Another, and one of more importance in a practical point of view, is based upon the origin of the disorder, and regards it as idiopathic or symptomatic; a division known also to the ancients: not that they used these very terms, but that a marked distinction was drawn by them between cases which arose from common causes, and those which were the effects of wounds. The third principle of arrangement is derived from the degree and duration of the symptoms, and is most insisted upon in the present day. By virtue of this principle, tetanus is distinguished as acute and chronic. We think it would be convenient to add to these a subacute variety, to include those cases

* Cours d'Anatomie Médicale, t. v. p. 179.

which are of mild character, but which do not continue long enough to be designated chronic.* The grounds on which these several divisions are established will be spoken of in their proper places.

Description.—We shall commence our account of the symptoms of this disease, by a general survey of those phenomena which accompany its progress under all its forms, reserving the distinctive characters of the latter for separate consideration. It will be seen, however, that the most general description must necessarily include trismus, which is a part of each of the other species.

The accession of the disease is sometimes so abrupt as to give no warning of its approach; but in general there are certain precursory symptoms, which, however, can rarely be called *premonitory*, since they are common to many other disorders; such are uneasiness or restlessness, watchfulness, languor, depression, headach, dryness of skin, loss of appetite, and constipation. A more characteristic affection than any of these, and which was first noticed, we believe, by Richerand, is an unusual and persevering extension of the limbs during sleep, the tendency in health being, as every one knows, to a state of semiflexion. The disease may be said to have commenced when the patient feels a stiffness about the back of the neck, sometimes extending to the occiput, and a dryness and soreness in the throat. These symptoms, though common to many disorders, excite immediate alarm in the minds of surgeons, when the individual who experiences them is under treatment for local injuries. A violent pain under the sternum is a very frequent concomitant. The next occurrence in the order of time is the closure of the jaws, which in some instances takes place with a sudden snapping contraction: in others it is preceded by a feeling of pain, stiffness, and weakness in the temporal and masseter muscles, and the parts approach by degrees, being at last so closely fixed that it is impossible to separate them. Even wedges and levers are of little avail, says Aretæus;† and, as he further remarks, if we succeed in separating the teeth, we gain nothing by so doing, for on attempting to pour liquids into the mouth, the patient is found unable to swallow them, in consequence of the spasm which has by this time beset the muscles of the pharynx; or if he does accomplish deglutition, the effort is often so convulsive and agonising, that he entertains the greatest dread of repeating it, to such a degree, indeed, that, like the sufferer in hydrophobia, he is sometimes distressed at the very sight of water. The teeth are not always in complete contact, so that a viscid ill-conditioned saliva may exude through the intervening space. Thus far we are in possession of the principal symptoms of trismus,‡ or locked-jaw, which differs

only from the other forms of the disease by the circumstance that in the latter the spasm occupies a greater number of muscles. This species is scarcely less formidable than the others with regard to its fatality, but it is probably attended with less pain than when the body is more extensively affected. As the disorder proceeds, a violent stabbing pain, occurring in paroxysms, is felt in the region of the diaphragm, and the trunk and extremities become variously distorted. The face is suffused with a dark red flush, and miserably disfigured by the perverted action of its muscles, which draw up the nose, wrinkle the forehead, and drag the angles of the mouth towards the cheek-bones in such a manner as to present one of the most frightful exhibitions of the *risus Sardonius*. The spasms about the muscles of the thorax gradually increase to such a degree, that respiration is performed with the utmost difficulty and anguish; we know of no form of dyspnoea more distressing to the beholder. This occurrence, however, eventually plays a very important part in the extinction of the sufferings by death. Although the contraction of the muscles rarely ceases so completely as to form an intermission,* there are occasional remissions. These, as it regards the mouth and jaws, only aggravate the horrors of the case; for it often happens, during a brief separation of the parts, that the tongue is convulsively protruded, and not retracted in time to escape the re-closure of the teeth,—an accident which is generally attended with profuse hemorrhage. Sometimes the teeth are shattered by the violence of the spasm. The eyes are for the most part rigidly fixed, and suffused with tears. To conclude this brief account of the muscular derangements, it may be remarked that the sphincters are variously affected; thus, the urine is sometimes discharged with great and sudden impetus during the vehement contractions of the abdominal parietes, at other times it is retained. The anus is in general most obstinately closed, though cases have occurred in which the contents of the rectum have been expelled involuntarily.

The mind, in the midst of all these sufferings, is perfectly clear, and occasionally even cheerful. Mr. Abernethy used to state in his lectures, that he had often known patients express themselves as feeling better to the very last. We have never happened to notice this fact, but can testify to the absence of the excessive sensibility and terror, which are present in hydrophobic patients. There is neither headach nor vertigo, and the senses are unimpaired. It is almost needless to mention that articulation is very feeble and indistinct, and frequently attended with such distressing aggravations of the spasms, that the sufferer, although fully possessed of his consciousness, remains silent.

The circulation is only secondarily affected by the violence of the muscular contractions. Such is particularly the opinion of Sir James

Originally this term implied a convulsive rather than a tonic spasm.

* In two of Dr. Parry's cases there were marked intervals.

* Mr. Guthrie has the merit of having been the first to draw the attention of the profession to the mild species as *contra-distinguished* from the acute.
† De Causis et Signis Acutorum Morborum, lib. i. cap. 6.

‡ From τριζω, “to gnash or grind the teeth.”

M'Grigor,* Dr. Hennen,† and many other accurate observers. There is generally, however, a progressive alteration of the pulse during the course of this as of almost all other maladies. At the beginning it is pretty hard and full, but towards the close it becomes more frequent and feeble, and often is irregular and intermittent. The heat of the skin also appears to depend on the violence of the paroxysms; it has been found by Dr. Fribo of Geneva as high as 110° Fahrenheit. The perspiration is generally profuse over the whole body, but sometimes is confined to the face and chest; it continues during the whole course of the disease, and has a peculiar pungent odour. The urine presents nothing remarkable as to quantity or quality; some describe it as always high-coloured,‡ while others have observed it to be quite as often unchanged. Torpor of the intestines, to a degree that resists the most powerful purgatives, is allowed by all who have witnessed the disease, to be a more invariable accompaniment than any other. Such dejections as are obtained are excessively offensive and unnatural.

At the end of twenty-four or thirty hours,§ in acute cases, the disease has so far advanced that the patient is unable to swallow. In the progress of the attack we often notice an apparent emaciation, the forms of the muscles become distinctly visible through the skin, and their rigidity increases. Towards the close, a spumous fluid, mixed up of mucus, blood, and saliva, escapes from between the teeth, the face is more and more distorted, a cold clammy exudation bedews the skin, the spasms are aggravated by the slightest exertion, whether for change of position, or to take food or medicine, the remissions are fewer, the dyspnoea increases, the pulse becomes thready or imperceptible, and death takes place on the second day, or may be delayed to the tenth.|| The most common period is within the fourth.¶ Hippocrates states in one place,** “that if the patient survives this day, he is pretty sure to recover,” an observation confirmed by the moderns; but in another place he tells us that the third, fifth, seventh, or fourteenth, may be the fatal day.†† Professor Robison, of Edinburgh, relates the case of a negro, who happened to scratch his hand with a piece of broken plate, and died of tetanus in a quarter of an hour.

It is the general opinion that death takes place in the way of asphyxia. We have no doubt that the obstruction of the respiratory movements accelerates the termination, but are inclined to think that the heart, enfeebled by

the long-continued agony, and perhaps involved in the prevalent affection of the muscular parts (according to the opinions of Parry and Howship), has at least an equal share in the production of the fatal result. There seems but little ground for Baron Larrey's notion, that the compression of the abdominal viscera, and the engorgement of the vessels of the brain, are importantly concerned in the catastrophe. But in whatever manner death is brought about, it is an event happy to the tortured patient, and gladly hailed by his friends. “Far less calamitous is it,” says Aretæus, “than the previous sufferings, in the estimation of the by-stander, even if he be the victim's own son or father!”

The most common variety of this disease is *opisthotonos*. All writers concur in this statement with the exception of Larrey, who seems to have more frequently met with *emprosthotonos*. The distinctive character of the former, as the name imports, is that the neck or the whole body is bent backwards. The posterior muscles of the neck are so rigidly contracted, that the head is dragged down upon the nucha and the larynx thrown forwards. In some cases there is no other incurvation, but more commonly the spastic action extends to the muscles of the spine, the effect of which is to draw the trunk into the form of an arch, the weight of the body being supported by the occiput, or rather by the vertex, and the sacrum. The inferior extremities are extended, and sometimes the muscles between the posterior parts of the pelvis and the thighs are so violently affected as to throw the pelvis upwards, and thus to produce a much wider arch. This action of the abductors is greatly assisted by the biceps semitendinosus and other flexors of the leg, which, by reason of the vigorous antagonism of the extensors, have their fixed points on the tibia, and their moveable ones on the pelvis.* So great is the stretch on the abdominal parietes, that they feel as hard as a board, and, according to Aretæus, are sonorous when percussed. The latter observation we have not verified by our own experience, but think it highly probable, inasmuch as the constriction of the sphincter ani must prevent the escape of air from the intestinal canal, notwithstanding its compression by the contracted parietes, and, consequently, the latter must afford a clearer sound when struck. The arms, in this form of the disease, are usually in a state of extension and drawn backwards, but occasionally they are bent, and lie upon the breast.† The fingers not unfrequently escape any spastic affection. During the remissions that occur in *opisthotonos*, we observe that the muscles on the anterior part of the body are not unaffected, but they are incapable of resisting their antagonists. The suddenness with which the re-curvation takes place has been sometimes so great as to project the unhappy patient from his bed.

* Med. Chir. Trans. vol. vi.

† Military Surgery, p. 250.

‡ Rochoux, Dict. de Méd. tom. xx.; Fournier-Pescay, Dict. des Sc. Méd. tom. lv.

§ Larrey, Mém. de Chir. Militaire, t. i. p. 209.

|| Rochoux, op. cit.

¶ Fournier-Pescay (whose treatise on Tetanus received the prize of the Parisian Society of Medicine) states that he had only five cases of general tetanus that terminated so late as the seventh day.

** Aphor. vi. sect. 5.

†† De Morbis, lib. iii.

* The contraction of the femoral muscles was, in a case related by Desportes, so violent as to fracture the thigh-bones. See his “Histoire des Maladies de St. Domingo,” ii. 171.

† See one of Larrey's cases, op. cit. i. 242.

In a case related by Fournier-Pescay the spasms occasioned a dislocation of the second cervical vertebra.

Emprostotonos is a variety which has never occurred under our own observation; nor are we singular in this respect. Dr. Hennen, notwithstanding his many opportunities of observing the disease, never witnessed this form of it. The most striking descriptions of it that we have met with are those of Baron Larrey among the moderns, and of Aretæus among the ancients. The muscles on the anterior part of the body are said to be so contracted as to bend the head upon the breast, to curve the spine anteriorly, and to draw the thighs towards the belly. In very severe cases the head is brought into contact with the knees, so that the body presents the shape of a ball rather than of a bow, according to the remark of Aretæus. The condition of the legs is differently reported by these two observers; Larrey, in his general sketch of the symptoms, does not mention the extremities, but in one of his cases he states that "les jambes étaient roides, et fortement fléchies sur les cuisses."* Aretæus declares in one place that the legs are extended, and in another, that they are drawn forwards with such violence, that the knee-joint appears as if driven into the ham.† The arms are generally flexed, and the hands clasped together.

Pleurostotonos is still more rare than the variety just described. It consists in a lateral incurvation of the neck and body. It is generally met with in the chronic form, but we once observed it in an acute case that but for this complication would have been simple trismus.

The last variety to be mentioned is that to which, in strict verbal correctness, the word *tetanus* should be confined. It is tetanus proper, consisting as it does in complete extension of the whole body. The frame is so rigidly set that it is impossible to move one part without changing the position of the whole. Many writers treat of this variety as evidencing a balance between the flexors and extensors. This appears to be a correct observation so far as the head and the spine are concerned, because these parts are capable of motion in two directions. But when applied to the extremities the remark is incorrect, since the extension of these parts must be the result of the predominance of the extensors over the flexors. If there were a balance between the two sets, the position of the limbs must be intermediate to extension and the extremest degree of flexion; a position frequent enough in sleep and recumbence, when neither set is in action. Now, extension of the spine is a condition intermediate to that which the column would assume, if either of the sets of muscles on the anterior or posterior surface had the predominance, for, properly speaking, both kinds are muscles of flexion, though the posterior are said to be extensors, inasmuch as they keep the trunk erect by counteracting the tendency of gravitation to

incline it forwards; consequently, a rigid extension of the trunk may be correctly said to result from the equilibrium of the anterior and posterior forces, erroneously called flexors and extensors; but the same explanation is inapplicable to the limbs, because in them extension is produced by the extreme of one of the antagonist forces. From this remark we exclude the feet and hands, which are in the same predicament as the head and the spine, that is to say, are not subject, as is commonly described, to flexion and extension, but to flexion in two directions.

Before proceeding to the next subject of consideration, we may observe that the inferior animals are liable to all the above varieties. Dr. Mason Good speaks of parrots as being frequently afflicted with trismus. Horses are very commonly treated by veterinary surgeons for opisthotonos and tetanus. Dr. Parry appends to his treatise some cases related by Mr. Sewell, of Bath. In the *Revue Médicale* for May, 1834, there are some cases with the post-mortem appearances, reported by M. Gélée, Professor of Veterinary Surgery at Toulouse. Lambs are also subject to the disease. "I have often seen lambs," says Dr. Parry, "whose ears, for the purpose of marking them, have been bored with a red-hot iron too near the root, so rigid all over with tetanus, alternating with convulsions, that their bodies would project in a right line with their hind leg when one held them out horizontally by the hind feet."*

Causes.—Of the events which immediately precede that morbid state of the system which presents the phenomena above detailed, none are more common than mechanical injuries, and the application of cold, with or without humidity. With regard to the former, there is an entire concurrence of opinion among practitioners, that their efficiency as causes bears very little relation with their nature or degree. Every description of wound, no matter how inflicted, or in what part, or in what stage, may be the occasion of tetanic symptoms, which form the species denominated traumatic. Morgagni tells of a young lady of Verona, who was attacked with the disease in consequence of a bite on the finger from a tame sparrow.† Dr. Reid knew a case in which tetanus supervened on the mere stroke of a whip-lash under the eye, though the skin was not broken. Larrey mentions that a small fish-bone sticking in the pharynx was the occasion in one instance, and in another a slight solution of continuity in the external ear from a musket-shot. Andral alludes to a case that occurred at La Charité, in which the application of a seton to the thorax was the cause of fatal tetanus.‡ An instance is mentioned by Mr. Morgan in which the stroke of a cane across the back of the neck, and another in which a blow on the hand from the same instrument, produced the disease; in

* Op. cit. p. 266.

† Ὡς δοκίμην ἐς ἡγνύνην κατὰ γόνυ τὸ ἄρρον ἐξώσθαι.
Op. cit. lib. i. c. 6.

* Cases of Tetanus and Rabies Contagiosa, p. 12.

† Epist. Anat. Med. liv. art. 45.

‡ Clinique Médicale, t. iv. p. 445.

both the termination was fatal.* A reviewer of Dr. Reid's work on tetanus in the *Edinburgh Medical and Surgical Journal*,† states that the extraction of a tooth was once followed by this disease. According to Sir James McGrigor, "it occurs in every description and in every stage of wounds, from the slightest to the most formidable, from the healthy and the sloughing, from the incised and lacerated, from the most simple and most complicated."‡ Dr. Hennen observed, in like manner, that the wound, so far from presenting any unnatural appearance, would often pursue its course unaltered by the tetanic seizure; in one case he mentions that the cicatrization was completed on the same day that life terminated. Larrey, however, lays considerable stress on the condition of the wound, which he says was generally either dry, or covered with a thin serous exudation. One case that occurred after amputation he attributed to too early cicatrization, and the consequent "reflux des matières purulentes qui suintaient encore de la plaie."§ Dr. Rush speaks of an absence of inflammation in wounds that cause tetanus.|| Fournier-Pescay in like manner describes them as pale, livid, and affording either an ichorous secretion or none at all.¶ The instances already recited prove that the situations as well as the characters of the wounds are very various. When the predisposition is very strong, and collateral circumstances are favourable, the locality of the wound is almost a matter of indifference. But it would certainly appear that some wounds are more frequently followed by tetanic symptoms than are others. Hennen oftener observed these occurrences after wounds of the elbow and knee; many practitioners connect them with the extremities rather than with the trunk; and not a few speak of a greater liability to such symptoms from injuries of the thumb and great toe.** Mr. Samuel Cooper states that the only surgical operations which he has known to be succeeded by this disorder, are those of amputation and castration.†† It was an ancient opinion, and is still by no means extinct, that injuries of tendons and ligaments, more frequently than of any other tissues, lead to tetanus,—a notion which we think may have arisen from the confusion which prevailed in the early periods of anatomy respecting nerves and fibrous membranes. Few, however, would now be disposed to assert the existence of a necessary connection between the disease and fibrous tissue. Were it necessary to disprove such a view, the facts adduced by Parry would have considerable weight in the refutation. This physician knew a case in which a long thorn was driven entirely through the tendo Achillis, and remained five days,

producing no soreness in the part, but a pain in the ham; on suppuration being established, the thorn was extracted, and the patient felt no further inconvenience. "In the various experiments made by Haller, in order to investigate the sensibility and irritability of these parts, no bad consequence whatever ensued."* Blows on the neck have been noticed both by ancients† and moderns‡ as frequent causes of tetanus; and it is evident that such injuries act directly on the cerebro-spinal centre. For a more ample account of the tendency of certain wounds to induce the disease under consideration, we must refer to writers on surgery. But we may remark before quitting the subject, that although the presence of the disease is not fully announced till the appearance of soreness and stiffness about the neck and throat, it is not uncommon for the muscles in the neighbourhood of a wound to be spasmodically affected before any others become involved; sometimes indeed the patient escapes without any other sign of spastic disturbance.

Next in frequency to wounds, as an exciting cause, is exposure to cold and damp. There are indeed but very few cases of true idiopathic tetanus referable to any other marked exciting cause. Aretæus asserts the influence of a low temperature, and states that the disease is in consequence more common in winter than in any other season, and least frequent in summer, except as the effect of wounds or of a particular epidemic constitution. In tropical climates exposure to the chilly night air and dew is well known to be highly dangerous. The negroes in the West Indies are frequently affected with this complaint. But it is by no means confined to warm climates. Dr. Gregory, of Edinburgh, used to mention in his lectures a striking instance of idiopathic tetanus that occurred in Edinburgh. An account is given by Bonetus§ of a young soldier, who contracted the disease by sleeping in the open air a whole night in a fit of intoxication. Fournier-Pescay also reports the case of a soldier at Breda who went into a cold bath, when greatly heated, and on coming out was seized with fatal tetanus; and also of a woman who died in a similar manner, after falling into a river when in a state of perspiration, and during the flow of the catamenia. He frequently observed during the campaigns in Spain, that the soldiers, if they went to sleep upon the ground, after fatiguing marches under a burning sun, were particularly liable to tetanus. The cold and moist breezes from the sea have often produced the disease in hot countries. Many of the French soldiers were seized with it when marching along the coast, on their way from Acre to Jaffa. A sudden change from the heated atmosphere of a ball-room to the external air was sufficient to produce a very violent attack in a gentleman known to the author last cited.

* Lecture on Tetanus, delivered in Guy's Hospital. 1833.

† Vol. xv.

‡ Med. Ch. Trans. vi. p. 453.

§ Op. cit.

|| Med. Inquiries, vol. i.

** Dict. des Sc. Méd. t. lv.

†† Mr. Morgan's Lecture.

†† Surg. Dict. art. *Tetanus*.

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* Parry, op. cit. p. 14.

† Hippocrates and Aretæus, loc. cit.

‡ Frank relates a case of "horrible tetanus" induced by a blow upon the spine. See Abercrombie on Dis. of the Brain and Spinal Cord, p. 395.

§ Sepulch. lib. i. sect. 13.

But although wounds, and cold, and humidity are capable of producing the disease independently of each other, their combined action is infinitely more formidable. Many instances on record prove that the first of these would not have been followed by tetanus but for the intervention of the others, and that individuals have been placed under the most unfavourable circumstances with regard to cold, and yet have escaped the disease till the occurrence of an injury. Hennen lays less stress on the agency of cold than on that of air in motion; for all the cases which fell under his own observation had been exposed to a stream of air, either hot or cold. We think that the analogy of neuralgia strongly favours this view.

The irritation of worms has been regarded by some authors as the cause of tetanic affections. Laurent, of Strasburg,* went so far as to assert that even in wounded subjects the real cause was the presence of worms in some part of the alimentary canal. Dr. O'Beirne† is disposed to award them a very considerable agency in this disease. There can be no doubt whatever that worms have been frequently discovered in the intestines of tetanic patients; but we imagine that every attentive practitioner must have observed these animals too often and in too great a variety of morbid circumstances, to be very ready to invest them with any specific efficiency in so rare a malady as that which we are considering. It is highly probable that the same state of the system which favoured the generation of worms, may have facilitated the operation of the proximate cause of tetanus. The following instance of alleged verminous action was communicated by Chaussier to Fournier-Pescay. A young man, after labouring under severe pain in the bowels and constipation, was attacked with tetanus, which yielded however to the free use of purgatives, under the operation of which an enormous worm was expelled. This animal was considered to have been the cause of the disease, notwithstanding the patient had received a sword-scratch on the ribs some days before.‡

Terror has been considered the immediate antecedent in some cases, and sympathy in others. This we have on the authority of Dr. Hennen, whose observations were far too accurate to be called in question. Dr. Willan mentions a case in which there had been no local injury or other accident, and in which the only circumstance that could be fixed upon as the cause of the attack, was mental anguish; it should be added that the constitution of this individual had been previously weakened by other causes.§ The Greek author, to whom we have so often referred, intimates that women are very subject to the disease after abortion. We are not aware of any modern observations in support of this opinion. We remember, however, attending a young woman, who was seized with locked-jaw soon after delivery of a

still-born and immature fœtus; but the affection readily gave way to a turpentine injection, and we looked upon it as a mere sympathetic accident. The sudden suppression of perspiration has been known to bring on an attack. Such was the case with a woman, who, while labouring under a gastric fever, exposed herself at an open casement to the north wind.* Heurteloup† relates a case in which the attack was apparently brought on by an accumulation of cherry-stones in the intestines. Other exciting causes may be found in the works of various authors; such are suppression of the lochia, alcoholic intoxication, acute diseases, as variola, typhus, and gastric inflammation. Of the last of these an example will be given in another place. Fournier-Pescay adduces some curious cases communicated to him by M. Duval, in which the disease assumed the form of anomalous ague; in one of them it was remarked that both sides of the body were never affected in the same paroxysm, but regularly alternated in successive fits.

Various causes may be traced in the body itself prior to the occurrence of the immediate and efficient agent. The state of the system peculiar to certain ages has been commonly enumerated as one of them; but we doubt whether any thing very definite upon this subject can be gathered from the cases on record, if we except the liability of young infants; in consideration of which nosologists have established a variety known by the name of trismus nascentium. Instances of this variety have been met with principally in tropical climates, and particularly in the West Indies. Dr. Cullen, however, speaks of its having been witnessed in the Highlands;‡ and Fournier-Pescay and Dagille bear testimony to its occasional occurrence in France. It happens for the most part within the first two weeks after birth, and is supposed to depend on irritation of the primæ viæ by meconium, worms, unnatural secretions, &c. or on a morbid condition of the umbilical fossa. According to one practitioner,§ cases of the disease became very rare under the prophylactic use of purgatives, while another|| states that attention to the umbilicus produced almost certain immunity. With regard to sex, the ancients considered females to be more frequently affected with tetanus than males, but less severely. We may take it for granted that in this remark they included certain irregular spasmodic affections incident to nervous and hysterical women. Males have been by far the most frequent victims in recent times; but this fact is perhaps more naturally explained by their being oftener subjected to such exciting causes as cold, vicissitudes, injuries, &c. than by their peculiar constitution.

The predisposing influence of warm climates and seasons has been matter of very general remark. One of the most striking illustrations

* *Mémoire Clinique sur le Tétanos chez les blessés*, 1797.

† *Dub. Hosp. Rep.* vol. iii.

‡ *Diet. des Sc. Méd.* t. lv. p. 11.

§ *Reports on the Dis. of London*, p. 289.

* *Fournier-Pescay*.

† *Précis sur le tétanos des adultes*.

‡ *First Lines*, § 1281.

§ *Dr. Cadwallader Evans*, cited by Dr. Rush, *Med. Inq.* vol. i.

|| *Dr. Colles*, *Dub. Hosp. Rep.* vol. i.

of this influence is given by Dr. Rush. After mentioning the frequency with which wounds were succeeded by tetanus if the weather had been previously very warm, he relates, on the authority of some French surgeons, that at the siege of New York in 1781, some troops which had arrived just before from the West Indies, were the only persons that suffered from the disease in question, and that not a single case occurred among the soldiers who had passed the previous winter in Rhode Island. This acute physician attributed the effects of the warm atmosphere to its relaxing tendency, and points out its analogy in this respect with other predisposing causes, particularly laborious exertion. He also explains the particular liability of wounds received in battle to tetanic consequences, by the fatigue which soldiers generally undergo before engagements.

Humid situations also produce a very decided predisposition to this disease. We are informed by Larrey that great numbers of the wounded soldiers in the hospitals at Cairo perished of tetanus, which he attributed to the circumstance that those receptacles were erected upon ground subject to the periodical inundation of the Nile.

Bad or insufficient nutriment, close and ill-ventilated habitations, inattention to cleanliness, neglect of the bowels, &c., have been considered as predisposing causes; views which derive no little probability from the diminished frequency of the disease in our naval department in the West Indies, since the improvements which have taken place in their hygiene. The experience of Drs. Dickson and M'Arthur* was a very striking contrast to that of Dr. Lind. The latter states that five out of six cases of amputation used to die of tetanus; while Dr. Dickson reports that during seven years he met with only six cases of the disease occurring after amputation; and Dr. M'Arthur, who had the care of the naval hospital in Barbadoes, had witnessed only two cases in that institution during a space of six years, notwithstanding there was no lack of wounds, either from war or from surgery. Dr. Dickson concludes a very interesting paper with the following remarks:—"I trust I am, therefore, justified in inferring that to the improvements in the medical and surgical treatment of wounds, in cleanliness and ventilation, avoiding at the same time exposure to currents of cold air or sudden changes of temperature; in fine, to superior comforts, diet, and accommodation, but particularly to the greater attention paid to the state of the bowels, may be attributed the great infrequency of tetanus of late in the West Indies, when compared with former wars."†

Whether the comparative infrequency was entirely due to these causes, might perhaps admit of some question, as there is reason for believing that there are latent causes of tetanus, the removal of which might, consequently, have escaped observation; such causes, for instance, as are concerned in the limitation of the disease

to particular districts, towns, streets, and even hospitals, notwithstanding they may be apparently in the same circumstances as other situations.*

Prognosis.—This is mainly to be determined by the nature of the exciting cause, and by the type of the seizure. With respect to the former, it is sufficient to remark that the greater mortality of the *traumatic* species, so well known to the earliest observers in our art,† is matter of equal experience in modern times. Dr. O'Beirne witnessed two hundred cases in the peninsula, not one of which recovered.‡ That the idiopathic disease is a far milder and more tractable affection "is a fact well known," says an able writer in the *Edinburgh Journal*,§ "to every planter in the West Indies, who never considers his negroes as safe when the disease supervenes on a wound, but is frequently successful in alleviating the idiopathic species." The type of the disease as acute or chronic is a no less important guide as to the probable termination. Hennen confesses that he never saw a case of "acute symptomatic tetanus" recover. In the acute species Dr. Dickson found all curative measures followed by "unqualified disappointment." Mr. Morgan's testimony is still stronger; he says, "I have never yet seen or heard of an instance of recovery from acute tetanus."|| Many other authorities might be quoted to the same purport. The chronic species has acquired the additional character of mild, but the period at which the disease becomes chronic has not been sufficiently specified. "The disease which comes on suddenly," says Cullen,¶ "and advances quickly to a violent degree, is always more dangerous than that which is slower in its progress." If the patient survives the fourth day, there are good hopes of his recovery; not but that death may occur at a much later period. A patient of Prof. Cooper's lingered five weeks, and then died; but instances of a fatal termination after the lapse of a single week are extremely rare. The complaint may continue for many months in a chronic form, and then gradually wear away. It will be seen that a great proportion of the remedies which have got the credit of utility in tetanus, have been indebted to their application to this form of it. A prognostic observation made by that distinguished physician, Dr. Parry, respecting the state of the pulse, has been often quoted. "If, in an adult, the pulse by the fourth or fifth day does not reach 100, or perhaps 110 beats in a minute, I believe the patient almost always recovers. If, on the other hand, the pulse on the first day is 120 or more in a minute, few instances will, I apprehend, be found in which he will not die."**

To us it appears that this remark does

* See Hennen's *Military Surgery*, p. 252.

† *Επι τραυματι σπασμος επιγενόμενος, θανασιμὸν.*
Hipp. Aph. 2. sect. v.

‡ *Dub. Hosp. Rep. vol. iii.*

§ *Vol. xv. p. 292.*

|| *Op. cit.*

¶ *First Lines*, s. 1266.

** *Op. cit. p. 18.*

* *Med. Chir. Trans. vol. vii.*

† *Med. Chir. Trans. vii. p. 465.*

not by any means deserve the degree of notice that has been taken of it; for in the first place the author bases it upon an opinion altogether hypothetical respecting the affection of the heart in this disease; secondly, those who have had the most frequent opportunities of observing the disease, consider the circulation, as we have already stated, to be only secondarily affected by the spastic commotions of the system; and, lastly, if the observation be correct, it teaches us little or nothing additional, for if the patient lives till the fourth or fifth day to have his pulse examined, be it slow or frequent, there are good reasons for a favourable prognosis. Perhaps any considerable frequency of the pulse at the very commencement, may be justly esteemed a sign of severity, and likewise any remarkable smallness or irregularity; but in such a case there would be other symptoms far less equivocal. Baron Larrey formed an opinion that perspirations in certain parts were critical, those, namely, about the chest and abdomen, while those beginning on the head and extremities were symptomatic only. We are not acquainted with any other authority confirmatory of this opinion.

Diagnosis.—The features of this disease are so striking and peculiar, that they cannot be very readily confounded with those of any other. If the muscular affection be not sufficiently characteristic, there are, the peculiar pain at the lower part of the sternum, the state of the tongue, and the absence of delirium or coma. In consequence of the difficult deglutition produced by the spasms in the pharynx, and the occasional dread of fluids, taken in connexion with the aggravation of the disease by trivial excitement, a superficial observer might possibly imagine that he was witnessing a case of hydrophobia. The differences are very decided, but we shall not stop to detail them, as they have already been set forth in a very ample and lucid manner by Dr. Bardsley, in the article on *HYDROPHOBIA*, in this work. It is necessary to be aware that hysteria, which imitates so many formidable diseases, does not allow tetanus to escape her mimicry. Sometimes the representation is so faithful, that we have not the slightest doubt that many reputed examples of successful treatment of tetanus have been merely conquests over hysterical spasms. Dr. Whytt, in his work on Nervous Diseases, alludes to these occurrences; and there is a well-marked case of the kind in Mr. Tate's Treatise on Hysteria. But it is needless to refer to authorities, since no practitioner of even ordinary experience can have failed to observe spasmodic affections in irritable females, closely bordering upon what we have just alluded to. There is sometimes a locked-jaw from mere local inflammatory causes, which might perhaps be mistaken for a tetanic trismus. We have frequently witnessed it in inflammatory swellings of the face and fauces, in the tumefaction attendant on mercurial ptyalism, and in rheumatic affections of the temporal and masseter muscles. In one instance of the latter kind, which fell under our notice, the jaws had been fixed at an

interval of barely one quarter of an inch for the space of three months. The history of such cases, and a variety of concomitant circumstances, will render their discrimination easy.

The diagnosis of spontaneous from artificial tetanus, or that produced by certain poisonous substances, is somewhat more difficult. The effects of nuxvomica, the upas tiente, and other plants belonging to the genus strychnos, and of their active principle strychnia, are precisely similar to tetanus, both as it regards the peculiar nature of the spasms, and the absence of any mental disturbance. The discrimination, however, of such cases is highly important in many points of view, and must be sought in a careful examination of the previous history, of the progress of the case, and of a variety of collateral circumstances. In a temperate climate a sudden accession of tetanic symptoms of great severity, and running their course rapidly, in a person who has received no local injury, nor been exposed to cold and damp, would create a strong suspicion of poisoning. Supposing their character were somewhat milder, and their progress more tardy, the presence of certain signs of irritation in the alimentary canal would materially assist our diagnosis, since we know that the substances alluded to not only act on the nervous system, but are also decided irritants,—that, in short, they belong to the class of narcotico-acrids.

Accession.—The period of accession differs in the idiopathic and traumatic species, being in the former considerably earlier. When arising from exposure to the cold and damp of the night, the disease usually makes its appearance on the following morning. After injuries its appearance is generally, though not always, later. This difference is perhaps more apparent than real, for in the latter case, although we date from the infliction of the wound, which is the obvious cause, it would be more correct, were it possible, to reckon from that change, or from the commencement of that state of the wound which is really the cause of the distant irritation, and then in all probability there would not be observed the same protracted interval between the occurrence of the cause and of the effect. But this refinement, we confess, is of little practical importance, the great object being to ascertain how soon an individual who has suffered an injury may be pronounced secure from an invasion of tetanus. The most common period for the first appearance of the symptoms is during the second week. Sir James M'Grigor states twenty-two days to be the longest period.* Sir B. Brodie† mentioned on one occasion that the seventeenth day was the latest at which he had known invasion take place. Sir Gilbert Blane, in his work on Diseases of Seamen, gives a range of four weeks. Fournier-Pescay declares that he has known it occur at a period longer than a month, and, on the other hand, that in some very rare instances only a few hours have elapsed. We have already alluded

* Med. Chir. Trans. vi. 453.

† See a Clinical Lecture in Med. Gaz. vol. ii. p. 344.

to a case in which the disease not only took place, but was fatal in a quarter of an hour after the injury.

Morbid anatomy.—Though little if any thing of value is to be gathered from the researches which have hitherto been prosecuted in this department, it would be highly improper to pass them altogether without notice.

In the dissection of a case related by Bonetus, there was found nothing preternatural in the organs of the thorax and abdomen, but the ventricles of the brain were filled “*materiâ quâdam viscidâ ac glutinosâ, colore luteo, vitello ovorum perquam simili sed fœtidâ admodum.*” He adds, “*Hæc incumbens principio nervorum tam sæva symptomata in subiectis partibus excitârat. Venæ intercurrentes utramque cerebri meningem, admodum turgidæ erant bilioso sanguine.*”^{*} Morgagni relates the appearances in three cases of tetanus. In one there was some venous congestion in the thorax, neck, and head, with more vascularity than natural of the medullary matter of the brain.† In another there was a somewhat larger quantity of serum than usual in the ventricles of the brain; the cerebrum was firm in tissue, but the cerebellum rather soft.‡ The third presented no morbid appearances, excepting a very little serum in the left lateral ventricle.§

In recent times particular attention has been directed to the appearance of the spinal cord. Dr. Reid, in his work on Tetanus, describes what he considered to be an inflammatory condition of the membranes, with or without the effusion of serum. Similar appearances had previously been mentioned by Bursarius, who observed them in the case of a man who died of the disease after exposure to cold in a state of intoxication. Fournier Pescay, who, while serving in the army, never neglected an opportunity of dissecting the bodies of those who died of tetanus, states that fluid blood was often found effused between the dura and pia mater, that the vessels of the latter membrane were gorged with blood, and that the cerebral substance was depressed. He makes no remark on the state of the spinal cord.|| Rochoux cites Trnka and other authorities in testimony of similar facts.¶ The periodicals of the last twenty years furnish several cases in which morbid appearances were said to be found in the spinal cord or its envelopes.** But since anatomists have learned to place less reliance upon mere redness and turgescence as indications of inflammation during life, the profession have become less and less satisfied as to the constant presence of morbid changes in the spines of tetanic patients.

Of the cases communicated to Hennen many presented the cord and its membranes in a perfectly natural condition, and he had reason to suspect that the apparent lesions of these parts were often due to the rude use of the chisel and saw. The unskilful mode in which we have often known the operation of exposing the contents of the vertebral column performed, leads us to consider this author's conjecture a very probable one. Sir B. Brodie could never satisfy himself that these parts were diseased.* Dr. Elliotson considers the appearances described to be rather incidental than essential;† and Mr. Morgan, after mentioning that in some cases cerebral congestion and increased vascularity or morbid deposits in the spinal membranes have been discovered, declares that in other cases he has looked in vain for the same appearances.‡ The following passage in a lecture delivered by Professor Mayo at King's College has just caught our attention. “In the museum of St. Thomas's Hospital, I am informed by Mr. Green, there are two specimens of the spinal cord, the membranes of which are studded with little cartilaginous and earthy flakes, taken from patients who died of tetanus. These small deposits did not, it is to be presumed, produce the tetanus, but they probably had made the spinal cord preternaturally irritable.”§

Baron Larrey states that he often found the pharynx and œsophagus in a state of constriction, and their mucous membranes inflamed, and covered with a viscid reddish-coloured secretion;|| appearances which it is more reasonable to attribute to the violent action in these parts, than to consider as concerned in the pathology. Some observers have thought that they recognised the effects of inflammation in the stomach and intestines, but they do not specify any thing more than such alterations of colour as are often the result of cadaveric changes. We except from this remark a case related by Andral,¶ in which dissection presented very unequivocal signs of gastritis; but this was evidently the *exciting* not the *proximate* cause of the attack. This distinguished pathologist conjectures that the patient must have had a very strong predisposition to the disorder, and that any lesion would have produced the seizure. Dr. M'Arthur found in his dissections a very peculiar appearance in the contents of the alimentary canal, particularly in the stomach. In one case “the villous coat of the stomach was covered with a peculiarly offensive smelling yellow matter;”*** the mucus in the œsophagus was of the same colour; and in another case, “the yellow fluid effervesced on coming in contact with the external air.”†† Fournier Pescay also speaks of a yellowish or greenish

* Anat. Pract. lib. i. s. 13.

† Epist. Anat. Med. liv. art. 44.

‡ Epist. liv. art. 49.

§ Epist. x. art. 2.

|| Dict. des Sc. Méd. tom. lv. p. 6.

¶ Dict de Méd. tom. xx. p. 338.

** See particularly the notice of a case examined by Dupuytren in Med. Chir. Rev. July, 1818; also two cases by Professor Brera of Padua, in Lond. Med. and Phys. Journ. September, 1818; and one by Mr. Brayne, in Med. Repository, July, 1831.

* Loc. cit.

† Lecture reported in Med. Gaz. vol. xi. p. 469.

‡ Op. cit. p. 28.

§ Med. Gaz. Jan. 17, 1835.

|| Op. cit. i. p. 248.

¶ Clinique Médicale, t. iv. p. 444.

*** Med. Chir. Trans. v. vii. p. 469.

†† Ibid. p. 475.

coloured mucosity found in the stomachs of some of his patients. Worms, we have already mentioned, have been frequently found in the intestines; they are particularly taken notice of by Morgagni, Stoll, Larrey, and Dr. O'Beirne.

Anomalous appearances have been observed in other parts of the body. A writer in the *Edinburgh Medical and Surgical Journal** quotes from Meyer a case in which there was discovered an ossification of the pleura, which must have irritated the phrenic nerve; and one from Vater in which the par vagum was irritated by an ossified gland. The heart was found to be preternaturally contracted, so as to occasion considerable resistance to the knife, in a case related by Mr. Howship.† Mr. Swan, in his treatise on tetanus, details some dissections in which he discovered inflammation of the abdominal ganglions. It must not be omitted, that in many cases of the traumatic species, the nerve in the neighbourhood of the wound has been found inflamed and thickened, while in others nothing unnatural could be detected.

Theory.—Upon the above post-mortem appearances it may be remarked in general terms, that they are by no means constant; that they vary in degrees that hold no correspondence with the difference of the cases; that many of them are accidental accompaniments; and that with regard to others it is extremely doubtful whether they are actual morbid lesions or mere cadaveric alterations. Consequently, upon facts of this description it would be absurd to attempt to erect any theory of the disease. Unassisted by morbid anatomy, the speculator is reduced to the data afforded by physiology and by the symptoms; and he is not likely to be questioned if he pronounces that the malady belongs essentially to the nervous system, whatever other be secondarily affected. He is baffled, however, in his attempts to explain the rationale of the derangements in tetanus, and must confess with the candid and enlightened Abercrombie, that “its pathology is still involved in great obscurity.”‡

That the pathology of any of the neuroses should be obscure, when so little is known of the instrumentality of nervous matter, can excite no rational astonishment. But in some of the diseases belonging to this class, there are states of the organization which shew clearly enough that the mechanism was impeded or in a preternatural condition, though the action of the mechanism and the manner of its obstruction are entirely withdrawn from our observation. Thus we often find extravasations of blood, the products of inflammatory secretion, changes in the membranes, morbid states of the tissue, consisting in ramollissement, induration, adventitious growths, &c.; but these appearances are valuable to us, not because they explain in what manner the function was impeded, or in other words what

alterations took place in the arrangement of the ultimate nervous molecules, but because they are connected with certain conditions of the system less or more under the controul of our art. Such lesions, however, belong to a few only of the circumstances which are necessary to the proper performance of the nervous function; and in the nervous matter itself there may be myriads of other conditions, owing no connexion with any that are subject to our cognizance, but the disturbance of any one of which may be amply sufficient to occasion a fatal derangement. The imperfect pathology of epilepsy, chorea, mania, hysteria, hypochondriasis, &c., affords but too many illustrations of the truth of these remarks; and a still more striking testimony is borne by the autopsies of hydrophobia, and, as we have seen, of the scarcely less formidable disease under consideration. In all these instances, presenting no constant alterations of capillaries, of texture, or of secretion, we are forced to believe that the essential morbid change, whatever it be, must exist in those parts or actions of the mechanism which lie beyond our perception.

Many conjectures have been thrown out as to the division of the nervous system which is more particularly involved; but the prevalent opinion (which originated with Galen) is, that the spinal cord is the principal seat of the disease; an opinion founded upon the idea that this organ is the primordial agent of voluntary motion. Fernelius is very confident upon this subject—“*Hujus morbi causam et vitium in spinæ initio contineri extra controversiam est.*”* The same opinion, we are told by Dr. Abercrombie, was entertained by Hoffmann, Ludwig, Lieutaud, Burserius, and Belfingerus. The absence of any derangement of sensibility or of intellect in tetanic patients has led most observers to the conviction that the brain is not involved; but others, and among them Fournier-Pescay, fancy that this organ cannot be said to be free from disorder, inasmuch as the spastic action extends to muscles which derive their nerves from within the cranium. This doubt, however, cannot weigh with those who believe that all the cerebral nerves, as they used to be called, are capable of being traced into the medulla oblongata, or at least into its superior prolongations. On the other hand, it cannot, we think, be maintained that the disease is confined to the spinal cord. The early symptoms, namely, the stiffness about the throat, and the spasms of muscles supplied with nerves from the medulla oblongata, prove beyond all question that this part is first affected, and that in simple trismus there is no reason to think the cord at all implicated. Whether in more general tetanus the spasms are primarily excited by irritation of the cord, or of some remoter organ, cannot be fully determined till the physiology of these organs is better established. The possibility of the spasms being originated in the medulla spinalis may, we think, be fairly deduced, were other proofs

* Vol. xv. p. 289.

† Lond. Med. and Phys. Journ. vol. xxiv.

‡ Disease of the Brain and Spinal Cord, p. 396.

* Pathologia, lib. v. cap. iii.

wanting, from the experiments of toxicologists. Thus Professor Emmert of Bern found that on inserting the extract of false *Angustura* bark into the hind leg of an animal, after its spinal cord had been severed at the loins, the hind-legs as well as the fore-legs were thrown into spasms; and also, that if the medulla oblongata be cut asunder, and respiration artificially preserved, universal spasms might be produced by the introduction of the same substance.* But the researches of Flourens and Magendie prove that the cerebellum is so importantly concerned in muscular motion, that it would be wrong to leave this organ out of consideration, when reasoning upon the seat of such a malady as tetanus; a conviction rendered still more forcible by a case related by Orfila and Ollivier of poisoning by *nux vomica*, in which there was "found much serous effusion on the surface of the cerebellum, and softening of the whole cortical substance of the brain, but especially of the cerebellum."†

One of the most laborious and ingenious inquirers into the functions of the nervous system, Dr. Bellingeri,‡ attempts not only to determine the seat of tetanus, but to describe the limits peculiar to its separate varieties. Thus, as he supposes the motions of extension to depend upon the cerebellum and the posterior strands of the spinal cord, while those of flexion originate in the anterior strands and in the cerebrum, the former parts must in accordance with this hypothesis be affected in *opisthotonos*, and the latter in *emprosthotonos*. The reception of this explanation will depend on the estimation in which the Italian professor's doctrine of nervous antagonism is held; but we have no space for a discussion of its merits.

Treatment.—In this division of our subject we regret that we can do little more than recount a series of defeats, incurred by almost every therapeutical agent that has been employed against the terrible malady under consideration.

Opium has been more extensively resorted to than almost any other remedy; and certainly some of its well-known qualities are calculated to excite considerable expectations of benefit from its administration in a disease of which spasm is the most formidable symptom. Some practitioners have fancied that their anticipations have been realized, and have published cases in corroboration of their good opinion of this medicine. But a careful scrutiny of these histories tends very little to alter the unfavourable estimate which our own experience has compelled us to form of its virtues in tetanus, for they nearly all appear to have been instances of the milder form of the disease. We have known half-ounce doses of the tincture administered at brief intervals in acute

cases, and not the least impression made on the system. In some instances, when stupor has been produced after immense doses, there has been any thing but a remission of the morbid action of the muscles; and the observation of cerebral diseases constantly shews us that coma and spasms are by no means incompatible. There are several cases on record proving the enormous quantities that may be administered with impunity, though not with benefit. It is right to mention, however, that under the treatment of Dr. Gloster of St. John's, Antigua, a negro who had contracted the disease from exposure to cold at night, recovered after taking the drug for seventeen days, and the greater part of that time in doses of twenty grains every three hours.* Mr. Abernethy once found 3xxx of solid opium undissolved in the stomach. Systematic writers uphold the employment of the medicine, but it would appear for theoretical rather than for practical reasons, while those who give the results of their own experience express the greatest dissatisfaction with the remedy. Among the latter we find the distinguished names of Rush, McGrigor, and Fournier-Pescay. The strongest testimony in its favour that we have met with, is that of Baron Larrey; † he was in the habit of exhibiting it with camphor and nitre in emulsion of almonds, in which combination he found it most easily swallowed. Dr. Latham was very partial to its use in combination with *ipecacuanha*. There are on record three cases by Professor Mursinna of Berlin, treated with opium, in doses of from fifty to one hundred drops of the tincture every hour. ‡ They all recovered; but it is scarcely necessary to add that they were all idiopathic and apparently mild.

Bleeding, one of the most powerful of our antispasmodic resources under certain circumstances, has been the subject of some diversity of opinion, as to the propriety of its employment in tetanus. Few, however, are averse to it in the very beginning of the attack. The best guide in this as in many other diseases is the constitution of the individual; in some habits we have not the least doubt that it would aggravate the violence of the disease.§ There is not the least evidence to prove that it has any directly curative effect on tetanus; and if it exerts any beneficial influence, it is only as a preparative or auxiliary to other measures. Dr. Dickson advises its use as a preventive of the traumatic species, when the wound is inflamed and swollen, and the habit plethoric.|| Mr. Earle found it a very useful palliative in a case which ultimately terminated in death. In one of the successful cases related by Hennen, venesection was one of the measures em-

* Good's Study of Medicine, iv. p. 362.

† Op cit. p. 271.

‡ Edin. Med. and Surg. Journal, vol. ii.

§ Dr. Cullen says, "Bleeding has been formerly applied in this disease; but of late it has been found prejudicial, excepting in a few cases, where, in plethoric habits, a fever has supervened."

|| Med. Chir. Trans. vol. vii.

* Christison on Poisons, p. 761.

† Christison, p. 757, quoted from Arch. Gén. de Méd. viii. 18.

‡ A very good abstract of this author's doctrines is given in the Edin. Med. and Surg. Journ. for Oct. 1834 and Jan. 1835.

ployed, but the case was confessed to be chronic. Larrey speaks favourably of the measure, and Sir James M'Grigor, though it appears in his catalogue of remedies that had generally failed, seems disposed to recommend it for want of a better resource. Perhaps, in the present state of our knowledge, the most that we can say for the measure is, that till we are better acquainted with the pathology of the disease, it would be scarcely justifiable to lose sight of a remedial agent, of which experience, independently of theory, shews us the utility in a very extensive range of diseases, and which is known in some complaints to exert a most powerful controul over symptoms which constitute the severest part of the malady under consideration. It is almost superfluous to hint that great caution must be used in the application of the remedy, as the production of syncope might be immediately fatal. No better rule can be devised than that of Aretæus: "ἰσάπαξ ἀφαιρέειν, εὐμέτρως, μὴ μέχρ' λειποθυμίας καὶ πείρῃ ἵδριος."^{*}

The warm-bath would for obvious reasons occur to the mind of any practitioner who had had no previous experience of the disease, and there is a certain amount of testimony in favour of its employment, but the majority of observers have rather relinquished it as useless, or condemned it as prejudicial. Among the latter was Dr. Hillary of Barbadoes. The cold-bath has had strong recommenders, particularly Drs. Lind and Currie. The latter, in his Medical Reports,[†] gives the case of a young soldier, in which immersion in cold water, after being pushed to the greatest possible extent, was quite successful; but after reading this case, we are disposed rather to think of the singular good fortune that prevented the patient from dying in the middle of the experiment, than encouraged to adopt it in our own practice. Sir James M'Grigor pronounces the measure to be "worse than useless;" and Dr. Parry's testimony is scarcely less condemnatory.[‡] We remember a case in which it greatly aggravated the violence of the spasms. Mr. Morgan relates an instance that occurred in St. Thomas's Hospital, in which a tetanic patient was plunged into a cold-bath at his own request—"All the symptoms disappeared in a moment, and he was almost immediately taken out of the bath—but he was taken out lifeless."[§]

Cold affusion has the warrant of very ancient authority. Hippocrates prescribes it in the idiopathic species, but strictly limits it to cases of this kind.|| In other cases, he advises warm fomentations and inunction.¶ Schenckius records two instances of successful treatment by cold affusion.** The most earnest of the modern recommenders of this measure are Drs. Wright and Currie. The former,

in a paper which was published in the London Medical Observations, detailed its good effects in the West Indies. The latter adduces two cases in which it was used in conjunction with other remedies, and which recovered; but they were both of the chronic kind. Latterly there has been but little experience of its beneficial operation.* It has been tried upon animals affected with tetanus and failed; there is a ludicrous account of its unsuccessful application in the case of a horse, in one of Mr. Abernethy's lectures;[†] and Dr. Parry states that it was quite useless to some lambs which were suffering from the disease. Dr. Elliotson relates an instance in which, after a pail or two of water had been dashed upon a tetanic patient, he fell down dead as if shot. In connexion with this subject we shall introduce a curious case, narrated by Sir James M'Grigor, of a soldier who recovered, apparently in consequence of exposure to wet and cold. "The symptoms of the disease occurred from a slight wound of the finger, and are stated to have been unusually severe. As it was impossible to think of leaving the man in the wretched village where he was attacked by the disease, he was carried on a bullock-car after the battalion. During the first part of the day he was drenched with rain, the thermometer standing at 52°; but after ascending one of the highest mountains in Gallia, the snow was knee-deep, and the thermometer below 30°. The patient was exposed to this inclement weather from six o'clock in the morning till ten at night, when he arrived half starved to death, but perfectly free from every symptom of tetanus."

Among the measures directed immediately against the spasms, we may mention tobacco in the form of enema, strongly recommended by Dr. O'Beirne, in consequence of a case apparently cured by the use of this substance.[‡] In the Peninsula, "when tried in the advanced stage, it seemed to have no effect;" (M'Grigor.) Musk is extolled by Fournier-Pescay, who boasts of having been the first practitioner who had treated with success an acute traumatic specimen of the disease. His dose was ten or fifteen grains; and he often gave two drachms in the course of the day. Ammonia is mentioned by the latter author as having been very efficacious in the hands of M. Francois. Oil of turpentine has been lauded for its power of relaxing the spasms in certain cases of locked-jaw, but they appear to have belonged to the milder species. We have already mentioned an instance that fell under our own observation.

Dr. Rush, believing the diathesis in which the disease occurs to be one of debility and relaxation, administered wine and bark with a liberal hand, and not without success. Others have confirmed his opinion of these remedies,

^{*} De Curat. Acut. Morb. lib. i. cap. 6.

[†] Vol. i. p. 136.

[‡] Op. cit. p. 22.

[§] Op. cit.

|| Aph. 21. sect. v.

¶ De Intern. Affect. sect. v.

** Observationes Medicæ Rariores, lib. i. p. 127.

* In the Revue Médicale, 1833, there is a case of considerable severity in which it appeared to do good.

[†] Lancet, vol. v.

[‡] Dub. Hosp. Rep. vol. iii

at least in the chronic species. In a case of this description, which lasted forty-two days, Dr. Currie administered one hundred and ten bottles of port wine.* Some authors advise ardent spirits in large quantities, and one of them goes so far as to advise us to produce intoxication, but this is no easy matter. It is scarcely less difficult in tetanus to intoxicate with alcohol, than to induce stupor by opium.

Mercury has been tried both externally and internally, and generally failed; the same insensibility being manifested in the system to the peculiar operation of this medicine as of those just mentioned. The indication for its employment is by no means obvious, and we are inclined to believe that the principle which first suggested the use of it, was that of exciting a commotion in the body, which in some way or other should render it a less convenient habitation for the disease; a principle upon which, however much they may be ashamed to confess it, practitioners have been but too often compelled to act. Among those who speak most favourably of this medicine is Dr. Rush, and apparently in consequence of his notion that it has a tendency to create a tonic diathesis.

The following is Sir James M'Grigor's summary of experience respecting the remedies which we have mentioned.

"The remedies which have been chiefly trusted to for the cure of this formidable disease are opium, mercury, wine, warm and cold-bath, venesection, ipecacuanha, and digitalis in large doses, enlargement of the original wound, and amputation of the limb. These have been tried alone and in various combinations, and I am obliged to confess that the whole failed in almost every acute case of tetanus which occurred. The three first have been administered in unlimited doses without effect; the cold-bath is worse than useless."

Dr. Elliotson, encouraged by the success which he had met with in the treatment of chorea and other neurotic affections by the sub-carbonate of iron, was induced to exhibit this substance in three cases of tetanus, two of which recovered.† The doses were from ʒij to ʒiʒ every two hours, administered in treacle. He is said to have stated in a lecture delivered at the London University, that a gentleman in the West Indies had been very successful with the same remedy since the publication of the above cases.‡

If there be one class of remedies on which we should be inclined to put more reliance than on another, it is that of purgatives, both on account of the obstinate costiveness which attends the disease, and because we have in daily practice such convincing proofs of their strong revulsive influence on diseases of the cerebro-spinal centre. Hamilton and Abernethy, the chief advocates of this treatment, founded their expectations of its efficacy less upon the principle of counter-irritation than on their views as to the frequent origination of

the disease in depraved conditions of the abdominal secretions. M'Grigor and Hennen consider purgatives to be some of the most hopeful of our remedies. The quantities required in some cases to produce any effect are all but incredible. In a case related by Dr. Briggs* the following quantities were administered: "The quantity of medicine taken from first to last is certainly very large, amounting, as far as can be ascertained, for the first twenty-five days, to calomel gr. 320, scammony gr. 340, gamboge gr. 126, powder of jalap ʒv. and ʒviiss, infusion of senna, with tincture, lbʒʒ, colocynth pill ʒiiss and gr. 45; of which the greatest part was taken within the first week, namely, calomel 280, scammony 260, gamboge 110, jalap ʒiij, gr. x., infusion lbʒʒ. The quantity given in little more than forty-eight hours, from the morning of the seventeenth, is perhaps unprecedented in this country, amounting to, scammony gr. 210, gamboge 89, jalap ʒj. and ʒiv., infusion lbʒʒ., colocynth gr. 80, and all this without causing either sickness or griping, but, on the contrary, with the most decided benefit."

Mr. Morgan, utterly dissatisfied with all the attempts that have hitherto been made towards the cure of the disease in its acute form, proposes to introduce into the system a substance which has the property of producing on the nervous system a condition directly opposite to that which is developed in tetanus, namely, paralysis. In support of the propriety of this plan, he adduces some experiments on animals, in which the artificial tetanus induced by inserting into the wound a poison called "chatic," and obtained from Java, was removed or abated by the counteraction of ticunas, a North American poison.† We are not aware whether this able surgeon has followed up his experiments by trials on the human system, but we quite coincide with him in the opinion that it is incumbent on us to look about for new remedies since the old ones have all failed. Upon this ground we are disposed to suggest a trial of strychnia; not that we have become followers of Hahnemann, but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of producing similar affections. It is quite unnecessary to explain this fact by an arbitrary principle, that an artificial irritation excludes a spontaneous irritation of the same kind. A more rational ground for an expectation of benefit from homœopathic medicines may be found in the consideration, that such agents prove by their occasional production of symptoms like those of the disease to be treated, that they act on the part which is the seat of that disease, and consequently that there is a probability that in their operation on that part, (whether it be in a sufficient degree to produce a similar disease or not,) they may effect a beneficial change. Oil of turpentine, for instance, having been known to produce a discharge of bloody urine, might be rationally administered

* Med. Reports i. 148.

† Med. Chir. Trans. vol. xv.

‡ Med. Gaz. vol. xi.

§ * Edin. Med. and Surg. Journ. vol. v. p. 149.

† Op. cit.

in a case of spontaneous hæmaturia, not because it has a tendency to produce this disorder, but because that tendency shews it to have a specific action on the vessels from which the hemorrhage takes place. As to the dangers incurred in the experiment which we propose, we think it sufficient to say with an old writer, "Satiùs est aliquid nonnullà fiducià, vel cum periculo facere, quam ademptà spe certo perire; et potentibus extremisque præsidii pugnare, quam nihil agere."*

The application of blisters, moxas, the actual cautery to the spine, and a hundred other remedies and plans of treatment have been proposed, with an account of which we have not thought it worth while to burthen our pages. Tetanus, like cholera and other intractable disorders, has a host of alleged remedies, the very multitude of which is a proof of their inefficiency.

Of the local treatment of the traumatic species we have nothing more to say, than that very little benefit appears to have been derived from the various methods to which surgeons have resorted. Amputation of the injured limb, counter-irritation in the wound, division of the neighbouring nerve,† pressure by the tourniquet, stimulating applications, &c. &c. have been found useful by some, and altogether inefficacious, if not prejudicial, by others. For more particular information upon these points we must refer to works on surgery.

(J. A. Symonds.)

TONICS, (τονικά, from τῶς, *tension, tone.*)

—Tonics are medicinal agents that restore the sound and healthy elasticity, the strength and the vigour of the body when it is weakened and relaxed.

When an individual is in good health, and in vigour of body, the muscles or moving organs feel firm and tense; they act regularly and powerfully, and there is that voluntary reaction or state of extension between antagonist muscles, as Galen has justly remarked, by which they are removed from a modification of rest, and in which the one yields to the other, not from debility, but in the precise ratio of the power exercised over it; and this whether the muscles are involuntary, or those under the control of the will. This is a state of *healthful tone*. On the contrary, when the muscles feel soft and flabby, when the action of the involuntary is languid and the voluntary do not rapidly respond to the will; when there is a strong inclination for rest and indulgence; and when the movements of the body or its parts are performed with difficulty, this is a state of *deficient tone* or *debility*. That both these states are connected with the condition of the muscular fibre, may be demonstrated by detaching a muscle from the bodies of two animals, in these opposite conditions, and ascer-

taining its strength by appending weights to it: the muscle taken from the healthy animal, or that in a state of *tone*, will sustain a much greater weight than that which is in the opposite condition. Hence, to a certain extent, *tone* implies a difference in the mechanical condition of muscles, a greater degree of density and cohesion of their ultimate component fibrils; but this must be also joined with elasticity, that is, the power of resisting extension to a certain degree, and of restoring the previous condition, when the extending cause is removed, before the muscles can be said to be in the state of perfect tone. That this state is truly the result of vital energy is evident; for the same muscle, after a short time has elapsed, loses the power of sustaining the weight which it at first supported; and this in proportion to the distance of time from that of its separation from the living body.

Medicines, or medicinal agents which produce this state of healthful tone, and renew and maintain the tension and vigour of the muscular fibre, are thence denominated tonics. They do not act in an obvious or appreciable manner on the healthy body; but their influence is powerfully displayed in its relaxed or debilitated condition. They act on the vital principle through the medium of the nerves; and, as far as their mode of operating is understood, they may be regarded as excitants. But it is undoubted that the excitement which is the result of the action of stimulants is always followed by proportional languor or collapse: how then, it may be reasonably inquired, can those substances which produce a permanent effect on the vital energy be regarded as excitants? Are we to suppose that the difference caused by general excitants, when they produce a tonic effect, depends on a state of the parts? If not, to what are we to attribute this diversity of effect from causes which are similar? It is difficult to reply to these questions; and we can only affirm, that there appears to be something in the nature of the stimulus, which regulates both the extent and the energy of its action; and, according to the degree of its powers in these respects, the effect which it produces is more or less transitory. If the nature of the medicine or agent be such as to induce a sudden and high state of excitement, it is as quickly followed by collapse; and the changes resulting in both states are sufficiently obvious. The agent in this case is a simple excitant. But when the nature of the medicine is such that the excitement is slowly induced on the tissue to which it is applied, and very gradually extended to other parts; when the consequent exhaustion is scarcely obvious; and when the stimulus is renewed before this is complete, the impression becomes in a certain degree permanent; and consequently there is a gradual abatement of exhaustion; while at the same time the increased vigour, which is the result of the action induced, remains: then the agent which thus operates is a tonic. Still we must admit that there is merely a modification of the same action in both these cases: if the dose of the stimulant

* Jason, de Morbis Cerebri, ex Valesio, cap. 21.

† A case in which this operation was beneficial may be found in the Dublin Journ. of Med. and Chem. Science, vol. v., p. 311. extracted from the Calcutta Med. and Phys. Trans.

be so reduced that the effect is slight, and it be repeated at short intervals, then the ultimate effect will be tonic: on the contrary, if the administration of the tonic be carried to excess, it will exhaust the powers of the system; and, if administered in a state of excitement, its effects will be as injurious as those of a direct stimulant. We are therefore authorized in regarding tonics as excitants, permanent in their effects, because gradual and moderate in their operation.

Nature of tonics.—Tonic agents are both mental and material. With regard to the first, experience has demonstrated that *confidence* and *hope* are powerful tonics. Every practitioner who has had many years' experience knows well the paramount importance of confidence in the treatment of diseases, and the great advantages derived by gaining ascendancy over the mind of a patient. In the same manner, *hope* operates as a powerful tonic. Deprive a patient of this solace, even after his disease is removed and debility alone remains, and there can be no solid assurance of his recovery to perfect health; inspire him with the hope that his recovery is certain, and the prognostic will seldom fail to be realized. It is much easier to demonstrate the power of these mental agents, than to explain their mode of action: the limits of this article will not permit us to enter upon the subject.

With regard to the second set of tonic agents, or material substances, some writers* have maintained that *bitterness* is essential to all tonics, or, in other words, is the tonic principle; others† that tone is the result of the influence of three distinct matters,—namely, *extractive*, *tannin*, and *gallic acid*; and others, that it is produced by an alkaline or azotized principle. But it does not appear that *bitterness*, or any single quality of matter, can alone be regarded as productive of tone. It is, it is true, a quality of almost all vegetable tonics; but many substances which are simple bitters, such as quassia, display less tonic influence than those which possess both an aromatic and a bitter quality. Bitters alone scarcely affect the force of the circulation; aromatics operate in too transitory a manner, and stimulate too powerfully; but in combination each aids the other, and, indeed, the most powerful vegetable tonics contain these two qualities conjoined. It is by no means, however, a tenable position that bitterness is essential even to vegetable tonics; for example—pure tannin, which possess considerable corroborant powers, contains little or none of this principle; and it is even less tenable that nitrate of silver and some other metallic salts are indebted to their bitterness for the tonic powers which they possess, as asserted by the justly distinguished author of the *Pharmaologia*.

With regard to *extractive*, *tannic*, and *gallic acids*, the first substance, although existing in large quantity in all vegetable tonics, certainly cannot be regarded as alone capable of

operating as a tonic. What is usually regarded as extractive is a brittle, brown, shining substance, soluble in water and alcohol, but insoluble in ether. When oxydized, it becomes insoluble in water and inert. Extractive certainly has a tonic influence, but it is much modified by circumstances: it is generally in combination with tannin, which also is liable to variation, both in its characters and in its powers; and although it exerts an evident tonic influence on the living solid, yet its effect is more that of an astringent than of a tonic; and the same may be affirmed of gallic acid. If it must therefore be admitted that each of these substances operates as a tonic *per se*, it must also be admitted that they cannot be regarded as tonic principles, because they are not individually or collectively present in all tonics. It is scarcely necessary to make any comment on the opinion which regards tone to be the result of an alkaline or azotized substance; the other principles already mentioned operate as undoubted tonics; and the inference is evident that no single principle can be regarded as the sole cause of tone. This opinion is confirmed by the experiments of Dr. Crawford, who ascertained this curious fact, "that the property of strengthening the intestines and of weakening the skin, is common to all the substances justly celebrated for the cure of intermittent fevers." This power, he found, belongs to ipecacuanha, tartar emetic, muriate of ammonia, gentian root, chamomile flowers, and Peruvian bark. Indeed, when we reflect on the diversity of character and the number of the medicinal agents that produce tonic effects, it is evident that tone is the result of certain impressions on the vital tissues which may be communicated by many substances, and therefore that the hypothesis which refers it to any single principle cannot be maintained.

Action of tonics.—If a moderate dose of any tonic substance be taken into the stomach, its influence, even upon the organ into which it is introduced, is scarcely perceptible; but on repeating the dose at short intervals, its power in controlling the functions, not only of the stomach itself, but those of the other vital organs of the body, becomes gradually obvious; the appetite is improved, the powers of assimilation are augmented, the secretions altered, and a fresh energy and vigour infused into every part of the system. We proceed to examine in what manner these effects are produced, first on the digestive organs, and afterwards on each of those systems in which we can trace the influence of the agents employed.

1. *On the digestive organs.*—When a vegetable tonic is taken into the stomach, it is first partially digested, and the active matter is thus separated from the inert. This active part then exerts its influence upon the mucous membrane of the stomach, and the bundles of muscular fibres beneath it suffer contraction: the same circumstance occurs through the whole length of the intestinal canal; the coats of the intestines become firmer and more resisting, whilst their cavity is contracted. The primary action, therefore, is upon the stomach and ali-

* Dr. Paris, Dr. Chapman.

† Barbier, &c.

mentary canal; but a secondary follows it upon the rest of the system. It is scarcely possible to refer the extension of the tonic power to any thing but nervous energy; although some of the metallic tonics are absorbed and carried into the circulation, and the vegetable tonics never produce their effects until their active principles are separated by the digestive function, and time is given for their absorption; but admitting that they are carried into the circulation, still the impression which produces their tonic effect must be made on the nervous centres, and it is thus extended over the entire system.

If the stomach is labouring under disease, the action of tonics produces effects which require to be noticed. When the stomach is suffering from relaxation of its coats, a salutary effect follows the administration of tonics; the appetite is awakened, and chymification is favoured. When simple irritation exists, tonics increase the evil: this is manifested by a red, dry tongue, and thirst, pain and fulness of the epigastrium, anxiety, and a strong desire for acidulous and cold fluids. If ulceration of the stomach exist, and this at the cardiac portion, little effect is produced by a tonic; but if it exist at the pylorus, or in the great curvature of the organ, the impression of the tonic is made evident by a sensation of heat and pain which cannot be mistaken. Thus, in cancer of the organ, if ulceration have commenced, tonics cause great uneasiness, morbid secretions, vomitings, heat, and severe lacerating pains. A knowledge of these facts is highly important in a practical point of view.

As appetite and digestion are promoted by the operation of tonics on the stomach itself, it may appear singular that their frequent and long-continued use is generally followed by a loss of tone; but such is really the case.

2. *Upon the circulating and respiratory organs.*—Tonics act upon the heart through its sympathy with the stomach, and also by the absorption of the active principles of the substances employed, so that they can be directly applied to the moving centre and to the coats of the bloodvessels, and thus increase their muscular energy. After the administration of a full dose of a tonic medicine, the pulse is fuller and firmer, but the current of the blood is not accelerated. The tonic strengthens the organs without precipitating their action. This influence of tonics is extended to the capillary system. In a diseased condition of the heart, however, the influence of tonics is hurtful, and extends to other organs. When hypertrophy, for example, of the left ventricle of the heart is present, their employment causes cephalalgia, vertigo, ringing in the ears, and epistaxis, or congestions in the brain; when the right ventricle is the seat of this disease, the use of tonics is often followed by cough, oppressed breathing, and spitting of blood.

In a healthy state of the lungs, no appreciable effect on those organs follows the employment of tonics; but when labouring under disease, the influence of tonic substances on

them is conspicuous. In an irritable condition of the lungs they excite cough, a sensation of heat in the chest, and a feeling of anxiety. In an inflammatory state either of the substance or the membranes of the lungs, the intensity of the symptoms is increased, the cough is augmented, and the expectoration suppressed. If tubercles be present, both bitters and astringents augment the cough, increase the general restlessness, and hurry on the fatal issue of the disease. On the other hand, when the lungs have suffered from previous severe disease, but all excitement is over, tonics lessen the force and frequency of the cough and promote expectoration.

3. *Upon the secreting system.*—It is chiefly upon the renal and subcutaneous glands that tonics exert any influence; but in adding strength to those organs, they do not increase their secreting powers: the action of the glands is maintained in that state which they preserve in health. Tonics produce no marked action on the urinary organs in a state of health, but in disease they invigorate the kidneys and secure their ordinary operation. In an irritable state of these organs, tonics add to the mischief; but in a leucophlegmatic condition, tonics increase the urinary discharge; they enter the circulation and augment the vitality of the kidneys. They also increase the energy of the cutaneous capillaries, and consequently are indicated in cases of great debility accompanied with profuse sweating. In some conditions of the skin, they suppress the perspiratory function, as in some fevers, in which their administration is rapidly followed by a dry burning skin.

4. *On the muscular system.*—It is upon the muscular system that tonics chiefly display their influence; and they are supposed to act upon it through the medium of the nerves. Every muscle is amply furnished with bloodvessels and nerves, both of motion and of sensation; the latter, it is true, do not appear, “in invisibilem pulpam deliquescere,” as Blumenbach expresses himself, and then unite intimately with the muscular tissue; nevertheless any excitant, before it can produce a change in the condition of a muscle, must necessarily act at the same instant on the nerves of the part; and the discoveries of Bellingeri and Sir Charles Bell have satisfactorily demonstrated that no motion can occur in the body without the medium of at least one set of nerves. But the change effected upon muscles by tonics does not augment their contractile power; and, although it strengthens them, yet it does not render them more agile: tonics, therefore, in reference to this system, render a man stronger or more capable of active exertion, but not more active.

It is scarcely necessary to remark that the influence of tonics on the muscular system is much modified by disease.

5. *On the nervous system.*—On the nervous system tonics operate in two ways:—1. by their direct and topical influence on the nerves of the stomach, which convey the impressions they receive to the brain and spinal cord, and

through them to every part of the body: 2. by their active principles being taken into the blood, and carried to the nervous centres. The impressions made in either of these cases do not display any obvious effects on the brain in a healthy condition of the body; but in the opposite state their effects are very striking. Thus in an irritable condition of the encephalon, tonics produce symptoms approaching to those of maniacal excitement, and diffuse over the body an augmented susceptibility to external impressions. If the medullary portion of the spinal cord is morbidly excitable, tonics are apt to induce spasmodic movements: if the theca be inflamed, all the symptoms are augmented; heat, tension, and tenderness are experienced along the course of the spine; and the diseased condition of the part is confirmed.

The effects of tonics upon the general system are never rapidly displayed; but after they have been taken for some time, their influence is obvious by the increased force of the circulation, the greater energy of the digestive organs, the improvement of the secretions, the abatement of nervous susceptibility, and the augmented power in particular which is communicated to the muscular system. The effect of a tonic, when administered under proper circumstances, and when it operates favourably, is, in fact, to place the system in that state which characterises health; and from the mode by which it produces this effect, the description of diseases in which tonics are indicated is sufficiently obvious: they are evidently those of depressed power.

The chief utility of tonics as medicinal agents is in convalescence, when there is a state of great debility after attacks of acute diseases; but in this condition, the power of tonics is required to be aided by that of moderate excitants; and a combination of bitters and aromatics is found to be more useful than simple tonics.

The view which has been taken of the operation of this class of medicines enables us to arrange the agents belonging to it into two distinct sub-classes, *material* and *immaterial*; and these again into four orders, namely,—1. *material tonics*, which produce their effects by a direct or primary action on the stomach; 2. *material tonics*, which operate through the medium of the blood; 3. *material tonics*, which influence the body solely through the nerves; 4. *immaterial tonics*, which operate through the mind.

1. The *organic products* which belong to the first of the above orders are alkaloids, resins, bitter extractive, tannic and gallic acids, and volatile oil.

a. The alkaloids are the active principles of the tonic barks; the first which we shall notice is,

a. *Cinchona*, the active principle of pale cinchona bark, *cinchona lancifolia*, and that also of Angustura bark, *cusparia febrifuga*. In the first of these barks it is combined with kinic, in the second with igasauric acid. It can be readily separated from either; but on account of its insolubility in water, one part requiring two

thousand five hundred parts of that fluid at 212° Fah. for its solution, it is never prescribed except in combination with an acid, and the sulphuric has been found the best adapted for this purpose. It is unnecessary to describe, in this place, the method of procuring *cinchonia* in a pure state: it is a white transparent salt, in needleform crystals unalterable in the air, displaying an alkaline reaction, soluble in alcohol and volatile oils, but only slightly soluble in ether; inodorous, and bitter to the taste. It is a compound of carbon, hydrogen, oxygen, and nitrogen.* The kinic and the igasauric acids, with which it is combined in these barks, have no influence on the animal economy, but they render the *cinchonia* soluble, and enable this tonic principle of the barks to be taken up both by water and alcohol. There is no reason why the kinate or the igasaurate should not be employed in their separate state; but the *sulphate* is more easily procured, and answers every indication that a tonic can be expected to fulfil.

The sulphate of cinchonia is formed by the direct combination of the alkaloid and sulphuric acid. It crystallizes in short, lamellar, truncated prisms, soluble in fifty-four parts of water at 65° Fah. and six and a half parts of alcohol of sp. gr. 817. With an additional quantity of acid a bisulphate is prepared, which crystallizes in acicular octohedral prisms, soluble in half their weight of cold water, and in an equal weight of alcohol.†

The pale bark, of which cinchonia is the active principle, although designated in the Pharmacopœias as the bark of *cinchona lancifolia*, is probably obtained from several other species of cinchona.‡ That usually preferred in this country is the *bark of Lima*, which appears to consist chiefly of the bark of the *cinchona glandulifera* of Ruiz and Pavon. Although it is almost inodorous in substance, its infusion and decoction are agreeably aromatic, and moderately bitter and austere, but not disagreeable, to the taste. All infusions and decoctions of astringent vegetables render its infusion, decoction, and tincture turbid, owing to the decomposition of the kinate of cinchonia, and the combination of its alkaline base with tannin, (*tannic acid*,) which produces an insoluble, inert, tannate of cinchonia. On this account not only are such vegetable infusions and decoctions incompatible in prescriptions with the preparations of pale bark, but infusion of galls is employed as a test of the goodness of the bark; the quantity of cinchonia being in the direct ratio of the

* The proportions are 20 equiv. of carbon = 122.4 + 12 hydrogen = 12 + 1 nitrogen = 14.15 + 1 oxygen = 8, making the equivalent of the salt 156.55.

† The sulphate consists of 156.55 parts or 1 equivalent of cinchonia + 40.1 or 1 of sulphuric acid + 36 or 4 of water, making the equivalent of the salt 242.55: the composition of the bisulphate is 67.241 of cinchonia + 17.241 of acid + 15.518 of water, = 100.

‡ *Cinchona nitida*, *C. hirsuta*, *C. scrobiculata* of Humboldt, and *C. glandulifera* of Ruiz and Pavon also yield pale bark.

abundance of the precipitate thrown down in the decoction by infusion of galls. In prescribing the fluid preparations of this species of cinchona bark, it should also be remembered that precipitates are produced in them by tartar emetic, the sulphates of iron and of zinc, the acetates of lead, hydriodate of iron, the carbonates of the alkalis, and the tinctures and salts of opium; but these precipitates do not render the cinchonia inert as the infusion of galls does, and by many of them it is not precipitated. With muriate of baryta no obvious change takes place, although that salt and also the kinate of cinchonia are decomposed; but both the muriate and the kinate of cinchonia which result are soluble salts. When sulphuric acid is added to the infusion or decoction of pale cinchonia, the kinate of cinchonia is changed into the sulphate, and the alkaloid in this state being more completely separated from the other components of the bark, it is advisable to acidulate with this acid the water to be employed for making these preparations. The simple tincture of bark is an alcoholic solution of the kinate, tannin, and colouring matter, and, consequently, it is a useful preparation in cases in which alcohol is admissible: the compound tincture is more stimulant than the simple, on account of the aromatics which it contains; but the ammoniated tincture is at least of doubtful efficacy, as far as concerns the cinchonia, as much of this salt is precipitated by the volatile alkali. The best preparation of this bark is the resinous extract of the London College; it consists of the kinate in the same combination as in the simple tincture, without the alcohol, and in a more concentrated state.

The Angustura or cusparia bark, besides cinchonia in combination with igasauric acid,* as an igasaurate, contains an acrid volatile oleo-resin, gum, extractive and muriate of ammonia, and traces of brucia: thence it is more excitant than pale bark, in whatever form it is prescribed.† Owing to the acid which it contains, and the absence of tannic and gallic acids, the infusion does not precipitate tartar-emetic and gelatine; whilst with nitric acid a precipitate of a lemon yellow colour is slowly produced, but it is affected by all the other substances that precipitate the preparations of pale cinchonia

* This acid is characterised chiefly by affording a pea-green precipitate with ammoniated sulphate of copper; it exerts no obvious influence on the animal system.

† It is of importance to distinguish the true from what is denominated false cusparia bark, which is supposed to be the bark of some species of strychnos, and exerts a poisonous influence on the stomach. It is distinguished by its solidity and weight being greater than that of the true cusparia; by the epidermis being covered with distinct, rust-coloured, warty elevations; by impressing a disgusting durable bitter on the palate instead of the aromatic bitter and slight acrimony of true cusparia; and particularly by the infusion in water acidulated with muriatic acid precipitating Prussian blue when tested with ferro-cyanate of potassa, whilst none is formed in the acidulated infusion of the true bark; and, finally, by nitric acid striking a deeper crimson colour than with the true bark, owing to the presence of brucia. This bark is often mixed with the true.

bark. The dose of the cusparia bark in the form of powder is from gr. x. to 3ʒ.

Quinia, another alkaloid, the active principle of the yellow cinchona bark, the *cinchona cordifolia* of the Pharmacopœias, differs from cinchonia in not being crystallizable when uncombined with an acid, and very soluble in ether. In other respects it resembles cinchonia in its chemical properties,* and, like it, combines with two distinct proportions of sulphuric acid, forming a sulphate and a bisulphate.† The former salt is procured in pure white silky needleform crystals, which effloresce in the air, and require seventy-four parts of water at 60° Fah., and thirty parts of boiling-water for their solution. The bisulphate crystallizes in quadrangular compressed prisms, generally truncated, soluble in eleven parts of water at 60.° and in nearly the same proportion in diluted spirit, but scarcely soluble in strong alcohol. On account of its greater solubility, the bisulphate is preferable in composition to the neutral sulphate, which is generally imperfectly converted into it by acidulating the mixture containing it with diluted sulphuric acid. These sulphates are precipitated from their aqueous solutions by the infusions of all astringent vegetables and lime-water: with acetate of lead, an insoluble sulphate of lead is thrown down, and an acetate of quinia remains in solution, which is a less irritating preparation than the sulphate, and may, consequently, often supersede it with advantage. No change is produced on either of the sulphates by the salts, a practical advantage of considerable importance.

The yellow cinchona bark is more bitter, but less austere to the taste than the pale bark; besides an acidulous kinate of quinia, it contains a small proportion of kinate of cinchonia, kinate of lime, a fatty matter, tannin, a red insoluble colouring matter which precipitates in the decoction as it cools, a yellow colouring matter, and fecula. The same substances which affect the infusion and decoction of pale bark also cause precipitates in those of the yellow, and are consequently incompatible in prescriptions with its preparations.

In the red bark, the *cinchona oblongifolia* of the Pharmacopœias, both the kinates which we have described are contained in almost equal proportions. It is more acidulous than either the pale or the yellow bark, and it seems to contain more tannin, and probably some free gallic acid, as its secretion strikes a deep blue-black with persulphate of iron. Its astringency and stimulant properties exceed those of the two other official species of cinchona bark.

These alkaloids, whether in a separate state

* The components of quinia are 20 equiv. of carbon=122.4+12 hydrogen=12+1 nitrogen=14.15 +2 oxygen=16, making the equivalent of the salt 164.55.

† The composition of these sulphates is—

	Neutral sulphate.	Bisulphate.
Quinia	80.9	63.5
Sulphuric acid	10.0	19.1
Water	9.1	17.4
	100.0	100.0

or in combination in the barks which yield them, are powerful tonics and antiperiodics. When they are received into the stomach, they operate topically upon its tissue, causing often a slight sensation of weight and uneasiness in the organ, dryness in the mouth, and an evident excitement in every part of the system; effects which differ from those caused by stimulants only in degree and in their permanency. It is to this sustained influence that we must ascribe their power of changing diseased into healthy action; and this does not seem to depend so much on the absorption of the alkaloids as on the impression which they make on the digestive organs being communicated by nervous sympathy to the rest of the system, and in part on the more perfect chymification which is the necessary result of the invigorated state of the stomach. In prescribing, therefore, either the cinchona or the cusparia bark, or the salts of their alkaloids, the topical effects which they produce point out the necessity of directing our attention to the state of the stomach and intestines before prescribing them, and of not administering them internally when these important organs are in a morbidly irritable condition. They are not, however, contraindicated on this account when they are introduced into the system either, according to M. Pointe's method, by rubbing them in fine powder upon the gums, until the whole is absorbed, cautioning the patient not to swallow the saliva; or, as Signor Broglia dal Perseco has proposed, by sprinkling them in fine powder upon blistered surfaces. The writer of this article has seen the first of these methods followed by the most beneficial results.

With respect to the question at one time much agitated respecting the period of fever in which cinchona bark ought to be prescribed, there still exists much diversity of opinion; but, notwithstanding the authority of Dr. Clarke of Newcastle, and Dr. Heberden, few practitioners in the present day venture to prescribe it at every period of the disease, or until a decided intermittent character be obvious, under which circumstances these barks and their alkaloids seldom fail to prove serviceable: indeed, this may be regarded as a general rule to guide their administration,—that whenever diseases assume an intermittent type, whatever may be their denomination, whether gout, rheumatism, eruptive fevers, catarrhs, or even phthisis, bark and its preparations seldom fail to be useful, and rarely or never are productive of injury. Even in local affections this rule holds good. Sir B. Brodie was consulted by a gentleman who had a spasmodic stricture of the urethra, which recurred in paroxysms every alternate night, and continued until five or six o'clock in the morning. The disease was cured by administering large doses of sulphate of quinia, at short intervals. In neuralgic attacks, also, which assume an intermittent type, it is equally beneficial; and in rheumatic inflammation of the sclerotic coat of the eye it may be almost regarded in the light of a specific. Circumstances nevertheless interfere to modify the influence of these barks and their preparations.

When hepatic symptoms are present, they prove invariably hurtful; and, indeed, every state of the habit indicating inflammatory action should be subdued before they can be properly prescribed. Their efficacy is also modified by local and topographical circumstances. In India, says Mr. Annesley, although the bark is the grand remedy in fevers during the cold season, it fails in the rainy season, during which calomel and antimony only prove useful. With respect to the doses in intermittent affections, some physicians of deserved reputation recommend large doses;—namely, ʒiii. of the powder of bark, or gr. x. of the sulphate of cinchonia or quinia, either immediately before or after the paroxysm; but we have found that more certain benefit has followed the administration of doses of gr. ii. repeated every hour or every second hour during the interval than of large doses at long intervals.

Besides the forms of administering the alkaloids which have been described, they have been administered per anum, and have cured agues, but in this form they are apt to cause violent colic.

The *resinoids* differ from the tonic alkaloids in their chemical properties, and have not equal powers as tonic agents, although their influence is still considerable. The most energetic of this class is undoubtedly *salicin*, the active principle of the bark of the *salix alba*, and of some other barks in the same natural family of plants. It is procured in white acicular prismatic crystals, extremely bitter, and soluble in a moderate degree in water and alcohol at 60°; but not at all in ether or volatile oils. In its ultimate components it differs from cinchonia and quinia in containing no nitrogen.* It forms precipitates with infusions of astringent vegetables, acetate of lead, and tartar emetic. The bark from which it is chiefly procured, that of the white willow, was introduced to the notice of the profession as an antiperiodic by Dr. Stone; but, as it required to be administered in very large doses, it never became a popular remedy. Salicin has set aside this objection: it operates in the same doses as the cinchonic alkaloids, and being much cheaper than them, it is likely to be soon very generally employed. Baths made with a decoction of willow bark are employed, on the continent, in weakness of the lower extremities in infants. The tincture is the best preparation of the bark; but the introduction of salicin has nearly superseded the use of the bark in any form.

Piperina, another resinoid, has been still more lauded as an antiperiodic than salicina. It is obtained from black pepper, which has long been a popular remedy in intermittents, and was regarded as an alkaloid by its discoverer,† and others, until M. Pelletier demonstrated the fallacy of this opinion. It is a

* The components of salicina are 2 equiv. of carbon=12.24+2 hydrogen=2+1 oxygen=8, making the equivalent of the salt 22.24.

† M. Oerstadt, of Copenhagen. It consists of 80.95 parts of carbon+8.13 of hydrogen+10.92 of oxygen in 100 parts.

crystalline body; and when pure, its crystal is a flattish quadrilateral prism, with two parallel large and two small sides, terminated by an inclined plain, of a pale yellow colour and semitransparent; insoluble in cold water and scarcely soluble in hot; soluble in alcohol and acetic acid. Piperina is seldom altogether free from a pungent, very acrid fixed oil, with which it exists in combination in the pepper; thence its tonic powers are always combined with an excitant quality which necessarily modifies their influence, and must regulate its administration. This oil gives a pungent taste to the piperina, which in its pure state is insipid. The less pure it is, the more its acrid qualities are felt in the stomach and the intestinal canal: it causes great heat in the epigastric region, purges with colic, and leaves an uneasy sensation in the lower bowels, which continues for many days. These symptoms are due to the topical impression of the acrid oil contained in the piperina on the gastric tissue, as they are not experienced when the resinoid is quite pure; and to this oil, also, may be attributed the tingling sensation and eruption of small pustules which sometimes accompany the treatment of intermittents by piperina. It is by no means yet ascertained how much of the influence of the resinoid as an antiperiodic is due to this oil. As it exists in chamomile flowers, in which it has been discovered by the author of this article, it is also combined with a fixed acrid oil distinct from the volatile oil to which the aroma of the plant is due. Long pepper contains less of this oil, and although it also operates as an antiperiodic, its influence is less energetic.

These remarks suggest the question—Is the antiperiodic influence that of tone? In reply, it must be admitted that no simple tonic, wholly or nearly devoid of stimulant power, cures intermittents; and it is well known that perturbing powers of an immaterial kind, powerful passions of the mind, violent exercise, and such like; and also strong diffusible excitants, such as alcohol, opium, and ether, applied to the system at the moment of the accession of the rigor, have not only the power of checking a paroxysm, but even of completely breaking the catenation of morbid actions which constitute the disease, and consequently of removing it. It is true that a simple tonic operating for a long time steadily on the system may gradually subdue ague, but the effect is slow and progressive: on the other hand, the sudden beneficial influence of the excitant is seldom permanent; and thence we may conclude that although both tonics and excitants may be in strictness regarded as antiperiodic, yet that it is the combination of the two on which we must chiefly rely; and, consequently, if pure piperina be a simple tonic, it is less to be depended upon as a remedy for ague than when it contains some portion of the acrid fixed oil with which nature has combined it in the vegetable productions from which it is obtained. The dose of pure piperina is from four to six grains, but in its impure state it is seldom necessary to increase it beyond three or four grains, and

then its acrimony should be sheathed by combining it with some bland demulcent or simple bitter extract. In prescribing it, its insolubility in aqueous fluids must always be kept in view; and this is one disadvantage attending its use, as in the form of pill its primary effect being exerted on one portion of the stomach causes very uneasy sensations in the gastric region, which are not experienced from the salts of cinchonia, quinia, or salicina.

Gentian, *chironia centaurium*, lesser centaury, chirayita, and calumba, perhaps owe their tonic influence to principles closely resembling the resinoids, and consequently the above remarks are applicable to them. They can scarcely be regarded as antiperiodics, but their tonic influence is undoubted; and as simple corroborants, in convalescence from acute diseases, their freedom from irritant properties renders them more generally applicable than the antiperiodic tonics. The addition of an aromatic, when indicated, is always readily obtained by combining them with volatile oils in the form of oleo-saccharum, the doses of which can always be apportioned to the degree of stimulus required.

Bitter extractive, which is probably a compound of various vegetable products, exerts also a tonic influence on the diseased frame. We find it variously combined with other principles in Iceland liverwort, quassia, and simaruba barks, which have all been successfully employed in diseases either characterized by defective tone or debility, the sequel of acute affections which have exhausted the powers of the habit.

When a simple bitter is indicated, quassia will seldom disappoint the expectations of the practitioner, and it has the advantage of undergoing no chemical change when its infusion is combined with the salts of iron. It is particularly indicated in cases of dyspepsia connected with much irritability of stomach, in which, at the same time that it is necessary to allay this, the tone of the organ must be improved. In such cases quassia is advantageously combined, either with pure alkalies or with hydrocyanic acid. Thus combined, it fortifies the tissue, and supplies energy to the digestive organs without accelerating the pulse, or causing any increase of the animal temperature.

Bitter extractive is the tonic principle in many vegetable bodies. It is generally found in combination with gallic acid, tannin, and volatile oil, which, although when separate, or the principle components of the vegetable body, cannot be strictly regarded as tonics, yet when thus united with bitter extractive greatly aid its tonic power. It is that solid, transparent residue which remains in combination with other principles, when a vegetable infusion is slowly evaporated, and which is oxidized, and rendered insoluble in water, when the solution containing it is long boiled in contact with the air,—an effect which explains why long decoction of some medicinal barks renders them inert; why extracts, slowly prepared even in a water bath, are seldom active medicines, or are at least much inferior to those prepared in

vacuo. It is contained chiefly in roots, barks, and leaves; is inodorous, and varies in taste according to the nature of the other components with which it is combined in different plants, for it is never obtained in a state of perfect purity.

Bitter extractive is contained in combination with a resinoid, which has been termed calumbina, in the calumba root. The aqueous infusion of this root strikes a beautiful blue with tincture of iodine;* is precipitated by infusion of galls, yellow cinchona bark, acetate of lead, bichloride of mercury, and lime water; but not by muriate of baryta, sulphate of iron, nitrate of silver, nor tartrate of antimony and potassa. The new crystallized principle, *calumbina*, is procured from calumba by digesting the powdered root in ether, filtering, and evaporating. It possesses in an eminent degree the bitter taste of the root.

Dr. Duncan supposed that calumba root contains cinchonia, and certainly the action of reagents on its aqueous decoction might seem to confirm his opinion; but the examination of the root, by M. Planché and M. Guibourt, has not detected this principle in calumba. The central part should be separated before making an infusion or decoction of the root. As calumba possesses no astringency, and is little stimulant, it is perhaps the best tonic in phthical cases. It has also a considerable power in allaying the irritability of stomach accompanying pregnancy and dyspepsia, and, occasionally, dentition. Dr. Denman recommended it in the low stage of puerperal fever; and as a tonic, in combination with rhubarb and sulphate of potassa, it is extremely useful in the mesenteric affections of infancy and childhood. Calumba root is one of a few vegetable medicines which should be given in the form of tincture, the alcohol taking up the active principles only of the root. The dose of the tincture is from $\mathfrak{f}\text{ss}$ to $\mathfrak{f}\text{ssiii}$, and even more if the patient have been accustomed to the use of ardent spirits.

The root of *avens*, *gei urbani radix*, also owes its properties to bitter extractive. It has been little employed as a tonic in this country; but on the continent it is much used in intermittents, and in convalescence from acute diseases. It is also regarded as a useful corroborant in chronic diarrhoea and in scurvy.

Extractive is developed in *Iceland liverwort*, *cestraria Islandica*, by muriate of tin; gum by subacetate of lead; and fecula by the tincture of iodine. The tonic powers of Iceland lichen certainly depend on the bitter principle; and therefore, when it is employed as a tonic in

the latter stage of phthisis, the bitter should not be wholly removed. Even when it is to be employed as nutriment, there is too much anxiety to remove the bitter, a small portion of which is requisite for aiding the digestion of the fecula. But, as the bitter is very nauseous to many palates, a part of it may be removed by boiling the lichen twice, and adding to the first boiling a small quantity of any alkaline carbonate. The addition of five or six minims of diluted sulphuric acid, and $\mathfrak{f}\text{ss}$ of syrup of white poppies, to $\mathfrak{f}\text{ss}$ of the decoction, affords an excellent tonic in phthisis, and in cases of great emaciation from acute disease. In cases of chlorosis and imperfect menstruation, the decoction may be advantageously combined with sulphate or muriate of iron, as in neither case is any precipitate produced.

Marsh trefoil, *menyanthis trifoliata folia*, after losing 75 parts in 100 of its weight in drying, consists chiefly of bitter extractive, and a peculiar substance approaching to the character of animal matter. The infusion strikes a deep black with persulphate of iron, shewing the presence of gallic acid; throws down a copious precipitate with alum and muriate of tin; and also precipitates infusion of yellow cinchona bark. The extractive is rendered insoluble by solution of chlorine.

Menyanthes acts powerfully on the stomach, and in an irritable state of that organ produces a deleterious impression; it is taken into the circulation and stimulates the capillaries: nevertheless it is an admirable tonic, and would be much prized if it were less common. In large doses the infusion excites vomiting, and, under certain conditions of the body, purges or acts as a diuretic, as the surface is more or less exposed. It checks intermittents, and is peculiarly useful in rheumatism when it takes on an intermittent character. It was formerly much prized as an emmenagogue. On account of its nauseating properties, it is useful to combine it with aromatics.

Uva ursi was recommended by Dr. Bourne in phthisis pulmonalis; but the remedy has not succeeded in the hands of other practitioners. He combined ten grains of the powder of the leaves of the plant with fifteen grains of cinchona bark and half a grain of opium, and gave this mixture three times a day. The effect of this mixture was to lower the pulse without adding to its force: it palliated the symptoms, and, in some cases, appears to have effected a cure.

No adjunct to bitter extractive aids its tonic influence so effectually as volatile oil, and this combination is found in cascarilla bark, calamus aromaticus, and myrrh. The first, besides the oil and bitter extractive, contains resin and gallic acid, possesses antiperiodic powers, and has been substituted for cinchona bark in the treatment of remittent and intermittent fevers; but its influence in these diseases has been greatly overrated. As an aromatic it aids the powers of the pale cinchona bark, and those of the salts of cinchonia and quinia; but its infusion forms precipitates with infusion of the yellow cinchona bark, and is consequently in-

* This distinguishes it from a false calumba lately introduced, which is further known by its white colour, lighter texture, and its taste, which is at first sweetish, and not half so bitter as that of the true calumba. Its infusion also reddens the tincture of litmus; caustic potassa disengages ammonia from it; salts of iron precipitate its infusion black; and ether, digested on it, acquires a bright yellow colour; none of which effects are presented by true calumba.

compatible with it. Neither can it be prescribed with sulphate of iron, the salts of lead, or lime-water. It is useful in all cases in which a combination of a tonic and aromatic is indicated, as in flatulent colic, the latter stages of dysentery, and old asthmatic affections; and is peculiarly suited to cases of gangrenous thrush in infants, and in that state of languor and emaciation, accompanied with tumid tense abdomen, which depends on obstruction of the mesenteric glands. It is contra-indicated, however, when there is the least tendency to inflammatory action, and it has been accused of producing a tendency to hæmorrhoids. The virtues of the acorus *calamus*, or *calamus aromaticus* as it is usually termed, closely resemble those of cascarilla, and even exceed them in antiperiodic powers. The writer of this article has frequently seen both cinchona bark and sulphate of quinia, after failing to cure ague, succeed in rapidly removing the disease when conjoined with *calamus aromaticus*. The volatile oil, which is now procured in a separate state, may be used with advantage instead of the powder or infusion of the rhizome, in the form of an oleo-saccharum; and we cannot avoid remarking here the propriety of employing the volatile oils, in this form, in combination with the alkaloids and tonic metallic salts instead of the substances which yield them, as the latter often contain matters which decompose the salts and render them inert. If sulphate of quinia is prescribed in combination with the *pulvis aromaticus* of the Pharmacopœia, the salt is decomposed and an inert tannate of quinia formed; but no such effect follows the combination of this salt with the volatile oils of the various aromatics composing the powder. *Myrrh*, which is now known to be the product of the balsamodendron *myrrha*, is a compound of volatile oil, resin, and gum. It is a stimulant tonic, well adapted to cases in which the powers of the constitution have been worn down by chronic disease; as, for example, humid asthma and old obstinate catarrhs, as it stops the progress of that exhaustion which accompanies profuse expectoration: on this account, also, its watery solution, in combination with nitrate of potassa, camphor, foxglove, and opium, is often prescribed in phthisis; but it is only in the entire state that it can, in any way, prove beneficial in that intractable disease. It proves useful in chlorosis, and in defective action of the uterine system in pale leucophlegmatic girls, when combined with preparations of iron, particularly the ioduret of that metal; and added to oxide of zinc, its utility in a peculiar cough which occasionally accompanies pregnancy, of which the tendency is to induce abortion, is well ascertained.

The inorganic substances which operate as tonics are *metallic oxides*, *arsenious acid*, and some *metallic salts*.

With regard to the first of these preparations, it may be remarked that, when oxygen is combined in one definite proportion with a metal, the oxide is soluble in the animal fluids, and either enters the circulation, and is there de-

composed, or exerts a primary tonic influence on the stomach. It is those only of the latter description which we have now to notice.

Lime in its solution in water as lime-water, has generally been regarded as a moderate tonic of this kind; but its influence on the nerves of the stomach is rather that of a sedative than a tonic, allaying the irritability of the organ, and thereby favouring the secretion of a more healthy gastric juice, and consequently a more perfect chymification. It is only on this account that it can prove beneficial in dyspepsia, as its antacid properties are too trifling to be beneficial as a chemical remedy. Under any circumstances it is of little value. *Oxide of zinc*, although it has not fully realized all that was anticipated by the distinguished physician who introduced it into practice, is a tonic of much value. In the decline of diseases of a spasmodic character, it has been found extremely beneficial; as, for example, in whooping cough, when the cough is kept up by custom acting on a weakened, irritable frame of body. The most useful form of prescribing it is in combination with the pure alkalies, in an excess of which it is soluble. In this form it is especially indicated in that weakened condition of the digestive organs which induces psoriasis and some other cutaneous eruptions; the alkali allays the irritability of the stomach, whilst the oxide of zinc restores its tone. It is only the protoxide of iron that possesses active properties as a tonic; and this forms one portion of the scales from the anvil. Its action is slow, and, therefore, it is only adapted for those cases of general debility in which a permanent rather than a rapid effect is required; its efficacy is much increased by its meeting with acid in the stomach, so as to aid its solution and consequent absorption into the blood. The dose is from gr. v. to 3ss; and it is known to be in active operation by the black colour of the alvine discharges.

Arsenious acid exerts a most powerful antiperiodic influence in all affections of an intermittent character; but there are objections to its employment in this form, which would have altogether thrown it into disuse, had Dr. Fowler not suggested the combination of it with potassa, so as to form an arsenite, in the liquor arsenicalis, the arsenical solution of the pharmacopœias. In this preparation there is scarcely a sufficient quantity of potassa to saturate the whole of the arsenious acid. Each fluid drachm of the solution contains a grain of the arsenite, or half a grain of arsenious acid; consequently, the dose of eight minims, that generally commenced with, contains nearly 1-16th of a grain. In this dose, gradually increased, if necessary, to forty or fifty minims, the arsenical solution has been advantageously administered, as a tonic, for the cure of intermittents. With respect to its mode of acting, it seems to exert a primary stimulant influence on the stomach, assisting the digestive powers of that viscus; and, both by that effect and also by the extension of its tonic influence to the whole system, to remove the debility which favours the repetition of the intermittent paro-

xysm. The diaphoretic power may also add its curative influence in intermittents; as it is well known that many substances which have no other power than that of increasing perspiration, and consequently diffusing the blood equally over the system, cure agues.

The arsenical solution has been given, with benefit, in those cases of chronic rheumatism which assume an intermittent type: it has also proved occasionally useful in symptomatic epilepsy, chorea, and other spasmodic affections, as well as the tic douloureux and cephalgia. Its efficacy in lepra and some other cutaneous diseases, when given in conjunction with large doses of the pure alkalis with conium, is well established.

In the treatment of cancer, arsenious acid has been both internally administered and externally applied; but whilst the benefit to be expected from its administration is doubtful, its deleterious agency has been manifested in many cases, even where its use has been confined to the surface. When applied to an external wound, it sometimes causes almost immediate inflammation of the stomach, accompanied with violent vomiting and purging; and death is as likely to ensue in such cases as if it were internally administered.

Sulphate of zinc as a tonic exerts a primary influence on the stomach, but a secondary, also, on the general system. It is supposed to operate with less excitement than the other metallic salts, and to be well adapted for cases of phthisis and the humid asthma of old men; in both of which disorders, besides supporting the general tone of the system, it is supposed to diminish both the quantity and the acrimony of the expectorated matter. The acetate of zinc operates nearly in the same manner, but is less frequently employed as an internal remedy.

Sulphate of copper is a powerful but hazardous tonic. It has been given in doses of a quarter to half a grain in spasmodic affections, twice or three times a day. In chronic diarrhoea, in similar doses, it has been found to check the purging, and increase tone. It was resorted to in the attack of Asiatic cholera which visited our island; but, although it seemed to aid in lessening the discharge, the benefit was not such as would recommend its general employment. It seems to influence chiefly the nerves of the intestines, and thus, by increasing the tone of the bowel, to diminish the excretion of the exhalents. The dose of this sulphate, as a tonic, may be gradually increased to two grains, which ought not to be exceeded. The subacetate possesses the same properties in every respect, but it is even more apt to cause poisonous symptoms than the sulphate. The *subnitrate of bismuth* is free from this objection. It has been found to be particularly useful, in doses of from two to six grains in combination with one grain of opium, in pyrosis, affording almost immediate relief to the pain and sense of constriction which constitute the paroxysm.

Muriate of baryta also operates by a direct action on the stomach; it was introduced as a tonic in scrofulous affections, by Dr. Crawford, but it has not been generally employed. In

prescribing it, it should be recollected that it is decomposed by phosphates, sulphates, and all astringent vegetable infusions, insoluble inert compounds being the result of such combinations.

The tonics that operate through the medium of the blood are chiefly oxides, iodides, metallic salts, and the mineral acids. They all enter the circulation, and can be detected in the secretions.

One of the best preparations of iron, as a tonic, is undoubtedly the ioduret or iodide, already mentioned in the article *STIMULANTS*.* It possesses the advantage of the iodine as an excitant and deobstruent modified by the tonic power of the protoxide of iron; so that, whilst the former is affording activity to the capillary system, the iron is sustaining its tone, and improving its general vigour and energy. It has been found highly efficacious in all cases requiring the aid of a stimulating tonic, more especially in those connected with deficient uterine action, chlorosis, and glandular obstructions, and in every instance of debility that demands a stimulant impulse to be given to the capillary system.

The ioduret, it is useful to know, is incompatible with the mineral acids; the alkalies and their carbonates; the sulphates, both alkaline and metallic; the acetates of zinc and of lead; arsenious acid and arsenite of potassa; nitrate of silver, and all the soluble salts of mercury; solution of chlorine; gallic acid; tannin and aqueous infusions of astringent

* As the properties of this ioduret are still little understood, and as the specimens of it in the shops of the druggists are in many instances not what they ought to be, we shall enter a little more into detail respecting its preparation than was done in our previous notice of it. It is prepared by heating together, in a flask, equal proportions of clean, soft iron wire and iodine, with twelve or fourteen times their combined weight of distilled water; boiling the mixture until it wholly lose the colour of the iodine, and then filtering. The filtered fluid, which ought to be of a very pale greenish straw colour, should then be evaporated to dryness in a flask, terminating the process the instant the smallest appearance of the purple vapour of the iodine is perceptible. The flask should then be broken, and the ioduret, whilst it is still warm, put into a well stoppered bottle, and secured from the action of the air. Well prepared ioduret of iron is of a dark iron-grey colour, breaking with a crystalline fracture, and dissolving completely in twice its weight of distilled water. When exposed to the air, it rapidly attracts moisture and is decomposed, the iron parting with the iodine, and attracting oxygen so as to be converted into the peroxide, which, on dissolving the ioduret, falls down as an insoluble red or ochrous precipitate. This decomposition also occurs, when the filtered solution, whatever may be its degree of strength, is exposed to the air; but when a piece of clean soft iron wire is put into the solution, and permitted to remain in it for three or four days, and the fluid then filtered, it will keep limpid and undecomposed for any length of time. This solution is most convenient for medicinal use when it contains, in every fluid drachm, three grains of the ioduret; but it must be remarked that in solution it is changed to a hydriodate of the protoxide of iron, returning, however, to the state of the ioduret on evaporating the solution to dryness. In the dry state it is a compound of 28 parts of iron, and 126 of iodine, or one equivalent of each.

vegetables; the tinctures of kino, hyosciamus, and galls; sulphates of morphia, quinia, and muriate of morphia. On account of its deliquescent property it cannot be prescribed in the form of pill; and in solution it becomes a hydriodate. It is contraindicated in every condition approaching to that of positive excitement.

Nitrate of silver, the first of the metallic salts belonging to this division of tonics, communicates general vigour to the body, by acting primarily on the stomach; but it is also absorbed and taken into the circulation—a fact demonstrated by the leaden hue which it sometimes communicates to the skin of those who take it. Although it operates as a powerful escharotic when applied to the surface of the body, yet the vitality of the stomach is sufficient to resist its chemical influence: its dose may be carried to the extent of even five grains three times a day. The best mode of administering it is in the form of pills, made up with crumb of bread. It is always advisable to preface its use by emptying the stomach and bowels; for when much acid, either muriatic or acetic, exists in the alimentary canal, it is decomposed and rendered inert. No salt food, nor much salt, should be used by persons taking this nitrate, as these form an inert chloride of silver in the stomach.

Nitrate of silver was early employed as a tonic in the treatment of disease; but, from want of due precaution in its administration and the harshness of its operation, it fell into disuse. It was reintroduced by Dr. Sims of London, who employed it in the treatment of epilepsy, and from his success it became much used. In looking at its value in this disease, truth obliges us to say that, except in protracting the return of the paroxysms in symptomatic epilepsy, little is to be expected from its employment. In chorea, however, its merits have not been too highly extolled. It has also been given with great advantage in angina pectoris.

The administration of nitrate of silver is productive of one great inconvenience, which stands in the way of its general employment as an internal medicine—it is apt, (as already hinted,) in some habits, to give an indelible leaden or saturnine hue to the whole skin. With respect to the cause of this change of colour of the skin, if we admit that the nitrate is taken into the circulation undecomposed, and arrives in that state at the capillaries of the skin, we must also admit that it may be decomposed there, converted into chloride of silver, and deposited in the rete mucosum. The chloride acquires a grey leaden colour whenever it remains in contact with animal matter; and, as it is insoluble, it is incapable of being reabsorbed, and a permanent stain is given to the skin. This effect, therefore, happens whenever a more than usual quantity of muriates is separated by the cuticular capillaries. No remedy for this inconvenient effect of nitrate of silver has yet been suggested. We imagine that, by ordering diluted nitric acid, at the time of administering this salt, its de-

composition may be prevented; for, although we keep in view the difference between the living system and the laboratory of the chemist, yet it is not improbable that the employment of nitric acid may frustrate the evil by preventing the decomposition of the nitrate.

As a local tonic, the nitrate of silver has been lately successfully employed in chronic inflammation of the eyes; and to this local influence may be in great part ascribed its utility in diseases of the mucous tissues affecting the secreting surfaces, and in ulcerations, as recommended by Mr. Higginbottom. It is true that it acts in ulcerations by forming as it were an artificial cuticle of the part, which chemically unites with the nitrate; but we are inclined to believe that something is also due to its tonic power. On the same principle, it cures the inflammation of the cervix uteri dependent on increased irritability of the part.

All the salts of iron belong to the class of tonics now under consideration: the *subcarbonate* has, however, attracted the greatest attention; but owing to the nature of the preparation, it is a most uncertain medicine. The carbonate of the pharmacopœias is prepared by decomposing the protosulphate of iron in solution by subcarbonate of soda; but oxygen is so rapidly attracted from the atmosphere by the precipitate in drying, that it passes into the state of peroxide, and consequently loses its carbonic acid; and no means hitherto devised have been able to prevent this change from taking place.

To render this preparation perfect, the sulphate of iron should be recently prepared, or in the state of a protosulphate, as the oxide afforded by the persulphate does not combine with carbonic acid. When it is carefully prepared, this subcarbonate, according to Mr. Phillips, should consist of—carbonate of iron 40, + peroxide of iron 60, in 100 parts. But it is generally so carelessly prepared, that it does not contain more than ten per cent. of carbonate of iron. When properly prepared, it is soluble in the juices of the stomach, and is readily taken into the circulation; and, as the carbonate is undoubtedly the active principle, it becomes a matter of great importance that the carbonate should really be the salt administered; and this can always be ensured by making it at the moment it is to be taken. An aqueous solution of eight grains of protosulphate of iron, mixed with a solution of ten grains of subcarbonate of soda, and immediately swallowed, will afford a dose of ten grains of protocarbonate of iron in its most active state; whereas, a dose of the ordinary subcarbonate contains little more than a grain only of the salt. The dose of the subcarbonate is from ten grains to four drachms.

All the preparations of iron, whether those formed by the hand of nature in chalybeate waters, or those contrived by the artifice of man, exert a powerfully tonic effect. They increase the digestive powers of the stomach, stimulate the intestines, and, being dissolved in the gastric and intestinal juices, are taken up by the absorbents, enter the blood, and stimulate the

whole system. This is demonstrated by the pulse being rendered stronger and quicker, the heat of the body and thirst being augmented, the countenance rendered more florid, and the whole powers of the system being called into action. It has been denied that iron is absorbed into the blood; but a series of experiments, detailed in the second volume of the Bologna Commentaries, places the fact of its absorption beyond a doubt.

With regard to the medicinal powers of the salts of iron, the natural chalybeates are of eminent service in all cases requiring tonics: their primary effect is displayed on the digestive organs, whence their influence is propagated, rousing the nutritive faculty in every part of the body: they augment the power of the secretory system; and, by the moderate but permanent nature of the impression which they impart to the nerves, increase the tone and general vigour of all the functions. Something is undoubtedly due, at the same time, to the circumstances connected with drinking mineral waters at their source. But tone follows the use of iron in all its forms, and therefore its preparations are employed in every disease connected with relaxation or debility, particularly of a chronic kind: dyspepsia, hysteria, amenorrhœa, leucorrhœa, scrophula, and chronic catarrh, are a few of the catalogue of those which chalybeates are calculated to benefit. When salts of iron are indicated, the doses should be large; but the propriety of giving the large doses of the carbonate which have been lately recommended is questionable. Even in *tic douloureux*, we have never found it necessary, if the preparation be good, to exceed a drachm for a dose; and, in chorea, we have seen every benefit derived from the regular repetition of smaller doses at short intervals. In a weakened state of the uterine organs, causing a defective secretion of the menstrual fluid, the salts of iron are productive of the best consequences; but when amenorrhœa is accompanied with heat in the region of the uterus, pain of the loins, and plethora, they prove hurtful. In both cases, the effects are attributable solely to the tonic influence of these preparations. Reflecting on the chemical characters and medicinal powers of the carbonate, the sulphate, and the muriated tincture, it is evident that they are sufficient for every indication desired from the salts of iron; and therefore all the other preparations of this metal might be dispensed with and rejected from the pharmacopœias.

The long-continued use of preparations of iron seems to predispose to disease by causing an excess of tone; thence those who have thus employed them are liable to inflammation, active hemorrhage, and similar affections.

All the *mineral acids* are powerful tonics, especially in those cases of great debility in which petechiæ display themselves. The sulphuric, diluted and combined with wine, is the only remedy on which we can rely in the confluent small-pox, when the pustules are filled with a bloody sanies and the urine is coloured

by broken-down particles of blood. In cases of immoderate perspiration, also, as, for instance, in the hectic of phthisis pulmonalis, it is the appropriate remedy; and, in combination with aromatics, it removes many of the urgent symptoms of dyspepsia, and is altogether a tonic of the highest value when judiciously employed. In administering it, however, even in the diluted state, some anomalous effects occur which should be retained in remembrance. Thus, when given to women who are suckling, it acts powerfully on the system of the infant, causing gripings, and frequently convulsions, although it has never been detected in the milk of the mother. A case, extracted from a German journal, appeared in the Medical Gazette of May the 10th, 1828, in which a woman poisoned herself with concentrated sulphuric acid. The last efforts of nature were exerted to give birth to a child, in whom, upon examination, sulphuric acid was detected in the cavity of the pleura and the peritoneum, and also in the heart and bladder. Its presence was also ascertained in the liquor amnii. Sulphuric acid cannot be combined in prescriptions with muriate of lime, lime-water, barytic-water, or the solution of acetate of lead, or muriate of baryta; insoluble compounds being produced by these combinations.

The tonic effects of *cold bathing* have been already noticed (see BATHING); it therefore only remains to notice the *immaterial* tonics.

When we contemplate the number and power of the moving organs of the body under the control of the will; the strength of the extensor and flexor muscles, and the facility with which, by their aid, locomotion is produced; few arguments are required to convince us that a state of constant rest is unnatural, and that motion or exercise is essential for the maintenance of health. *Exercise*, therefore, may be regarded rather as a prophylactic tonic than one actually adapted for the removal of disease. But, besides the immediate influence which some tonics exert over morbid actions, the greater number of this class of medicines is employed to restore vigour to the habit debilitated by previous disease; and, in this point of view, exercise has a claim to the appellation of a direct tonic. It aids in circulating the blood more equably over the system, promoting especially the action of the capillaries and the function of the skin.

Amongst the various kinds of exercise in general use, *walking* is the best which can be taken when the strength of the body admits of a moderate degree of fatigue with impunity. It throws into action not only the muscles of the lower limbs, but those of the arms and several of the largest and most important of the trunk; particularly those which, fixed in the loins, serve as flexors to the thighs. It is probable that the motions of these contribute, in some respects, to aid the peristaltic movements of the intestines, and thus to favour that regularity of the excretory function of the abdominal viscera without which health cannot be preserved. When walking, in a conva-

lescent, causes difficulty of breathing, palpitation, or pain in the region of the heart, it should be discontinued; but when it is performed with ease, it should be continued nearly to the point of fatigue.

Horse exercise requires greater powers of muscles than can be expected in early convalescence; but as it engages the upper part of the body, and occupies the arms and large muscles of the chest, which influence the motion of the lungs, it is most important as soon as it can be borne. In taking horse exercise also, something is due to the extent through which the person passes in the open air, and the absorption of the attention by the scenery; for experience has demonstrated that the mere exercise taken in a riding school, or within a limited space of ground, is not so salutary as riding in the open country. As a prophylactic of phthisis, in those predisposed to that disease, riding has been justly extolled; and even when the disease has displayed itself, if, as Sydenham remarks, it be "without fever or ulcer," riding may be regarded almost as a specific. We have often witnessed the beneficial effects of horse exercise in frames of body greatly weakened by asthma, and have seen individuals who were scarcely able to mount on horseback return from a ride vigorous and alert, and by the daily renewal of this exercise rapidly regain a degree of vigour and tone which could scarcely have been anticipated. When horse exercise or walking cannot be resorted to, the next best is carriage exercise or sailing; but it must be recollected that scarcely any of the influence of these can be referred to the muscular system.

Friction may be regarded as a species of exercise, and its effects can be explained on the same principles. To produce a tonic effect it ought to be brisk, and performed in such a manner as to produce a degree of redness and warmth on the surface. The ancients judiciously employed friction after tepid bathing, and aided its influence by the administration of wine and water during the intervals of the rubbing. On this principle only can be explained the beneficial effects of the oriental custom of shampooing. In phthisis the pains of the thorax are often relieved by friction; and the influence of percussion, which may be considered a variety of friction, in chronic rheumatism, is well known.

It may be rationally enquired whether any advantage is derived from aiding the friction by stimulating embrocations or oils? If the friction be well performed, and for a sufficient time, nothing of this kind is necessary, except to prevent the skin from being fretted; in which case, dipping the hand in dry flour or hair-powder is as useful as the most celebrated embrocation. It is only when a narcotic impression is to be added to the influence of the friction that embrocations are really useful. How far friction may owe its salutary influence to electrical agency, is a subject well worthy of examination.

Mental tonics belong to this class. The tonic effects of hope and confidence have already been spoken of, and it is unnecessary to give such illustrations as no practitioner can fail to meet with in his daily duties.

Travelling is another mental tonic; but it has a closer affinity with material tonics than either hope or confidence, and in no disease is the advantage of it more conspicuous than in hypochondriasis. In this disease there are languor and torpor of the whole body, timidity and depression of the mind, and a general disordered state of the functions of the stomach and intestines. Medicines have little influence in relieving these symptoms; but by a change of climate and of scene the disease is mitigated, and often cured. Something undoubtedly is due to the state of the atmosphere, the temperature, and other physical properties which distinguish one climate from another; but as much more advantage is procured by moving from place to place than by remaining stationary even in the most favourable climate, the salutary effect can only be ascribed to the mental excitement produced by the constant change of scene. In prescribing travelling as a tonic, it is surely unnecessary to say that countries ought to be recommended most fertile in those objects which are likely to rouse the curiosity and arrest the attention. "*Cælum patrio pulchrius, mores festiviores, et scænæ novæ et amenæ, mentem grate occupant, et imaginationem suavissime detinent.*"*

To sum up these remarks on this class of medicines, we should say that in deciding upon their employment three things require to be attended to:—1. The choice of the tonic; for although all tonics necessarily possess the same kind of powers, yet these differ in degree: some are more acid and astringent than others; some owe their efficacy to the presence of certain alkaline or acid principles; some to bitter extractive or to volatile oil modified by combination with other vegetable constituents; and some to the conjunctions of chemical agents, forming new and active compounds. We must, therefore, determine how far these principles are likely to fulfil the indication for which the tonic is to be prescribed, before selecting it. 2. The dose. It is important to regulate the dose of the tonic employed, in order to meet the demand which is required, or not to exceed the impression which can be sustained: if it be inadequate to the effect anticipated, the therapeutical indication will remain unfulfilled, and disappointment naturally ensue; if it be too great, instead of tone, excitement and collapse may be the result. 3. The mode of administering the medicine must be duly considered. If a powerful impression is intended to be made on the stomach, the medicine selected ought to be administered uncombined with other substances, and in such a dose as will produce an impression both powerful and durable: if,

* Gregory, *De Morbis Cœli Mutatione Medendis* Diss. Inaug.‡

on the contrary, the object is to introduce the medicine into the system, it ought to be associated with such substances as will favour its absorption, and to be administered in small and frequently repeated doses.

With regard to the diseases particularly requiring the employment of tonics, we may remark that in none do they produce more salutary effects than in affections of the digestive organs. The efficacy of tonics in these diseases is well established: their action upon the gastric nerves is communicated to the encephalon and spinal marrow, and the reaction of these upon the stomach awakens its powers and augments the activity of the digestive function. In selecting the tonics to be employed, those which contain bitter extractive—for example quassia, gentian, or calumba—are to be preferred: the pure bitter which these substances contain, devoid of astringency, acts in a milder manner than those which contain either gallic acid, tannin, or the alkaloids. The tonic influence which they exert on the digestive organ alters also that condition of the mucous membrane which favours the generation of intestinal worms; whilst, at the same time, some bitter substances operate as direct vermifuges or poisons to these parasites.

Although it is scarcely necessary to state that tonics are injurious in all inflammatory states of the chest, yet, when the mucous secretion is exuberant, as in chronic catarrh, tonics are decidedly indicated: in these cases the *Centaria Islandica*, the lesser centaury, and the cinchona are to be preferred to the other bitters. In hydrothorax, and in all serous accumulations within the thorax, however, they are useless, even when these states are the sequel of asthma and similar affections, in which tonics exert an unbounded beneficial influence. In conditions of the cerebro-spinal centres producing epilepsy or hysteria, symptomatic of morbid states of the circulating system—for example, hypertrophy of the heart, or of the digestive organs, in connection with hypochondriasis or melancholia—tonics are likely to produce a salutary change; but when these diseases depend on morbid conditions of the brain and spinal marrow themselves, then no advantage can be anticipated from the use of tonics. In some convulsive affections—as, for example, chorea—tonics may be regarded as the only remedies to be relied upon. In diabetes, as they improve the condition of the digestive organs and re-establish the assimilating power of the system, they are likely to alter that state of the urinary secretion which constitutes the disease; but at the same time it must be recollected that if the symptoms can be traced to any organic affection of the lumbar portion of the spinal cord, it will be vain to anticipate advantage from the employment of this class of medicines.

In cutaneous affections not symptomatic of peculiar febrile states, tonics prove useful; and this is especially the case when these eruptions are connected with depression of the general powers, manifested by a pallid or discoloured skin, a disordered state of the sto-

mach, emaciation of the body, and a sluggish condition of the bowels. In such a condition of the system the more active tonics, in particular arsenic and the metallic salts, are especially indicated.

But it is in fevers that the efficacy of tonics is most conspicuous. In simple fever they are rarely required, and in complicated cases the proper time to administer them is a matter which requires great judgment. As a general rule, their employment should be deferred whilst any obvious local disease exists in the bowels; although, even under such circumstances, when there is a necessity for supporting the system, they have been productive of the best results.

In typhous fever the indiscriminate use of tonics has been productive of much mischief. The appearance of languor and debility is no reason why they should be prescribed; as in these instances they have been found to increase all the symptoms without improving the strength. Ample experience has demonstrated that, in general, it is only after the febrile symptoms have been wholly subdued, when the patient does not rally, and the convalescence is slow, that tonics are beneficial. Under certain circumstances they may be required even during the continuance of the disease. Thus, when petechiæ appear, whilst the pulse is soft and compressible, and if there be a tendency to gangrene, not only tonics but stimulants are indicated: in such cases much advantage is obtained from a combination of volatile oil, as an oleo-saccharum, with sulphate of quinia and sulphuric acid; or, if the vegetable infusions be preferred, we should select those of *serpentaria*, *cascarilla*, or *cusparia*.

After what has been stated respecting the value of cinchona bark as an antiperiodic in intermittents, it might be supposed that little remains to be said regarding the employment of tonics in those fevers; but it is necessary to guard the student and the inexperienced practitioner from being misled by too general a view of this subject. If the intermissions be imperfect, and any local inflammation exist, much caution is requisite in prescribing tonics; and in every instance a complete state of apyrexia in the intervals should be secured before venturing upon their employment. It is essential, however, to discriminate between local inflammation of the viscera and those engorgements of the spleen and of other parts which exist in persons who have suffered from long-protracted agues, and which are generally aggravated by any fresh attack of the disease: the presence of these need not interfere with the use of the bark or arsenic. It has been asserted that the latter of these tonics may be administered even during the existence of inflammatory symptoms; but upon this point we must confess that we are sceptical. In some peculiar modifications of inflammatory action—such, for example, as occur in chronic rheumatism—arsenic may be administered; but the salts of quinia, the menyanthes, and other tonics, are equally safe and useful.

In remittent fevers much caution should be

observed in prescribing tonics. The remission should be transformed into an intermission before they can with propriety be employed: indeed nothing is so likely to change a remittent into continued fever as their injudicious administration. In infantile remittents, notwithstanding the high authority of Dr. Clarke of Newcastle, who, in his work on fever, recommends bark to be immediately resorted to after the operation of an emetic, we accord with those who delay the use of tonics until the advanced stage of the disease, when it proves obstinate: then the cascarilla, which in such

cases is generally preferred to the other barks, maintains the tone of the stomach and bowels, and enables us to proceed with the alterative and purgative plan of treatment. In the modification of fever which constitutes hectic, it must be confessed that little reliance is to be placed upon any class of medicines.

Upon the whole, it is necessary that tonics should not be confounded with stimulants, and that we should always recollect that tone is not excitement, nor strength increased vascular action.

(*A. T. Thomson.*)

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THE END.

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SELECT
MEDICAL BIBLIOGRAPHY,

ARRANGED CHRONOLOGICALLY

ACCORDING TO THE SUBJECTS ;

WITH THE

DERIVATIONS OF THE TERMS,

AND THE

NOSOLOGICAL AND VERNACULAR SYNONYMS.

ADVERTISEMENT.

THE following Bibliographical Collections are intended to supply an obvious deficiency in the articles of the Cyclopædia, and in some degree to fill a very important blank in the medical literature of this country which has long been felt to exist. The plan followed in the Compilation is somewhat different from any with which the writer is acquainted; and he is in hopes that he has not altogether failed in the object he had in view throughout—of rendering it of easy reference and in every way practically useful, in accordance with the general principles of the present work. To the attainment of this object he has sacrificed all minor considerations, whether having reference to his own ease and convenience, or to the credit that might attach to the display of such erudition as he is master of, or which the extensive researches which his task imposed upon him might have easily supplied.

Had the writer been ambitious of such a display, he might have readily gratified it by the accumulation of references to the miscellaneous writings of physicians in every body's hands,—to the innumerable monographs which have been printed under the form of Inaugural Dissertations in the various European Universities,—and, lastly, to the individual cases of disease, which form so large a portion of medical periodical literature; and this he might have done with little or no personal research, by merely transferring to his little work—then little no longer—the pages of Haller and Ploucquet, the Bibliographical Notices in the Dict. des Sciences Méd., and a moiety of the Indexes of the periodical medical collections, now of almost unmanageable size, in this and other countries. But want of space as well as want of inclination, and the governing principle of the Cyclopædia, practical utility, have alike prevented such a consummation; although the author is free to confess that so desirable a result has not been attained without the sacrifice of hundreds of pages of manuscript, which had been compiled before what he regards as the proper plan had been thoroughly matured.

Generally speaking, the reader will find the following pages to consist exclusively of BIBLIOGRAPHY, in the stricter sense of the word, that is, an account of *books* only. The sole exceptions to this, of a general kind, will be found to be the references to the great Medical Dictionaries (of which the individual articles have been regarded as distinct works), and to certain Collections of Inaugural Dissertations and Minor Works, which have attained high consideration and a general circulation. Few persons are aware of the very large space in Medical Bibliographies, commonly occupied by the titles of Inaugural Dissertations, which have never, properly speaking, been published, and which are not, therefore, accessible to any reader, unless he visits the library of the particular university in which the authors obtained the doctorate. To reproduce, *ad infinitum*, these titular treatises in our bibliographies is not simply to dazzle the ignorant with the semblance of learning, and at no expense, but is to delude the unwary with the bare imagination of a feast which, in all probability, they can never possibly enjoy.

References to the slighter monographs, and observations and cases in the collected works of authors, or in treatises ostensibly dedicated to other objects, or in the Transactions of Societies and Periodical Journals, are not open to the same objections, and the only reason for excluding them from the following pages is the impossibility of admitting them without superseding others of greater moment, or extending the compilation beyond the prescribed bounds. It will, indeed, be found that the rule of excluding such references has by no means been rigidly adhered to, more particularly where the matter seemed of extraordinary importance, or where the number of works on the particular subject was very limited.

It may possibly appear to some that the author has, on various occasions, given undue prominence to Foreign works; but he has, assuredly, in this particular, been influenced by no prepossession in their favour. He noted the titles of such works as came before him, without regard to the language in which they were written; and if, in several instances, the German and French publications in the list are found to exceed the English in number, the true reason must

be sought for in the fact of such publications being really more numerous in the preponderating language. While he has, in no one instance, sacrificed an English work for a Foreign one, he has, on numerous occasions, acted on the reverse principle; deeming it but proper, where the choice was limited, that the books in our vernacular tongue should have the preference in a work intended for the English reader. It is hardly necessary to observe that, in the present condition of medical literature in this country, a bibliographical collection that did not include a fair share of the publications of France, Germany, and Italy, would be deservedly regarded as most imperfect.

It has been after much consideration that the Chronological Order has been adopted in the arrangement of the titles of the different works; this plan appearing to possess important advantages over the alphabetical arrangement, more especially in such a collection as the present, where the list of works is, under no one head, very extensive. The placing the date of the publication in a conspicuous form *before* the title, will, it is hoped, render the advantages of the arrangement still more conspicuous. The adherence to the chronological order has led to one result which some may think not always satisfactory, that, namely, of recording preferably the earliest edition of the respective works. Many exceptions to this will, indeed, be met with; and, now the work is finished, we regret that while we prefixed this earliest date to the title, we did not also subjoin the dates of the subsequent editions. The omission, however, will scarcely be found a practical inconvenience, since it is always easier to procure a later than an early edition.

In the great majority of instances the exact words of the titles have been given, although it has been found necessary, for the sake of economising space, very generally to curtail them: in no case, we trust, will there be found any difficulty of recognising the work under the title given to it.

Independently of the imperfections of plan and arrangement which may be found in the Bibliography, the writer is prepared for the more serious charge of having committed important mistakes in its construction. No one who has had so much occasion to consult catalogues of books and bibliographical references of all kinds, and, consequently, to become acquainted with the manifold mistakes to be found in even the most accurate, can be so conceited as to believe that he has escaped the snares into which greater men have fallen; more especially as none else can be so well aware of the numerous and facile paths that lead to error. In truth, there is hardly any department of literature—if we may thus dignify our humble task—so beset with pitfalls which it is impossible oftentimes to escape. As a matter of course, the titles of a large portion of the books are transcribed from catalogues or the collections of preceding writers; and if the books are themselves inaccessible to the transcriber, any errors that may exist will, unless of an obvious kind, be copied also. And when it is further considered how difficult it is accurately to transcribe numerous dates,—particularly when different yet not very different,—and that the copy has to pass through the hands of fallible compositors, readers, and correctors,—it is no wonder, in a matter where the substitution of one single figure for another is of serious consequence, that blunders may and do occur. The writer can only say that he has taken all possible pains to be accurate, and he is not without hopes, all the difficulties of the case being considered, that his labours may even be found not undeserving the praise of accuracy.

The Etymology and Synonymy prefixed to the different articles is, we believe, a new feature in works of this kind. We think, however, it will be generally admitted to have a natural relation to the main subject, and, at all events, it cannot fail to be useful to students and the younger members of the profession. That several of the etymologies are mere amplifications of matters already given in the body of the Cyclopædia, is not regarded as any imperfection: if introduced at all, it was proper that they should be uniform in character. The greater number of the modern languages of which synonyms are given, are become, in these days, almost necessary acquisitions for the accomplished physician. If of this number the Dutch, Danish, and Swedish may be deemed less essential, we shall be less solicitous about the accuracy of our synonyms in these, and less concerned for our own ignorance of them: for the names of diseases in the two last-named languages we are entirely indebted to Nennich's *Lexicon Nosologicum Polyglotton*, a work of some merit, but far from accurate.

Of the time and labour bestowed on the following pages, it may be prudent not to speak, lest the actual scantiness of the harvest should appear still more conspicuous in relation to the extent of the workman's toil. We may, however, venture to say this much—that no one who has not actually made the trial is likely to form an accurate estimate of either the one or the other.

SELECT MEDICAL BIBLIOGRAPHY,

ETC. ETC.

ABDOMEN, EXPLORATION OF—DISEASES OF.

DERIVATION. The derivation of the word *abdomen* is uncertain. It is commonly said to be formed from the Latin verb *abdo*, to conceal, either simply from this word (*abdo*, *abdomen*, as *lego*, *legumen*), or from *abdo* and *omentum* conjointly. It does not, however, appear why this particular cavity should be so distinguished, seeing that its contents are not more *hidden* than those of the chest or head.

VERNACULAR SYNONYMS. *Greek*, γαστήρ, υπο-γαστήριον, υποκοιλίον, σπληνριον. *Latin*, Abdomen, venter. *English*, Belly, stomach, paunch. *German*, Unterleib. *Dutch*, Onderbuik. *French*, Ventre, bas ventre. *Italian*, Ventre, pancia, addomine. *Spanish*, Vientre, barriga, panza.

1696 *Baglivi, G. M.* De observatione hypochondriacorum in acutis (Prax. Med. lib. i. c. 6.) Rom. 8vo.

1698 *Stahl, G. E.* De vena portæ porta malorum hypochondriaco-splenetico-suffocativo-hæmorrhoidariorum. Hall. 4to.

1742 *Furstenau, J. H. A.* Abscessuum musculorum abdominis exempla. Rintel.

1749 *Quelmalz, S. T.* Programma de frictionibus abdominis (Haller Disp. ad Morb. vii. 317.) Lips. 8vo.

1751 *Kaempf, J.* De infarctu vasorum ventriculi (Baldinger Syll. iii.) Basil.

1752 *Koch, D. Æ.* De infarctibus vasorum in infimo ventre (Baldinger Syll. iii.) Argent.

1754 *Elvert, F.* Novæ observationes de infarctibus venarum abdominalium (Baldinger Syll. iii.) Tubing.

1755 *Faber, G. B. Brotbeck, A. T.* Ulterior expositio novæ methodi Kæmpfianæ (Baldinger Syll. iii.) Tub.

1797 *Corbella*, Tratado sobre las enfermedades internas y mas agudas del vientre. Madr. 8vo.

1803 *Albers, J. F.* Ueber pulsationen im unterleibe. Brem. 8vo.

1807 *Pemberton, C. R. M.D.* A practical treatise on various diseases of the abdominal viscera. Lond. 8vo.

1809 *Burns, Allan*, Observations on diseases of the heart, pulsation in the epigastric region, &c. Edin. 8vo.

1809 *Roux, P. J.* Mélanges de chirurgie et de physiologie. Par. 8vo.

1811 *Double, F. J.* Semeiologie générale (signes tirés de l'abdomen, tom. i.) Par. 8vo.

1811 *Monro, A. M.D.* The morbid anatomy of the gullet, stomach, &c. Edin. 8vo.

1812 *Renaudin*, Dict. des Sc. Méd. (art. Abdomen) tom. i. Par.

1813 *Roux, P. J.* Mémoire sur la pression abdominale (Œuv. Chir. de Desault, tom. iii.) Par. 8vo.

1817 *Mott, V.* On the pulsation in epigastrio (Trans. Phys. Med. Soc. i.) New York, 8vo.

1818 *Landré Beauvais, A. J. M.D.* Semeiotique. Par. 8vo.

1820 *Merat*, Dict. des Sc. Méd. (art. Pression Abdominale) tom. xlv. Par.

1821 *Beclard*, Dict. de Méd. (art. Abdomen) tom. i. Par.

1827 *Andral, G. M.D.* Clinique médicale : (quat. part. Maladies de l'Abdomen) Par.

1828 *Piorry, P. A. M.D.* De la percussion médiate. Par. 8vo.

1828 *Rudolphi*, Encyc. Wörterbuch. (art. Abdomen) tom. i. Berlin.

1829 *Cruveilhier*, Dict. de Méd. Prat. (art. Abdomen) tom. i. Par.

1832 *Forbes*, Cyc. of Pract. Med. (art. Abdomen, Exploration of) vol. i. Lond.

1832 *Copland*, Dict. of Pract. Med. (art. Abdomen) Lond.

ABORTION.

DERIV. From the Latin *abortio*, from the verb *aborior*, *abortus sum*, to arise or happen prematurely, to die.

NOSOLOGICAL SYNONYMS. *Abortus*: Sauv. Linn. Sag. Cull. *Abortio*: Vog. Cull. *Dystocia abortiva*: Young. *Paracyesis abortus*: Good. *Ectrosis*: Swed.

VERN. SYN. Gr. *ἡλτομανος, ἐκτρώμα, τρώσιμος, ἐκτρώσιμος*. Lat. Abortus, abortio, abortium. Eng. Miscarriage. Ger. Fehlgeburt, unzeitige geburt, frühgeburt, missfall. Dut. Missbaaring, misval, misdragt. Fr. Avortement, fausse couche. Ital. Aborto, sconciatura. Span. Aborto, malparto.

(For the Literature, see WOMEN, DISEASES OF.)

ABSCESS.

DERIV. From the Lat. *abscessus*, a recession or receding, from *abscedo*, to recede, or go away, as the flesh in a part that suppurates.

NOS. SYN. *Apostema*: Sauv. Sag. Good, Young, Swed. *Abscessus*: Linn. Vog. Cull.

VERN. SYN. Gr. *ἀποστήμα, ἀποστασις*. Lat. *Apostema*, abscessus, suppuration. Eng. Impos-thume, gathering, boil. Scot. Bealing. Ger. Eitergeschwulst, eiterbeule, eiterhöhle. Dut. Verzwearinge, ettergezweel. Dan. Bylde. Swed. Bulning. Ital. Ascesso. Span. Absceso.

1628 Leon, Lopez, Practica y theorica de los apostemas. Mad.

1643 Severinus, M. A. De recondita abscessuum natura. Francof. 4to.

1750 Quesnay, Fr. Traité de la suppuration. Par. 12mo.

1751 Meibomius, J. H. De abscessuum internorum natura. Lips. 4to.

1765 Anon. Manière d'ouvrir et de traiter les abcès. Par. 8vo.

1776 Quesnay, Fr. Précis sur la suppuration putride. Par. 8vo.

1779 Clare, Peter, An essay on the cure of abscesses by caustic. Lond. 8vo.

1780 Darwin, C. Experiments on mucilaginous and purulent matter. Lichf. 8vo.

1788 Home, Ev. A dissertation on the properties of pus. Lond. 4to.

1789 Justamond, J. O. Surgical tracts (essay on abscess, translat.) Lond. 8vo.

1793 Abernethy, J. Surgical and physiological essays (part i. on lumbar abscess, &c.) Lond. 8vo.

1794 Hunter, John, On the blood, &c. Lond. 4to.

1796 Este, C. Tracts on medical subjects (inflammation, abscess, &c.) Lond. 8vo.

1803 Laurent, J. Essai sur la suppuration. Par. 8vo.

1803 Mosnier, Ant. Procédé opératoire nouveau dans le traitement des abcès. Par. (diss.)

1803 Poncet, P. Dissertation sur les abcès. Par.

1804 Dupuy, J. M. Sur les abcès ou tumeurs purulentes. Par. (diss.)

1810 Abernethy, John, Surgical observations on tumours and lumbar abscess. Lond. 8vo.

1810 Pearson, G. M.D. Observations and experiments on pus (Phil. Trans. p. 294.) Lond.

1812 Heurteloup, Dict. des Sc. Méd. (art. *Abcès*) tom. i. Par. 8vo.

1813 Thomson, J. M.D. Lectures on inflammation. Edin. 8vo.

1814 Petit, Dict. des Sc. Méd. (art. *Dépôt*) tom. viii. Par. 8vo.

1821 Roux, Dict. de Méd. (art. *Abcès*) tom. i. Par. 8vo.

1826 Gendrin, A. N. Histoire anatomique des inflammations (2 vol.) Par. 8vo.

1828 Richter, Encyc. Wörterb. (art. *Abscess*) vol. i. Berlin.

1829 Dupuytren, Dict. de Méd. Prat. (art. *Abcès*) tom. i. Par. 8vo.

1832 Tweedie, Cyc. of Pract. Med. (art. *Abscess*) vol. i. Lond.

ABSTINENCE.

DERIV. From the Lat. *abstinentia*, from *abstineo*, to abstain or refrain from.

1603 Anon. A true history of a maiden who fasted three years. Lond. 8vo.

1604 Lentulus, Paul, Historia admiranda de virginis inedia, cui adjunctæ sunt narrationes aliorum de inediis prodigiis. Bernæ. 4to.

1611 Lipsius, Dan. Demonstratio hominem complures annos absque cibo vivere posse. Franc. 8vo.

1612 Licetus, Fort. De his qui diu vivunt sine alimentis, lib. iv. Patav.

1614 Provanchere, Sim. Sur l'inappétence d'un enfant depuis trois ans. Sens. 8vo.

1669 Reynolds, J. A discourse upon prodigious abstinence occasioned by the twelve months' fasting of Martha Taylor. Lond. 4to.

1697 Hoffmann, Fr. M.D. De inedia magnorum morborum remedio (Opp. tom. v.) Hal. 4to.

1720 Blair, P. M.D. Account of a boy who lived a considerable time without food (Phil. Trans. vol. xxxi.) Lond.

1737 Ritter, J. J. De impossibilitate et possibilitate abstinentiæ a cibo et potu, &c. (Haller. Disp. ad Morb. iii.) Basil. 4to.

1743 Umfreville, Th. M.D. The case of John Ferguson, who hath lived above eighteen years on water, whey, &c. Lond. 8vo.

1775 Nieden, Verhandeling over de oorzaak des leevens zonder spysen. Utrecht. 8vo.

1777 Mackenzie, A. M.D. Account of a woman living without food (Phil. Trans. vol. lxxvii.) Lond.

1800 Gruner, J. Erzählung der betrugerei eines wundermädchens das seit zwey jahren ohne speis gelebt haben wollte. Berl. 8vo.

1802 Ritson, Jos. Essay on abstinence from animal food as a moral duty. Lond. 8vo.

1812 Halle & Nysten, Dict. des Sc. Méd. (art. *Abstinence*) tom. i. Par.

1813 Henderson, Al. M.D. An examination of the imposture of Ann Moore; with remarks on other cases. Lond. 8vo.

1813 Richmond, Rev. L. A statement of facts relative to the supposed abstinence of Ann Moore. Lond. 8vo.

1821 Rostan, Dict. de Méd. (art. *Abstinence*) tom. i. Par.

1821 Willan, Rob. M.D. A remarkable case of abstinence (Miscel. Works) Lond. 8vo.

1829 Londe, Dict. de Méd. Prat. (art. *Abstinence*) tom. i. Par.

1830 Piorry, P. A. M.D. Du procédé opératoire et collection de mémoires (deuxième, de l'abstinence) Par. 8vo.

1832 Hall, Cyc. of Pract. Med. (art. *Abstinence*) vol. i. Lond.

1832 Copland, Dict. of Pract. Med. (art. *Abstinence*) Lond.

ACNE.

DERIV. Gr. *ακνη*, probably from *αχνη*, chaff, down, scurf.

NOS. SYN. *Ακνη*: Aetius. Varus: Sennert. Linn. Vog. Sag. *Bacchia*: Linn. *Gutta rosea*

vel rosacea: Sauv. Vog. Darw. *Psyrdracia acne*: Sauv. *Phymatosis acne*: Young. *Ionthus varus et corymbifer*: Good. *Dartre pustuleuse*, *Herpes pustulosus*: Alibert. *Phyma faciei*, *Phyma nasi*. Swed.

VERN. SYN. Gr. *Ακμή*, ξενίον, ιονθογ. Lat. Varus. Eng. Stonepock, maggot-pimple, wheelks. Ger. Finnen, rothgesicht. Dut. Vinnen, steenpuistjes. Fr. Bourgeons, saphir, bouton, couperose. Ital. Acne. Span. Acne.

(For the Literature, see SKIN, DISEASES OF.)

ACUPUNCTURE.

DERIV. From the Lat. *acus*, a needle (abl. *acu*), and *punctura*, pricking.

VERN. SYN. Eng. Acupuncture. Ger. Acupunctur. Fr. Acupuncture. Ital. Acopuntura. Span. Acupuntura.

1642 Bontius, J. De medicina Indorum. Lugd. Bat. 12mo.

1683 Rhyné, Wilh. Ten. De arthritide, mantissa schematica; de acupunctura, &c. Lond. 8vo.

1684 Rhyné, W. T. M.D. De Chineese en Japanse wüse om door het branden van moxa en het steken met een goude naald, alle ziekten en voornamelük het podagra te genesen. Amst. 8vo.

1690 Blancard, S. Vom podagra, &c. nebst W. Ten Rhyné beschreibung wie die Chineser vermittelst des moxa brennens, guldenen nadelstehens....curiren. Leips. 8vo.

1709 Bidloo, God. Dissertatio de puncto. Lugd. Bat. 4to.

1712 Kaempfer, Eng. De acupunctura (Amœnit. Exot. fasc. iii. obs. ii.) Lemgov. 4to.

1774 Dujardin & Peyrihle, De l'acupuncture (Histoire de la Chirurg. t. i. p. 89.) 2 vol. Par. 4to.

1805 Vicq-d'Azyr, F. Œuvres, t. v. p. 133. Edit. de Moreau. Par. 8vo.

1812 Bedor, Dict. des Sc. Méd. (art. *Acupuncture*) t. i. Par.

1816 Berlioz, L. V. T. M.D. Mémoires sur les maladies chroniques, sur l'acupuncture, &c. Par. 8vo.

1821 Beclard, Dict. de Méd. Prat. (art. *Acupuncture*) t. i. Par.

1823 Churchill, J. M. A treatise on acupuncturation, &c. Lond. 8vo.

1823 Elliotson, J. M.D. Med. Chir. Trans. vol. xiii. p. 467. Lond.

1825 Dantu, de Vannes, Traité de l'acupuncture. Par. 8vo.

1825 Morand, J. Dissertation sur l'acupuncture et ses effets. Par. 4to.

1825 Pelletan, P. J. Notice sur l'acupuncture. Paris.

1825 Sarlandiere, Le Chevalier, Mémoires sur l'électropuncture, comme moyen de traiter la goutte, &c. Par. 8vo.

1826 Thion, Le Dr. Observations sur l'acupuncture. Orleans. 8vo.

1828 Graefe, Encyc. Wörterb. (art. *Acupunctur*) t. i. Berl.

1829 Blandin, Dict. de Méd. Prat. (art. *Acupuncture*) t. i. Par.

1831 Banks, J. T. M.D. Observations on acupuncturation (Ed. Journ. xxv. 323.) Ed.

1832 Elliotson, J. M.D. Cyc. of Pract. Med. (art. *Acupuncture*) vol. i. Lond.

AGE—OLD AGE. (PHYSIOLOGY AND DISEASES.)

DERIV. An old English word of uncertain derivation.

Age generally.

SYN. Gr. *ἡλικία*, *χρονος*. Lat. *Ætas*. Eng. Age. Ger. Alter. Dut. Ouderdom. Fr. Age. Ital. Età. Span. Edad.

Old Age.

Gr. *Γηρας*. Lat. Senectus. Eng. Old Age. Ger. Alter, hohe alter. Fr. Vieillesse. Dut. Ouderdom, hooge bejaardheid. Ital. Vecchiaja. Span. Vejas.

1659 Gayton, Edm. The art of longevity. Lond. 4to.

1666 Smith, John, M.D. King Solomon's portraiture of Old Age. Lond. 8vo.

1667 Posewitz, J. H. Unterricht vom menschlichen alter. Quedl. 4to.

1698 Stahl, G. E. De morborum ætatum fundamentis. Hal. 4to.

1704 Hoffmann, Fr. De annorum climactericorum explicatione. Hal.

1707 Hoffmann, Fr. De methodo acquirendi longam vitam. Hal. 4to.

1724 Floyer, Sir J. Medicina gerocomica, or the art of preserving old men's health. Lond. 8vo.

1725 Hoffmann, Fr. De valetudine senum tuenda (Opp. t. v.) Hal.

1725 Welsted, Rob. De ætate adulta. Lond. 8vo.

1726 Welsted, Rob. De ætate vergente. Lond. 8vo.

1728 Hoffmann, Fr. De ætatis mutatione morborum causa et remedio (Opp. t. vi.) Hal.

1732 Hoffmann, Fr. De senectute ipsâ morbo. Hal.

1732 Hutter, Epistola, Senectus ipsa morbus. Hal.

1749 Mead, R. M.D. Senectus morbus (Medica Sacra, cap. vi.) Lond.

1760 Fischer, Bern. de, Tractatus de senio ejusque gradibus et morbis. Erf.

1769 Linnaeus, C. Metamorphosis humana (Amœn. Acad. vol. vii.) Stock. 8vo.

1777 Fischer, Bern. de, Abhandlung vom alter des menschen. Leips. 8vo.

1777 Robert, De la vieillesse. Par. 8vo.

1778 Swieten, Bar. Van, Oratio de senum valetudine tuenda. Vien.

1780 Pownall, Gov. Thos. Treatise on old age. Lond. 8vo.

1787 Vacca Berlinghieri, Franc. Accrescimento, decrescimento e morte sentite del corpo umano. Pisa, 4to.

1789 Behrens, Epistola de causis senii. Bern. 8vo.

1794 Faust, B. C. Die perioden des lebens. Berl. 8vo.

1794 Hufeland, C. W. Makrobiotik, oder die kunst das menschliche leben zu verlängern. Jena, 8vo.

1800 Easton, James, Human longevity, recording the names, &c. of 1712 persons who attained a century and upwards. Salisbury, 8vo.

1803 Esparron, P. J. B. Essai sur les ages de l'homme. Par. 8vo.

1803 Ranque, H. F. Determination des prédominances organiques dans les differens ages. Par. 4to.

1803 Schroeter, J. S. Dans alter, untrugliche mittel alt zu werden. Weim. 8vo.

- 1804 *Struve, C. A.* Der gesundheitsfreund des alters. *Hann.* 8vo.
- 1806 *Millot, J. A.* La gérocomie, ou code pour conduire à une longue vie. *Par.* 8vo.
- 1806 *Sömmerring, S. T.* Krankheit der harnblase in höherem alter. *Frank.* 4to.
- 1807 *Sinclair, Sir John.* Code of health and longevity (4 vol.) *Edin.* 8vo.
- 1808 *Schneider, Jos.* Handbuch ueber die krankheiten der mann. alters. 8vo.
- 1809 *Schmidt, J. S.* Ueber krankheiten der harnblase in höherem alter. *Wien.* 8vo.
- 1812 *Renauldin, Dict. des Sc. Méd. (art. Age) t. i. Par.*
- 1813 *Boer, H. X.* Versuch einer darstellung des kindl. organismus. *Wien.* 8vo.
- 1814 *Tenon, J. R.* Offrande aux vieillards de quelques moyens de conserver leur vie. *Par.* 8vo.
- 1819 *Carlisle, Sir Ant.* Essay on the diseases of old age. *Lond.* 8vo.
- 1821 *Rullier, Dict. de Méd. (art. Age) t. i. Par.*
- 1828 *Rudolphi, Encycl. Wörterb. (art. Alter) b. ii. Berl.*
- 1829 *Devergie, Dict. de Méd. et de Chir. (art. Age) t. i. Par.*
- 1832 *Roget, Cyc. of Pract. Med. (art. Age) vol. i. Lond.*
- 1832 *Copland, Dict. of Pract. Med. (art. Age) Lond.*

AIR, CHANGE OF—INFLUENCE OF.

DERIV. This word is almost identical in the Greek and Latin, and in the four modern languages, more or less derived from the Latin, viz. the Italian, Spanish, French, and English; it is therefore fair to trace it to the most ancient. The German and other northern tongues have another word from another source.

SYN. *Gr. Anp.* *Lat.* Aer. *Eng.* Air. *Fr.* Air. *Ital.* Aria. *Span.* Aire. *Ger.* Luft. *Dut.* Lucht.

- 1561 *Gratarolus, Gul.* De regimine omnium iter agentium, vel equitum vel peditum, vel navi vel curru vel rheda. *Par.* 8vo.
- 1599 *Palomino, Did.* De mutatione aeris. *Madrit.* fol.
- 1661 *Evelyn, J.* Fumifugium; or the inconvenience of the air and smoke of London dissipated. *Lond.* 4to.
- 1672 *Claromontius, Car.* De aere, locis et aquis terræ Angliæ. *Lond.* 12mo.
- 1677 *Henshaw, Nath. M.D.* Aero-chalinos, or a register for the air. *Lond.* 12mo.
- 1685 *Boyle, Rob.* Experimental discourse on the insalubrity and salubrity of the air. *Lond.*
- 1686 *Boyle, Rob.* On the effects of languid motion, and the salubrity and insalubrity of the air. *Lond.* 8vo.
- 1701 *Hoffmann, Fr.* De peregrinationibus sanitatis causa instituendis (Opp. t. v.) *Halle,* 4to.
- 1707 *Wainwright, J. M.D.* A mechanical account of the non-naturals, &c. *Lond.* 8vo.
- 1711 *Lancisi, J. M.* Dissertatio de nativis deque adventitiis Romani cœli qualitatibus. *Romæ,* 4to.
- 1715 *Hoffmann, Fr.* De aeris intemperie morborum causa. *Halle,* 4to.

- 1723 *Berner, Gott. Eph. M.D.* De efficacia et usu aeris in corpore humano, &c. *Amst.* 12mo.
- 1727 *Hoffmann, Fr.* De aeris potentia in epidemicorum morborum generatione. *Halle,* 4to.
- 1738 *Baglivi, G.* De mutando aere in longis morbis (Opp. p. 240.) *Venet.* 4to.
- 1738 *Schacher, P. F.* De aeris efficacia in corpore humano. *Lips.* 4to.
- 1740 *Balen, Gisbertus van,* De utilitate et laudibus peregrinationum. *Amst.* 4to.
- 1746 *Mosca, Guiseppe,* Dell' aria, et de' morbi dall' aria dipendenti (2 tom.) *Napoli,* 8vo.
- 1751 *Arbuthnot, John, M.D.* An essay concerning the effects of air on human bodies. *Lond.* 8vo.
- 1752 *Huxham, John, M.D.* Observationes de aere et morbis epidemicis. *Lond.* 8vo.
- 1759 *Sieyfert, J. V.* Aer habitabilis (Linn. *Amoen. Ac. v. 442.*) *Upsal.*
- 1771 *Gilchrist, Eb. M.D.* The use of sea voyages in medicine, and particularly in consumption. *Lond.* 8vo.
- 1776 *Gregory, J. M.D.* De morbis cœli mutatione medendis. *Edin.* 12mo.
- 1782 *De Butt, S.* De aeris in corpus humanum effectibus (Smellie Thes. Med. iv.) *Edin.*
- 1784 *Macfai, Eb.* De aere, aquis et locis (Smellie i.) *Edin.* 8vo.
- 1794 *Short, Th. M.D.* General chronological history of the air, &c. with some of their effects on animal bodies and vegetables (2 vol.) *Lond.* 8vo.
- 1798 *Belleguinque, P.* Philosophie du chaud et du froid. *Besanç.* 8vo.
- 1808 *Jackson, Rob. M.D.* On gestation in the open air. (Exposition of the practice of affusion.) *Edin.* 8vo.
- 1808 *Robertson, H. M.D.* A general view of the natural history of the atmosphere, and of its connexion with medicine, &c. (2 vol.) *Edin.* 8vo.
- 1816 *Jaeger, Her. Jos.* De atmosphaera, &c. necnon de gazis, &c. in iis contentis, respectu eorum in corpus effectuum. *Colon. Agrip.* 8vo.
- 1817 *Forster, Th.* Observations on the influence of particular states of the atmosphere on human health and diseases. *Lond.* 8vo.
- 1818 *Johnson, James, M.D.* The influence of the atmosphere on health. *Lond.* 8vo.
- 1822 *Cadet, M.* De l'air insalubre. *Par.* 8vo.
- 1823 *Julia, J. S. E.* Recherches historiques, chimiques, et médicales sur l'air marécageux. *Par.* 8vo.
- 1826 *Edwards, W. F.* De l'influence des agens physiques sur la vie. (Translated by Dr. Hodgkin, *Lond.* 1832.) *Par.* 8vo.
- 1830 *Clark, James, M.D.* The influence of climate, &c. *Lond.* 8vo.
- 1831 *Johnson, James, M.D.* Change of air, or the pursuit of health. *Lond.* 8vo.
- 1832 *Clark, Cyc. of Pract. Med. (art. Air, Change of) vol. i. Lond.*

ALOPECIA.

DERIV. *Gr.* αλωπεκία, from αλωπηξ, ἔκρος, the fox.

NOS. SYN. ΑΛΩΠΕΚΙΑ: *Gal.* Alopecia: *Cels.* Sauv. *Linn.* Vog. *Sag.* Area: *Cels.* Ophiasis: *Cels.* *Vog.* Gangrena alopecia: *Young.* Trichosis area: *Good.* Alopekia: *Swed.* Arnaldia: *Bruno.*

VERN. SYN. Gr. *αλωπικια*, οφιασις. Lat. Fluxus capillorum, area, calvities. Eng. Baldness, loss of hair. Ger. Kahlheit, kahlkopf, glatzmal. Fr. Alopecie, calvitie, chauveté, pélade (Paré). Ital. Calvezza, calvizie. Span. Calvez, calvicie, peladilla.*

(For Literature, see SKIN, DISEASES OF.)

AMAUROSIS.

DERIV. Gr. *αμαυρωσις*, dimness, from *αμαυρον*, to blind.†

NOS. SYN. *Αμαυρωσις*: Aet. *Amaurosis*: Sauv. Linn. Vog. Sag. Cull. *Gutta serena*: Auct. Arab. *Paropsis amaurosis*: Good. *Typhlosis nevrica*: Swed. *Caligo oculorum*: Celsus.

VERN. SYN. Gr. *Αμαυρωσις*. Lat. *Caligo oculorum*. Eng. Blindness, drop serena. Ger. Schwarzer staar. Dut. Stekeblindheit, heldere drop, zwarte staar. Fr. Amaurose, goutte serene. Ital. Gotta serena, amaurosi. Span. Gota serena, ceguera, amaurosis.

1693 Cradok, Generalia circa suffusionem, guttam serenam, &c. *Leid*.

1713 Heister, L. Tractatus de cataracta et amaurosi. *Alt*. 8vo.

1713 Heister, L. De amaurosi salivatione curata. *Alt*. 4to.

1717 Heister, L. Apologia systematis sui de cataracta et amaurosi. *Alt*. 12mo.

1754 Ross, A. Dissertatio inauguralis de amaurosi (Smellie ii.) *Edin*. 8vo.

1754 Warner, Jos. Description of the human eye and its diseases, &c. *Lond*. 8vo.

1773 Diderot, M. Essay on blindness, from the French. *Lond*. 12mo.

1776 Marat, J. P. M.D. Of a singular disease of the eyes sometimes mistaken for gutta serena. *Lond*. 8vo.

1776 Nootnagel, D. De amaurosi (Baldinger Syll. iii.) *Erlang*.

1781 Trnka de Krzowitz, Wen. M.D. Historia amauroseos. *Vindob*. 8vo.

1795 Ware, James, Observations on the cataract and gutta serena. *Lond*.

1795 Ware, James, An inquiry into the causes of want of success in the operation for cataract. *Lond*. 8vo.

1798 Beer, G. J. Geschichte, &c. des schwartzen staars. *Wien*. 4to.

1801 Le Febvre, Wilh. Ueber den schwartzen staar. *Leips*. 8vo.

1802 Scarpa, Ant. Osservazioni sulle malattie degli occhi. *Venez*. 8vo.

1808 Wenzel, Jos. Manuel de l'oculiste (2 vol.) *Par*. 8vo.

1811 Kieser, D. G. Ueber die natur, &c. des schwartzen staars. *Goet*. 8vo.

1812 Lullier-Winslow, Dict. des Sc. Méd. (art. *Amaurose*) t. i. *Par*.

1817 Beer, G. J. Lehre von den augenkrankheiten, &c. *Wien*. 8vo.

* *Pelada*, (Span.) skin of a sheep deprived of wool. *Cabeza pelada*, bald head.

† The word *αμαυρωσις* was used by Hippocrates merely in the sense of obscurity or dimness (*αμαυρωσις ομματος*), but by later authors, as Aetius, it was used as the name of the disease.

1818 Demours, A. P. Traité des maladies des yeux (3 vol.) *Par*. 8vo.

1818 Guillié, Dr. Nouvelles recherches sur la cataracte et la goutte serene. *Par*. 8vo.

1818 Scarpa, Ant. Osservazioni sulle malattie degli occhi. (Translation by J. Briggs.) *Edin*. 8vo.

1818 Wardrop, James, Essays on the morbid anatomy of the eye. *Lond*. 8vo.

1818 Winkler, B. A. De amaurosi. *Berol*. 12mo.

1819 Weller, C. H. Die krankheiten des menschl. auges. *Berl*. 8vo.

1820 Travers, B. Synopsis of the diseases of the eye. *Lond*. 8vo.

1821 Demours, A. P. Précis sur les maladies des yeux. *Par*. 8vo.

1821 Marjolin, Dict. de Méd. (art. *Amaurose*) t. ii. *Par*.

1821 Stevenson, John, On the nature, &c. of amaurosis or gutta serena. *Lond*. 8vo.

1821 Weller, C. H. Manual of the diseases of the eye, translated by Monteath. (2 vol.) *Glasg*. 8vo.

1826 Frick, Geo. Treatise on diseases of the eye, edited by Welbank. *Lond*. 8vo.

1828 Benedict, Encycl. Wörterb. (art. *Amaurosis*) b. ii. *Berl*.

1829 Sanson, Dict. de Méd. et Chir. (art. *Amaurose*) t. ii. *Par*.

1830 Lawrence, W. Treatise on the venereal diseases of the eye. *Lond*. 8vo.

1830 Mackenzie, W. Treatise on diseases of the eye. *Lond*. 8vo.

1832 Jacob, Cyc. of Pract. Med. (art. *Amaurosis*) vol. i. *Lond*.

1832 Copland, Dict. of Pract. Med. (art. *Amaurosis*) *Lond*.

1833 Lawrence, W. Treatise on diseases of the eye. 8vo.

AMENORRHEA.

DERIV. A nosological term formed from *a*, priv. *μηνς*, the menses, and *ρσν*, to flow.

NOS. SYN. *Αμηνρρρα*: Hippoc. *Amenorrhæa*: Cull. Vog. Parr, Young, Hos. Crich. Macb. Pin. *Dysmenorrhæa*: Linn. Sag. *Paramenia obstructionis*: Good. *Ischomenia*: Swed. *Meneschesis*: Ploucq. *Menostasia*: Sprengel. *Dysmenorrhagia*: Darw.

VERN. SYN. Gr. *Αμηνρρρα*. Lat. *Menstrua suppressa*, defectus menstruorum, suppressio mensium. Eng. Suppression of the menses, obstruction. Ger. Mangel des monatblutflusses, verhalten der monatlichen reinigung. Dut. Verstopping der stonden. Dan. Maanedstids overgang. Fr. Suppression des règles, manque des règles. Ital. Suppressione dei menstrui, amenorea. Span. Retencion de las reglas.

1603 Castro, Rod. a. De morbis mulierum (lib. i. c. 2.) *Hamb*. 4to.

1619 Varandæus, Jo. De morbis mulierum et suppressione mensium. *Hannov*. 8vo.

1655 Primerose, J. M.D. De mulierum morbis (l. i. c. 2.) *Roterd*. 8vo.

1703 Freind, J. M.D. Emmenologia. *Orf*. 8vo.

1761 Astruc, J. Traité des maladies des femmes (t. i.) *Par*. 12mo.

1766 Triller, D. W. De tumoribus a mensium

suppressione abortis (Opusc. Med. i.) *Francf.* 4to.

1766 Triller, D. W. De mensibus per nares erumpantibus (Opusc. Med. i.) *Francf.*

1770 Dobson, R. M.D. Perscrutatio physio-pathologica de amenorrhœa. *Edin.* 8vo.

1779 Birch, John, Considerations on the efficacy of electricity in removing female obstructions. *Lond.* 8vo.

1802 Royer-Collard, A. A. Essai sur l'amenorrhée. *Par.* 8vo.

1803 Fogg, A. Observations on the uterine discharge, amenorrhœa, &c. *Newcast.* 8vo.

1804 Osthoff, H. C. A. Untersuchungen ueber die anomalien der monatlichen reinigung. *Lemgov.* 8vo.

1812 Royer-Collard, Dict. des Sc. Méd. (art. Amenorrhée) t. i. *Par.*

1821 Anon. Observations sur la cause et le traitement de l'amenorrhée. *Aix.* 8vo.

1821 Desormeaux, Dict. de Méd. (art. Amenorrhée) t. ii. *Par.*

1828 Berndt, Encyc. Wörterb. (art. Amenorrhœa) b. ii. *Berl.*

1829 Roche, Dict. de Méd. Prat. (art. Amenorrhée) t. ii. *Par.*

1833 Locock, Cyc. of Pract. Med. (art. Amenorrhœa) vol. i. *Lond.*

ANÆMIA.

DERIV. A nosological term compounded of *a*, priv. *v*, euphon. and *αἷμα*, blood.

Nos. SYN. *Αναῖμια*, *Sanguinis defectus*: Alberti. *Anæmia*: Moegling, Isenflamm. *Anémie*: Lieutaud, Hallé, Andral. *Dyspepsia anæmia*: Young. *Marasmus an hæmia*: Good. *Oligohæmia*: Swed.

VERN. SYN. *Gr.* *Αναῖμια*. *Lat.* *Sanguinis defectus*. *Eng.* Bloodlessness. *Ger.* Blutleerheit, blutmangel. *Fr.* *Anémie*. *Ital.* *Anemia*, difetto di sangue, mancanza di sangue. *Span.* Falta de sangre, privacion de sangre.

1732 Alberti, Mich. De *αναῖμια*, seu sanguinis defectu. *Hal.* 4to.

1756 Moegling, G. L. *Anæmia* theoretice et practice perlustrata. *Tub.* 4to.

1759 Lieutaud, J. Précis de la médecine pratique. *Par.* 8vo.

1764 Isenflamm, J. F. De *anæmia vera*. *Erlang.* 4to.

1764 Isenflamm, J. F. De *anæmia spuria*. *Erlang.* 4to.

1803 Hallé, J. N. Sur l'anémie (Journ. de Méd. t. i. *Edin.* Med. Journ. vol. iii.)

1812 Geoffroy & Nysten, Dict. des Sc. Méd. (art. *Anémie*) t. ii. *Par.*

1821 Chomel, Dict. de Méd. (art. *Anémie*) t. ii. *Par.*

1824 Combe, J. S. *Edin.* Med. Chir. Trans. vol. iii. *Edin.* 8vo.

1828 Berndt, Encyc. Wörterb. (art. *Anæmia*) b. ii. *Berl.*

1829 Andral, G. Précis d'anatomie pathologique. *Par.*

1829 Roche, Dict. de Méd. Prat. (art. *Anémie*) t. ii. *Par.*

1832 Hall, Cyc. of Pract. Med. (art. *Anæmia*) vol. i. *Lond.*

1832 Copland, Dict. of Pract. Med. (art. *Blood*) *Lond.*

ANASARCA.

DERIV. A nosological term from the *Gr.* *ανα*, among, and *σαρξ*, flesh.

Nos. SYN. *Λευκοφλεγματια*: Gal. *Coel.-Aurel.* *Aqua inter cutem*: Cels. *Leucophlegmatia*: Auct. *Var.* *Anasarca*: Sauv. *Linn.* *Vog.* *Sag.* *Cull.* *Crich.* *Pinel.* *Parr.* *Hydrops anasarca*: Young. *Hydrops cellularis*: Good, *Pinel.* *Hosack.* *Hydrops cutis*, *Hydroderma*: Swed. *Hydrops hypodermaticus*: Ploucq. *Hydrops subcutaneus*: Auct. *Var.* *Hydrosarca*: Auct. *Var.*

VERN. SYN. *Gr.* *ὑδρωψ, υποσαρκιδος υδρωψ*. *Lat.* *Aqua inter cutem*, *hydrops*. *Eng.* General dropsy. *Ger.* Hautwassersucht, allgemeine wassersucht, leibwasser. *Dut.* Lyfwater, ledenzugt. *Dan.* Vattersot under huden. *Swed.* Hudvattssot. *Fr.* *Anasarque*, hydropisie cellulaire, hydropisie générale. *Ital.* *Idropisia generale*, *anasarca*. *Span.* *Hidropesia general*, *anasarca*.

(For Literature, see DROPSY.)

ANGINA PECTORIS.

DERIV. From the *Lat.* *angina*, quinsy, from *ango*, to choke, from the *Gr.* *αγγω*, signifying the same; and *pectus*, the chest.

Nos. SYN. *Ασθμα πνευμωδες*: Aret.? *Suspirium*: Seneca? *Angina pectoris*: Heberden, Cullen. *Asthma diaphragmaticum*: Butter. *Asthma arthriticum*: Schmidt. *Asthma dolorificum*: Darwin. *Asthma convulsivum*: Elsner. *Sternodynia syncopalis*: Sluis. *Syncope angens*: Parry. *Suspirium cardiacum*: Stephen. *Sternalgia*: Baumes, Good, Hos. *Syncope cardiaca*: Caspar, Hoffmann. *Orthopnœa cardiaca*, *Cardiognus cordis sinistri*: Sauv. *Asthma spastico-arthriticum*: Stoeller. *Arthritis phrenica*, *Diaphragmatic gout*: Buxton, &c. *Syncope cardiaca anginosa*: Duncan. *Asthma pectoralis*: Young. *Stenocardia*: Brera. *Pinophobias*: Swed. *Angor pectoris*: Frank.

VERN. SYN. *Gr.* *πνευμωδες παραδελον*? *Lat.* *Suspirium*? suffocatio. *Eng.* Angina, breast-pang (Good), spasm of the chest. *Ger.* Brust-bräune, herzbeklemmung. *Fr.* Angine de poitrine, sternalgie. *Ital.* Angina di petto. *Span.* Angina de pecho, dolor de pecho, cardialgia.

1740 Crellius, J. F. De arteria coronaria instar ossis indurata observatio (Haller Diss. ad Morb. ii. 563.) *Witteb.* 4to.

1747 Gundelfinger, Dissertatio de cardiogmo, vom anwachsen der kinder. *Argent.*

1768 Rougnon, N. F. Lettre à M. Lorry sur une maladie nouvelle. *Besançon.* 8vo.

1778 Elsner, C. F. Abhandlung ueber die brustbräune. *Königs.* 8vo.

1782 Gruner, C. G. Spicilegium ad anginae pectoris (Diss. Doering i.) *Gen.*

1787 Schaeffer, Dissertatio de angina pectoris (Doering i.) *Goett.*

1788 Tode, J. C. De inflammatione pectoris chronica, angina pectoris. *Havn.* 8vo.

1791 Butter, W. M.D. Treatise on the disease commonly called angina pectoris. *Lond.* 8vo.

- 1791 *Hartmann*, *Dissertatio de angina pectoris. Francf.*
 1793 *Schmidt*, *Dissertatio de angina pectoris. Goett. 4to.*
 1797 *Wichmann, J. E.* Ideen zur diagnostik. *Hann. 8vo.*
 1799 *Parry, C. H. M.D.* An inquiry into the symptoms and causes of syncope anginosa. *Bath. 8vo.*
 1800 *Hesse*, Specimen de angina pectoris. *Halle.*
 1801 *Dreyssig, W. F.* Handbuch der medicinisch. diagnostik. *Erf. 8vo.*
 1802 *Sluis*, *Dissertatio de sternodynia synopali. Groen.*
 1803 *Stoeller, F. C.* Journ. der Prat. Heilk. xvii.
 1804 *Hume, Gustavus*, Observations on angina pectoris, gout, &c. *Dubl. 8vo.*
 1806 *Baumes, J. B. T.* Traité élémentaire de nosologie. *Par. 8vo.*
 1806 *Jahn, F.* Ueber die syncope anginosa (*Hufeland's Journ.*) *Berl. 8vo.*
 1810 *Brera, L. V.* Della stenocardia. *Verona. 4to.*
 1811 *Desportes, E. H.* Traité de l'angine de poitrine. *Par. 8vo.*
 1812 *Chrzczonowicz*, *Dissertatio de angore pectoris. Vilnæ.*
 1812 *Millot*, Dissertation sur l'angine de poitrine. *Par.*
 1812 *Renaudin*, Dict. des Sc. Méd. (art. Angine) t. ii. *Par.*
 1813 *Bogart, Henry*, An inaugural dissertation on angina pectoris. *New York, 8vo.*
 1813 *Zechinelli, G. M.* Sull' angina di petto et sulle morte repentine considerazioni. *Padova, 8vo.*
 1815 *Jurine, L. M.D.* Mémoire sur l'angine de poitrine. *Par. 8vo.*
 1817 *Zechinelli, G. M.* Sopra una malattia di Seneca il filosofo. *Pad. 8vo.*
 1818 *Blackall, John, M.D.* Observations on dropsies: with an appendix containing cases of angina pectoris (3d edit.) *Lond. 8vo.*
 1819 *Black, S. M.D.* Clinical and pathological reports. *Newry, 8vo.*
 1819 *Laennec*, Traité de l'auscultation, t. ii. *Par. 8vo.*
 1821 *Pinel & Bricheteau*, Dict. des Sc. Méd. (art. Sternalgie) t. lii. *Par. 8vo.*
 1821 *Raige-Delorme*, Dict. de Méd. (art. Angine de poitrine) t. ii. *Par. 8vo.*
 1822 *Schramm*, *Dissertatio de angina pectoris, (cum tabulis æneis) Lips. 8vo.*
 1824 *Hosack, D. M.D.* Essays on various subjects of medicine. *New York, 8vo.*
 1825 *Frank, Jos.* Prax. Med. Univ. p. ii. vol. viii. *Taurin. 8vo.*
 1829 *Jolly*, Dict. de Méd. et de Chir. Prat. (art. Angine de poitrine) t. ii. *Par. 8vo.*
 1829 *Walker, F. K. M.D.* Remarks on angina pectoris, (*Midl. Journ. i.*) *Worc.*
 1832 *Forbes, Cyc.* of Pract. Med. (art. Angina pectoris) vol. i. *Lond.*
 1832 *Copland*, Dict. of Pract. Med. (art. Angina pectoris) *Lond. 8vo.*

AORTA, DISEASES OF.

DERIV. Gr. *Ἀορτή*. This is the word used by Aristotle for the great artery now so called, and in the same sense as *vessel* or *receptacle* (for the blood), *Ἀορτή* having this meaning originally.

Hippocrates, however, uses the same word for the larger bronchi, and probably derived his term from *αἶρ*, *air*.

SYN. Gr. *Ἀορτή*. Lat. Aorta, arteria magna cordis. Eng. Aorta; the great artery. Ger. Grosse pulsader, grosse schlagader. Dut. Grootte slagader. Fr. Aorte, grande artère. Ital. Span. Aorta.

1693 *Knipsmacoppe, Alex.* Epistola de aortæ polypo. *Lugd. 4to.*

1723 *Stenzel, C. G., Sauber, G. P.* De steatomatibus aortæ, &c. (*Hall. D. ad M. ii.*) *Witteb.*

1728 *Lancisi, J. M.* De motu cordis et aneurismatibus. *Rom. fol.*

1741 *Torti, Francis*, De aortæ aneurismate observationes binæ. *Cremona, 8vo.*

1741 *Valcarengi, Paul*, De aneurismate observationes binæ. *Cremonæ, 8vo.*

1749 *Haller, Bar.* Programma de aneurismate aortæ. *Goett.*

1749 *Haller, Bar.* Programma de aortæ et venæ cavæ morbis. *Goett. 4to.*

1750 *Arnauld, George*, Observations on aneurism. *Lond. 8vo.*

1756 *Matani, Ant.* De aneurismaticis præcordiorum morbis. *Florent. 4to.*

1772 *Guattani, Car.* De externis aneurismatibus, cum nonnullis circa aneurismata interna. *Romæ, 4to.*

1772 *Spaventi, J. F.* Dissertation de frequentioribus cordis majorumque vasorum morbis internis. *Vien. 4to.*

1773 *Verbrugge, Jac.* Dissertation de aneurismate, &c. (*Hall. Bib. Chir. ii.*) *Lugd. Bat.*

1785 *Lauth, Th.* Scriptorum Latinorum de aneurismate collectio. *Argent. 8vo.*

1800 *Sarrazin, J.* Considérations sur les causes de l'aneurisme, &c. *Par. 8vo.*

1803 *Lesage, L. A.* Dissertation sur les aneurismes du cœur et des gros vaisseaux. *Par. 8vo.*

1804 *Graefe, C. F. von*, Angiactasie, ein Beitrag zur rationellen kur und erkenntniss der gefässausdehnungen. *Leipz. 8vo.*

1804 *Scarpa, Ant.* Sull' aneurisma riflessioni, &c. *Pav. fol.*

1804 *Rosenmuller, J. C.* Appendix ad Scarpa ueher die pulsadergeschwülste. *Zurich.*

1807 *Freer, Geo.* Observations on aneurism, and some diseases of the arterial system. *Birm. 4to.*

1809 *Burns, Al.* On diseases of the heart, aneurism of the aorta, &c. *Edin. 8vo.*

1813 *Merat*, Dict. des Sc. Méd. (art. Cœur, pathol.) t. v. *Par.*

1814 *Kreysig, F. L.* Die krankheiten des herzens, bd. 4. *Berl. 8vo.*

1815 *Hodgson, Jos.* A treatise on the diseases of arteries and veins. *Lond. 8vo.*

1816 *Crucveilhier, J. M.D.* Anatomie pathologique, 2 vol. *Par. 8vo.*

1816 *Nægele, D. F. C.* Epistola qua historia aneurismatis quod in aorta abdominali observavit, continetur. *Heidelberg, 4to.*

1820 *Ehrhardt, J. Hen. Gul.* De aneurismate aortæ commentatio. *Lips. 4to.*

1820 *Noverre, G. P.* Dissertation sur les aneurismes de l'aorte. *Par. 8vo.*

1821 *Chomel*, Dict. de Méd. (art. Aneurismes Internes) t. ii. *Par.*

1822 *Levi, M. G.* Saggio sugli aneurismi interni. *Venez. 8vo.*

1822 *Seiler, B. W.* Sammlungen einiger ab-

handlungen ueber die pulsadergeschwülste. Zurich. 8vo.

1823 Bouillaud, J. Sur le diagnostic des anevrismes de l'aorte. Par.

1824 Bertin & Bouillaud, Traité des maladies du cœur. Par. 8vo.

1824 Harrison, R. Surgical anatomy of the arteries, 2 vol. Dublin, 8vo.

1826 Testa, A. J. Delle malattie del cuore, 3 vol. Nap. 8vo.

1828 Sommer, Encycl. Wörterb. (art. *Aneurisma*) b. ii. Berl.

1829 Begin, Dict. de Méd. et Chir. (art. *Aneurisme*) t. ii. Par.

1830 Elliotson, John, M.D. Lectures on diseases of the heart (Lect. 3d.) Lond. fol.

1830 Guthrie, G. J. On the diseases and injuries of arteries. Lond. 8vo.

1831 Hope, J. M.D. Treatise on diseases of the heart, &c. Lond. 8vo.

1832 Hope, Cyc. of Pract. Med. (art. *Aorta, Aneurism of*), vol. i. Lond.

1834 Stokes, J. M.D. Dublin Journ. of Med. Sc. vol. v. p. 400. Dub.

(See HEART, DISEASES OF.)

APHONIA.

DERIV. Gr. Ἀφωνία, from *a*, priv. and φωνή, voice.

Nos. SYN. *Aphonia*: Sauv. Linn. Vog. Sag. Cull. Cricht. Pinel, Macb. Ploucq. Good, Swed. *Mutitas*: Sauv. Cull. Vog. Macb. *Dysphonia*: Good. *Raucedo paralytica*, *Titubatio linguæ*: Darw. *Alalia*: Frank.

VERN. SYN. Gr. Ἀναυδία, ἀφωνία. Lat. *Mutitas*, defectus loquelæ, loquela abolita. Eng. Dumbness, loss of speech or voice. Ger. Sprachlosigkeit, stummheit, verstummung. Dut. Stemmeeloosheid, spraakeloosheid. Dan. Maalløshed. Fr. Mutité, mutisme, perte de voix, perte de la voix. Ital. Afonia, mutezza, perdita della voce. Span. Mudez, afonia, perdida de la voz.

APHTHÆ.

DERIV. Gr. Ἀφθαι, (no sing.) from ἀπτῶ, to inflame.

Nos. SYN. Ἀφθαι: Hipp. Gal. *Pustulæ oris*: Haly Abbas. *Aphtha*: Sauv. Linn. Sag. Cull. Swed. Darw. Parr. *Aphthæ*: Vog. *Aphthæ*: Pinel. *Typhus aphthoides*: Young. *Cystisma aphthosum*: Young. *Emphyysis aphtha*: Good.

VERN. SYN. Gr. Ἀφθαι. Lat. *Ulcuscula oris*. Eng. Thrush. Ger. Schwämmchen, mundschwämmchen, mehlhund, mundsehr, schule, saar. Dut. Mondgezweer, sprouw. Swed. Torsk. Dan. Tröske. Fr. Aphthes, muguet, blanchet, millet. Ital. Afte. Span. Aftas, ubreras.

1672 Ketelaer, Vinc. Commentarius medicus de aphthis nostratibus, seu Belgarum sprouw. Lugd. Bat. 12mo.

1784 Stark, J. C. Abhandlung von den schwämmchen. Jena. 8vo.

1787 Arnemann, J. Commentatio de aphthis. Goett. 8vo.

1790 Posewitz, J. F. S. Semeiologia aphtharum. Witteb.

1803 Double, F. Observations sur la maladie nommée muguet (Journ. Gén. de Méd. t. xviii.) Par. 8vo.

1806 Pison, J. Dissertations sur les aphthes des nouveau-nés. Par. 4to.

1809 Lachaud, M. Dissertation sur les aphthes ou muguet. Par. 4to.

1812 Geoffroy, Dict. des Sc. Méd. (art. *Aphthe*) t. ii. Par.

1819 Devilliers, Dict. des Sc. Méd. (art. *Muguet*) t. xxxiv. Par.

1821 Guersent, Dict. de Méd. (art. *Aphthe*) t. ii. Par.

1821 Henke, Ad. Handbuch zur erkenntniss und heilung der kinderkrankheiten (2 vol.) Frankf. 8vo.

1824 Heyfelder, Beobachtungen ueber die krankheiten der neugeborenen, &c. Leipz. 8vo.

1826 Guersent, Dict. de Méd. (art. *Muguet*) t. xiv. Par.

1828 Billard, C. Traité des maladies des enfans nouveaux-nés. Par. 8vo.

1829 Dugès, Dict. de Méd. Prat. (art. *Aphthe*) t. iii. Par.

1829 Heyfelder, Encycl. Wörterb. (art. *Aphthæ*) b. iii. Berl.

1832 Robertson, Cyc. of Pract. Med. (art. *Aphthe*) vol. i. Lond.

APOPLEXY.

DERIV. Gr. ἀποπληξία, from ἀποπλησσω, to knock or strike down. Th. απο, and πλησσω, to strike.

Nos. SYN. Ἀποπληξίη, Ἀφρωνία? Ἀφρωνία? Hipp. *Apoplexia*: Sauv. Linn. Vog. Sag. Cull. Swed. Parr, Darw. Pinel, Cricht. *Carus apoplexia*: Young, Good. *Comus apoplexia*: Parr. *Paralysis universalis*, *Morbus attonitus*: Auct. *Apilepsis*: Heurnius. *Coma*: Macb.

VERN. SYN. Gr. Ἀποπληξία. Lat. *Apoplexia*, apoplexis, sideratio, resolutio nervorum, ictus sanguinis. Eng. Apoplexy, apoplectic fit, apoplectic stroke. Germ. Schlag, schlagfluss. Dut. Slag, poplesye, geraaktheid, de hand gods. Dan. Slagflod. Swed. Slag. Fr. Apoplexie, coup de sang. Ital. Apoplessia, colpo apopletico, goccia, accidente. Span. Apoplegia.

1596 Lonerus, Jo. Philip, Εξέτασις ιατρικῆς μεθόδου ἀποπληξίας; cum suis causis, signis, &c. Lips. 8vo.

1667 Pechlin, J. N. De apoplexia (Haller D. ad M. i.) Leidæ, 4to.

1672 Schneider, Conr. Vict. M.D. De nova gravissimorum trium morborum curatione—apoplexia, paralysis, lypopsychia. Francf. 4to.

1677 Bayle, Fr. Tractatus de apoplexia. Tolo.

1677 Cortnummius, Jus. M.D. De morbo attonito liber unus. Lips. 4to.

1681 Weyfer, J. J. Observationes anatomicæ ex cadaveribus eorum quos apoplexia sustulit. Amst. 8vo.

1689 Cole, W. M.D. A physico-medical essay on the late frequency of apoplexies, with a general method of their prevention and cure. Oxford, 8vo.

1689 Harvey, Gid. Art of curing diseases by expectation, with remarks on a supposed case of apoplectic fits. Lond. 12mo.

- 1698 *Pechey, J. M.D.* Treatise on apoplexy and convulsions. *Lond.* 12mo.
- 1709 *Mistichelli, Dom.* Trattato dell'apoplessia. *Roma.* 4to.
- 1715 *Catherwood, John.* New method of curing apoplexy. *Lond.* 12mo.
- 1724 *Fraccassatus, C.* Historia apoplecticorum. *Amst.* 4to.
- 1728 *Hoffmann, F.* Dissertatio de apoplexia. *Hal.* 4to.
- 1732 *Robinson, Nic.* Upon the nature and cause of sudden deaths: also on bleeding in apoplexy. *Lond.* 8vo.
- 1734 *Wepfer, Joh. Jac.* Historiæ apoplecticorum illustratæ. *Ludg. Bat.*
- 1753 *Heister, L.* De apoplexia magis chirurgica quam medicamentis curanda. *Helms.* 4to.
- 1759 *Campiani, Gio. Bap.* Ragionamenti sopra ... dell'apoplessia, &c. *Genoa.* 8vo.
- 1761 *Tissot, S. A. D.* De variola, apoplexia, et hydropse. *Lausann.*
- 1767 *Schroeder, Phil. Georg.* De apoplexiæ ex præcordiorum vitiis origine (Opusc. Med. Ackermanni studio) *Norimberg.* 8vo.
- 1770 *Malon, M. de.* Essai sur neuf maladies également dangereuses: l'apoplexie, la paralysie, l'asthma, &c. *Par.* 12mo.
- 1770 *Marguet, F. N.* Traité de l'apoplexie, paralysie, &c. *Par.* 8vo.
- 1770 *Marguet, F. N.* Traité de l'apoplexie, &c. *Par.* 12mo.
- 1772 *Tissot, S. A. D.* On small-pox, apoplexy, and dropsy. (Transl.) *Lond.* 8vo.
- 1778 *Fothergill, J. M.D.* Considerations on bleeding in apoplexy. (Phil. Tr.) *Lond.*
- 1782 *Ponsart, G.* Traité de l'apoplexie. *Par.* 8vo.
- 1785 *Chandler, B. M.D.* An enquiry into the various theories and methods of cure in apoplexies and palsies. *Canterbury.* 8vo.
- 1785 *Walter, J. G. M.D.* Von den krankheiten des bauchfells und dem schlagfluss. *Berl.* 4to.
- 1787 *Hasler, S.* Von den arten und ursachen der schlagflüsse. *Lands.* 8vo.
- 1788 *Wihelm, Rud. (Stoll)* De apoplexia (Eyerell i.) *Vienna.* 8vo.
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- 1790 *Bellani, Honor.* De apoplexia tractatus medico-practicus. *Rom.* 8vo.
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- 1814 *Rochoux, J. A.* Recherches sur l'apoplexie. *Par.* 8vo.
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- 1831 *Bright, R. M.D.* Medical Reports, vol. ii. *Lond.*
- 1832 *Clutterbuck, Cyc. of Pract. Med.* (art. Apoplexy, Cerebral) vol. i. *Lond.*
- 1832 *Copland, Dict. of Pract. Med.* (art. Apoplexy) *Lond.*

APOPLEXY, PULMONARY.

- 1755 *Haller, Opusc. Pathol. obs. xvi.* hist. i. *Lausan.* 8vo.
- 1808 *Corvisart, Nouvelle methode, &c.* par Avenbrugger, p. 227. *Par.* 8vo.
- 1809 *Burns, On diseases of the heart,* p. 53. *Edin.* 8vo.
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- 1826 *Andral, Clinique Médicale,* t. iii. p. 164, 518. *Par.* 8vo.
- 1826 *Bouillaud, Archives Générales de Méd.* *Nov.*
- 1827 *Bright, R. M.D.* Medical Reports, vol. i. p. 121. *Lond.* 4to.
- 1828 *Bayle, Revue Méd.* p. 60. *April.*
- 1828 *Cruveilhier, Anat. Pathol.* liv. iii. *Par.* fol. b

- 1829 *Cruveilhier*, Dict. de Méd. et de Chir. (art. *Apoplexie*) t. iii.
 1830 *Ferguson*, J. C. Dublin Med. Trans. (N. S.) vol. i. p. 11. *Dubl.*
 1830 *Law*, A. M. Dublin Med. Trans. vol. i. p. 89. *Dubl.*
 1832 *Hope*, J. M.D. Treatise on diseases of the heart, p. 197, 211. *Lond.*
 1832 *Johnson*, H. Med. Chir. Review (N. S.) vol. xii. p. 555. *Lond.*
 1833 *Hope*, Morbid anatomy, p. 38. *Lond.*
 1833 *Townsend*, Cyc. of Pract. Med. (art. *Apoplexy, Pulmonary*) vol. i. *Lond.*
 1834 *Laennec*, Dr. Forbes's translation (notes) 4th ed.

ARTISANS AND TRADESPEOPLE, DISEASES OF.

DERIV. The English word, *artisan*, identical with the French, has no doubt been borrowed from that language, and that in its turn probably from the Italian: all flow from the Latin *ars*, (*artis*, *artium*), or *artifex*.

VERN. SYN. Gr. ΤΕΧΝΙΤΗΣ, ΤΕΧΝΑΣΤΗΣ, ΧΕΙΡΩΝΑΞ, ΧΕΙΡΩΝΑΥΤΗΣ, ΔΗΜΙΟΥΡΓΟΣ ΤΕΚΤΩΝ. Lat. *Artifex*, *opifex*, *faber*, *fabricator*. Eng. *Artisan*, *tradesman*, *workman*. Ger. *Handwerker*, *kunstler*. Dut. *Konstenaar*, *werkman*, *konstig werkman*. Fr. *Artisan*, *ouvrier*. Ital. *Artigiano*, *artefice*, *artista*. Span. *Artesano*, *artista*, *artifice*.

1696 *Cockburn*, W. Account of the distempers incident to seafaring people. *Lond.* 12mo.

1703 *Ramazzini*, Bern. De morbis artificum diatriba. *Ultraj.* 8vo.

1745 *Juncker*, Dissertatio de morbis laboriosorum chronicis. *Hale.*

1746 *Ramazzini*, B. A treatise on the diseases of tradesmen, translated by Dr. James. *Lond.* 8vo.

1764 *Linnæus*, Morbi artificum leviter adumbrati. *Upsal.* 4to.

1764 *Skraagge, Nicolaus*, Morbi artificum (Linn. Amæn. vii. 84.) *Upsal.*

1776 *Fothergill*, J. M.D. Observations on the disorders of painters in water colours (Med. Obs. and Inq. v.) *Lond.* 8vo.

1776 *Stockhausen*, S. Traité des mauvais effets de la fumée de litharge (traduite par Gardane). *Par.* 12mo.

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1799 *Kortum*, J. C. A. Gesundheitsbuechlein fuer bergleute. *Dortm.* 8vo.

1799 *Verlouw*, H. Dissertatio de morbis opificum cerussariorum. *Ultraj.* 4to.

1803 *Adelmann*, G. Ueber die krankheiten der kunstler, &c. *Wurz.* 8vo.

1803 *May*, Fr. Die kunst, die gesundheit der handwerker zu verwalten. *Mannh.* 12mo.

1804 *Merat*, F. V. Mémoire sur le tremblement auquel sont sujettes les personnes qui emploient le mercure. *Par.* 8vo.

1805 Anon. Gesundheits-taschenbuch für professionisten und handwerker. *Mannh.* 8vo.

1805 *Bertrand*, Essai médicale sur les professions et metiers. *Par.*

1806 *Berchtold*, L. von, Tabelle zur wahrn. vor gesundheitsgefahren verschiedener handwerker. *Wien.* fol.

1811 *Mayer*, A. Die gesundheitsgefahren der handwerker. *Salz.* 8vo.

1816 *Gosse*, A. L. Propositions générales sur les maladies causées par l'exercice des professions. *Par.* 4to.

1820 *Merat*, Dict. des Sc. Méd. (art. *Professions*) t. xlv. *Par.*

1821 *Ramazzini*, B. Trattato delle malattie degli artifici. *Milan.* 8vo.

1822 *Ramazzini*, B. Traité des maladies des artisans, (par Fourcroy 1777, 12mo.) par Patisier. *Par.* 8vo.

1825 *Buniva*, Mich. Fran. Igiene de' tipografi. *Torino.* 8vo.

1825 *Knight*, A. M.D. North of England Journ. (*Grinder's Asthma*) vol. i.

1831 *Robertson*, J. General remarks on the health of English manufacturers. *Lond.* 8vo.

1831 *Thackrah*, C. T. Effects of the principal arts, trades, &c. on health. *Lond.* 8vo.

1832 *Darwall*, Cyc. of Pract. Med. (art. *Artisans, Diseases of*) vol. i. *Lond.*

1832 *Copland*, Dict. of Pract. Med. (*Arts and Employments*) *Lond.*

ASCITES.

DERIV. Gr. ἀσκιτις, from ἀσκη, a skin-bottle. *Meton*, a big-bellied man.

NOS. SYN. Gr. ἀσκιτις: Coel.-Aurel. Cels. Plin. *Ascites*: Sauv. Linn. Vog. Sag. Cull. Young, Pinel, Parr, Ploucq. Darw. Crich. *Hydrops abdominis*: Good, Hos. Swed. *Hydroetron*: Swed.

VERN. SYN. Gr. ἀσκιτις. Lat. *Hydrops ventris*, *ascites*. Eng. *Dropsy of the belly*. Ger. *Bauchwassersucht*. Fr. *Ascite*, *hydropisie du bas ventre*. Dut. *Waterzugt*, *buikwater*. Dan. *Bugvattersot*. Swed. *Bukvattensot*. Ital. *Ascite*, *idropisia di basso ventre*. Span. *Ascitis*, *hidropesia de vientre*.

1652 *Barbeekius*, Jonas, De hydropis ascitis natura. *Bræmæ*, 4to.

1668 *Rolfinck*, W. De curatione hydropis, potissimum de paracentesi. *Jenæ.*

1707 *Jacobi*, L. F. De scandalo et gloria medicorum ascite. *Hale*, 4to.

1761 *Desbans, P. P.* Specimen de hydropse peritonæi saccato (Sandefort i.) *Gott.* 4to.

1795 *Sachtleben, D. W.* Klinik der wassersuchten. *Danzig.*

1803 *Lassis,* Dissertation sur les avantages de la paracentèse, &c. *Par.* 8vo.

1804 *Anon.* Traité des hydropisies, ascite, &c. qui règnent dans les marais, &c. *Par.* 8vo.

1806 *Anon.* Heilkunde der bauch-und hautwassersuchten (trans. from the French) *Erf.* 8vo.

1811 *Richard, J.* (Dissertation) Des hydropisies en général, et de l'ascite en particulier. *Par.* 4to.

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1817 *Freidreich, N.* Vorzüge des bauchstichs in d. bauchwassersucht. *Wurzb.* 8vo.

1821 *Landré-Beauvais,* Dict. de Méd. (art. *Ascite*) t. iii. *Par.*

1829 *Bouilland,* Dict. de Méd. Prat. (art. *Ascite*) t. iii. *Par.*

1829 *Horn,* Encycl. Wört. (art. *Ascites*) b. iii. *Berl.*

1832 *Darwall,* Cyc. of Pract. Med. (art. *Dropsy*) vol. i. *Leind.*

1833 *Copland,* Dict. of Pract. Med. (art. *Dropsy*) *Lond.*

(See DROPSY.)

ASPHYXIA.

DERIV. *Gr.* ἀσφυξία, from *a*, priv. and σφυξις, the pulse; or from σφάζω, -ξω, to beat as the pulse. Literally, pulselessness.

NOS. SYN. *Asφυξία:* *Gal.* *Asphyxia:* *Sauv.* *Linn.* *Vog.* *Sag.* *Pinel.* *Apoplexia suffocata:* *Cull.* *Curus asphyxia, Acrotismus:* *Good.* *Apnæasphyxia:* *Swed.* *Asthenia, Suffocatio:* *Young.* *Defectus pulsûs:* *Ploucq.*

VERN. SYN. *Gr.* ἀσφυξία. *Lat.* Defectus pulsûs, defectus animi, asphyxia. *Eng.* Suspended animation, apparent death. *Ger.* Scheintod, asphyxie. *Dut.* Schyndood. *Dan.* Skindöd. *Fr.* Asphyxie, mort apparent. *Ital.* Asfissia, morte apparente. *Span.* Asfisia, muerte aparente.

1735 *Detharding, Geo.* Epistola medica de methodo subveniendi submersis per laryngotomiam. *Hafnise,* 8vo.

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1747 *Jackson, Rov.* M.D. A physical dissertation on drowning. *Lond.* 8vo.

1752 *Bruhier, J.* Dissertation sur l'incertitude des signes de la mort, 2 vol. *Par.* 12mo.

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1770 *Du Chemin, de l'Etant,* Mémoire sur la cause de la mort des noyés. *Par.* 8vo.

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1773 *Targioni-Tozzetti, Giov.* Raccolta....per distinguere e dissipare le asfissie. *Firenz.* 8vo.

1774 *Gardane, J. J.* Avis aux peuples sur les asphyxies (transl. in English, *Lond.* 1784.) *Par.* 12mo.

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1776 *Cullen, W. M.D.* A letter to Lord Cathcart, concerning the recovery of persons drowned and seemingly dead. *Lond.* 8vo.

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1778 *Brand, Thos.* Experiments shewing that volatile alkali fluor is the most efficacious remedy in the cure of asphyxis, (translated from the French of Sage.) *Lond.* 8vo.

1780 *Coste, J. F.* Mémoires sur l'asphyxie. *Philad.* 8vo.

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1781 *Gardane, J. J.* Catechisme sur les morts apparentes ou asphyxies. *Par.* 8vo.

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neuentdeckten prüfungsmittel des wahren todes. *Leipz.* 8vo.

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1802 *Struve, C. A. M.D.* A practical essay on the art of recovering suspended animation, (translated from the German) *8vo.*

1804 *Ackermann, J. F.* Der scheintod und das rettungsverfahren. *Frankf.* 8vo.

1804 *Heidmann, J. A.* Zuverlässiges prüfungsmittel des wahren und des scheintodes. *Wien.* 8vo.

1805 *Berger, J. F.* Essai physiologique sur la cause de l'asphyxie par submersion. *Par.* 4to.

1805 *Poppe, J. H. M.* Allgemeines rettungsbuch: eine preisschrift. *Hannov.* 8vo.

1808 *Barzelotti, Giac.* Memoria per servire di avviso al popolo sulle asfisse o morte apparente. *Parma,* 8vo.

1808 *Marc, C. C. H.* Des moyens de constater la mort par submersion (Manuel de l'Autopsie, par Rose, transl. from the German.) *Par.*

1812 *Savary, Dict. des Sc. Méd.* (art. *Asphyxie*) t. ii. *Par.*

1813 *Coloroni, Ant.* Sulle varie morte apparente, &c. *Pavia,* 8vo.

1814 *Curry, J. M.D.* Observations on apparent death from drowning, &c. *Lond.* 8vo.

1815 *Mueller, J.* Ueber den scheintod. *Wurz.* 8vo.

1816 *Verdier, J.* Calendrier des amateurs de la vie, ou avis sur l'asphyxiatrique. *Par.* 12mo.

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1822 *Bourens, J. B.* Anleitung zur rettung der ertrunkenen, &c. *Cohn.* 8vo.

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1830 *Piorry, P. A.* Expériences sur l'insufflation, &c. (Mémoires) *Par.* 8vo.

1832 *Roget, Cyc. of Pract. Med.* (art. *Asphyxia*) vol. i. *Lond.*

1833 *Copland, Dict. of Pract. Med.* (art. *Asphyxy*) *Lond.*

1834 *Kay, J. P. M.D.* The physiology, pathology, &c. of asphyxia. *Lond.* 8vo.

ASTHMA.

DERIV. Gr. *ασθμα*, literally *panting*, from *ασ* or *αναι*, to breathe; to puff or blow.

NOS. SYN. *Ασθμα*: Hipp. Gal. Aret. Cels. *Spirandi difficultas*: Cels. *Asthma*: Sauv. Linn. Vog. Sag. Macb. Cull. Good, Swed. *Pneusis asthma*: Young.

VERN. SYN. Gr. *Ασθμα*. Lat. *Anhelatio*, *spirandi difficultas*, *suspirium*. Eng. *Asthma*, broken-wind, short-breath. Germ. *Engbrüstigkeit*, *schwerathem*, *keuchen*. Dut. *Aamborstigheid*, *engborstigheid*, *ruch*. Dan. *Trangbrystighed*, *tungbrystighed*. Fr. *Asthme*, *courte haleine*, *pousse*. Ital. *Asma*, *asima*. Span. *Asma*, *ahoguido*.

ASTHMA AND DYSPNŒA.

1633 *Bartelotti, F.* Methodus in dyspnœam, seu de respirationibus, lib. iv. *Bonon.* 4to.

1698 *Floyer, Sir J. M.D.* A treatise of the asthma. *Lond.* 8vo.

1703 *Ridley, Hum. M.D.* Observationes de asthmate et hydrophobia. *Lond.* 8vo.

1710 *Fischer, J. C.* Dissertatio de asthmate. *Lips.*

1730 *Vater, Ab. M.D. & Arnold, J. Ott.* Casus singularis asthmatis a depressione sterni, &c. (Hall. Disp. ad M. ii.) *Witemb.* 4to.

1737 *Schulze, J. H.* Dissertatio sistens ægrotum asthmaticum usu radicis scillæ sublevatum (Hall. Disp. ii. 139.) *Hale,* 4to.

1754 *Abernethie, G.* De asthmate (Smellie Thes. ii.) *Edin.* 8vo.

1769 *Millar, J. M.D.* Observations on asthma and hooping-cough. *Lond.* 8vo.

1770 *Rush, Benj. M.D.* A dissertation on the spasmodic asthma of children. *Lond.* 8vo.

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1784 *Ryan, Mich. M.D.* Observations on the history and cure of asthma. *Lond.* 8vo.

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1797 *Franseri, A.* Memoria sobre una dificultad de respirar (Acad. Real. Mad. i.) *Madrid.*

1797 *Lipscomb, G.* Observations on the history and cause of asthma, and a review of Dr. Bree's treatise. *Birmingham,* 8vo.

1801 *Bosch, C. J. V. de*, Commentatio de anatomia systematis respirationi inservientis pathologica. *Harlem.* 4to.

1804 *Laubender, B.* Ueber die erkenntniss, &c. der engbrüstigkeit. *Nürn.*

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- 1807 *Bree, Rob. M.D.* A practical inquiry into disordered respiration. *Lond.* 8vo.
- 1809 *Hecker, Aug. Freid.* Von den enzündungen im halse, besonders von der angina polyposa und dem asthma Millari. *Berlin.* 8vo.
- 1809 *Zallony, M.* Traité de l'asthme. *Par.* 8vo.
- 1810 *Fisher, J. T.* A familiar treatise on asthma. *Lond.* 12mo.
- 1811 *Phillips, Sir R.* Communications relative to the datura stramonium in asthma. *Lond.* 12mo. (pub. anon.)
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- 1814 *Petit, Dict. des Sc. Méd. (art. Dyspnée)* t. x. *Par.*
- 1816 *Lauffer, J.* De asthmate convulsiva, ejusque ab angina pectoris differentia. *Bresl.* 4to.
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- 1821 *Guerseut, Dict. de Méd. (art. Asthme aigu)* t. iii. *Par.*
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- 1829 *Kreyssig, Encyc. Wört. (art. Asthma)* t. iii. *Berl.*
- 1831 *Jolly, Dict. de Méd. Prat. (art. Dyspnée)* t. vi. *Par.*
- 1832 *Forbes, Cyc. of Pract. Med. (art. Asthma)* vol. i. *Lond.*
- 1833 *Copland, Dict. of Pract. Med. (art. Asthma)* *Lond.*

ATROPHY.

DERIV. Gr. *ατροφία*, from *ατροφειν*, to want nourishment. *Th. a.* priv. and *τροφειν*, to nourish.

NOS. SYN. *Atrophia, Innutritio*: *Coel.-Aurel.* *Atrophia*: *Sauv. Linn. Vog. Sag. Cull. Swed. Asthenia totalis*: *Young. Marasmus atrophica*: *Good. Tubes, Contabescentia, Macies, Marasmus*: *Auct.*

VERN. SYN. Gr. *Ατροφία*. *Lat. Atrophia, tabes.* *Eng. Atrophy, emaciation.* *Ger. Auszehrung, abzehrung.* *Dut. Teering.* *Fr. Atrophie, marasme.* *Ital. Atrofia.* *Span. Atrofia.*

AUSCULTATION.

DERIV. *Lat. auscultatio*, listening, hearkening, from *ausculto*, to listen, from the ancient *aus* pro *aures*, quasi *aures culto*, i. e. *aures colo*.

VERN. SYN. Gr. *Ακροασις*. *Lat. Auscultatio.* *Eng. Auscultation, auricular exploration, listening.* *Ger. Das anhören, das erforschen, durch das gehör.* *Fr. Auscultation.* *Ital. L'ascoltare, ascoltazione.* *Span. Auscultacion, accion de escuchar.*

1728 *Lancisi, G. M.* De motu cordis, &c. *Rom.* fol.

1748 *Brendel, J. G.* De motu cordis Lancisiano. *Goett.* 4to.

1761 *Auenbrugger, Leop. M.D.* Inventum novum ex percussione thoracis humani ut signo abstrusos interni pectoris morbos detegendi. *Vindob.* 8vo.

1770 *Rozier, De la Chassagne, M.D.* Manuel des pulmoniques, ou traité complète des maladies de la poitrine: il y a joint une nouvelle méthode, &c. traduite du Latin d'Avenbrugger. *Par.* 8vo.

1808 *Corvisart, J. N.* Nouvelle méthode pour reconnaître les maladies internes de la poitrine, par Avenbrugger (transl.) *Par.* 8vo.

1813 *Dessans, Essai sur la percussion de la poitrine* (Diss. Inaug.) *Par.*

1817 *Double, F. J.* Séméiologie générale (t. ii. p. 31.) *Par.*

1819 *Laennec, R. T. H.* De l'auscultation médiate, ed. i. 1819, ed. ii. 1826, ed. iii. par Mer. Laennec, 3 vol. *Par.* 1831. 8vo. *Id.* Translated by Dr. Forbes. 1st ed. *Lond.* 1821, 2d, 1827, 3d, 1829, 4th, 1834.

1819 *Merat, Dict. des Sc. Méd. (art. Percussion)* t. xl. *Par.*

1821 *Rostan, Dict. de Méd. (art. Auscultation)* t. iii. *Par.*

1822 *Kergaradec, L. J.* Mémoire sur l'auscultation appliquée à l'étude de la grossesse. *Par.* 8vo.

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1829 *Williams*, D. M.D. On the sounds produced by the action of the heart (Edin. Journ. vol. xxxiii.) *Edin.* 8vo.

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1830 *Elliotson*, J. M.D. On the recent improvements in the art of distinguishing the various diseases of the heart. *Lond.* fol.

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1830-1831 *Haycraft*, W. T. M.D. Illustrations of Dr. Corrigan's theory of the motions and sounds of the heart (Med. Gaz. vol. vii. & viii.) *Lond.* 8vo.

1830 *Hope*, J. M.D. Strictures on Dr. Corrigan's essay on the motions and sounds of the heart, (Med. Gazette, vol. vi. p. 680); and Clinical researches on the physiology of the heart's action (Ibid. p. 782). Refutation of the various objections to Dr. Hope's theory of the heart (Ibid. vol. vii. p. 390.) *Lond.* 1830-1. Experimental researches on the action of the heart (Treatise on the diseases of the heart, p. 10.) *Lond.* 1832. 8vo.

1830 *Kennedy*, E. M.D. Observations on the utero-placental circulation and the placental souffle (Dubl. Hosp. Reports, vol. v.) *Dubl.* 8vo.

1830 *Pigeaux*, New analysis of the heart's action (Journ. Hebdom. Avr.) *Par.* 1830. Id. (Archiv. Gén. de Méd. Juill. Nov. 1832.) *Par.* 1832.

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BARBIERS.

DERIV. Unknown: vernacular Indian word.

Nos. SYN. *Berberia*: Sauv. Sag. Cull. *Synclonus berberia*: Good. *Berberia Indica*: Bon-tius. *Berberi*: Manget. Linn. *Asthenia berberia*: Young. *Paralysis berberi*: Tulp.

(For Literature, see PARALYSIS, also CLIMATE.)

BATHS AND BATHING.

DERIV. The English word *bath* is of Saxon origin, *bad*, which still retains the original form in the modern German.

SYN. (1 *Bath*; 2 *cold bath*; 3 *warm bath*.)

Gr. 1 Βαλανειον; 2 ψυχρολουσια; * 3 θερμολουσια. †
Lat. 1 Balneum, balneæ, balineum, baliniæ; 2 balneum frigidum; 3 balneum calidum.
Eng. 1 bath; 2 cold bath; 3 hot or warm bath. Ger. 1 bad; 2 kaltes bad; 3 warmes bad. Dut. 1 bad; 2 koud bad, koel bad; 3 warm bad, heet bad. Fr. 1 bain; 2 bain froid; 3 bain chaud. Ital. 1 bagno; 2 bagno freddo; 3 bagno caldo. Span. 1 baño; 2 baño frio; 3 baño caliente.

1533 Anon. De balneis omnia quæ extant apud Græcos, &c. *Venet.* fol.

1543 *Fumanellus*, Ant. Consilium, &c. et de balneis ferratis et aquæ simplicis. *Basil.* 8vo.

1552 *Civoli*, Bart. A. De balneorum naturalium viribus. *Lugd.* 4to.

1565 *Guintherus*, Joan. Commentarius de balneis in tribus dialogis. *Argent.*

1568 *Turner*, W. M.D. Book of the nature and properties of the baths of England, &c. *Collen.* fol.

1579 *Rulandus*, M. Balnearium restauratum. *Basil.* 18mo.

1622 *Baccius*, And. De thermis libri septem. *Rom.* fol.

1633 *Jorden*, E. Of bathes and mineral waters. *Lond.* 4to.

1636 *Brancaloneis*, J. F. De balneorum utilitate, ex Hippocrate. *Par.* 8vo.

1641 *Oliva*, Chr. de, Trattado de los baños de agua dulce. *Saragossa.* fol.

1645 *Joubert*, Laur. De balneis Romanorum et Græcorum. *Frankc.* 4to.

1650-60 *Chamberlton*, P. M.D. A vindication of public baths. *Lond.* N.D. 4to.

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* From ψυχρος, cold, and λουω, to bathe.

† From θερμος, hot, and λουω, to bathe.

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BERIBERI.

DERIV. Bontius and Ridley say that this term is derived from the Indian word signifying a sheep, on account of the supposed resemblance of the gait of persons affected with it, to that of the sheep. Good derives it from *βερβερι*, the pearl oyster, or other shell, and hence figuratively for *incurvation*. Marshall derives it from the reduplication of the word *beri*, signifying, in the language of Ceylon, *weakness* or *inability*, as if to express intensity of weakness.

NOS. SYN. This disease and Barbers have been almost universally confounded by nosologists. *Hydrops asthmaticus*: Rogers. *Berri berri*: Ridley. *Ballismus beriberii*: Swed.

(For Literature, see DROPSY, also CLIMATE.)

BILE AND BILIOUS DISORDERS.

DERIV. The English word *bile* is probably borrowed immediately from the French, but is unquestionably derived from the Lat. *bilis*.

VERN. SYN. Gr. *χολη, χολος*. Lat. *Bilis*, fel. Eng. *Bile*, gall, choler. Scot. *Gaw*. Ger. *Galle*. Dut. *Gal*. Fr. *Bile*, fiel. Ital. *Bile*. Span. *Bilis*, colera.

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1834 *Venables, Cyc. of Pract. Med. (art. Liver, Diseases of)* vol. iv. Supp. *Lond.*

BLOOD.

DERIV. The English word is the original Saxon *blod*, slightly modified, and which still prevails in all the nations of the same family; while all the southern tribes derive their term from the Latin root, *sanguis*.

VERN. SYN. *Gr. Αἷμα. Lat. Sanguis. Eng. Blood. Scot. Bluid, blude. Ger. Blut. Dut. Bloed. Fr. Sang. Ital. Portug. Sanguie. Span. Sangre.*

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BLOODLETTING, (GENERAL AND LOCAL.)

SYN. (General bloodletting.) Gr. φλεβοτομία. Lat. Venæ incisio, venæ sectio, sanguinis missio.

Eng. Venesection, phlebotomy, bleeding, blood-letting. Ger. Aderlass, aderlassen. Dut. Aderlaating. Fr. Saignée. Ital. Salasso, cavata di sangue. Span. Sangria, flebotomia.

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- 1827 *Poliniere, A. P. J.* Etudes cliniques sur les émissions sanguines, 2 tom. *Par.* 8vo.
- 1828 *Günther & Hufeland,* Encycl. Wörterb. (art. Aderlass) b. i. *Berl.*
- 1830 *Hall, M. M.D.* Researches relative to the morbid and curative effects of loss of blood. *Lond.* 8vo.

1830 *Hills, M.* A short treatise on cupping. *Lond.* 12mo.

1831 *Knorr, G. F.* The art of cupping. *Lond.* 8vo.

BRAIN, INFLAMMATION OF—DISEASES OF.

DERIV. *Phrenitis*, φρενιτις, from φρεν, the mind, properly signifying the delirium of a fever. *Cephalitis*, κεφαλιτις, from κεφαλη, the head. *Encephalitis*, from εγκεφαλος, the brain, from εν, κεφαλη. *Meningitis*, from μννιγξ, -γος, a membrane, especially the membrane of the brain: inflammation of the membranes of the brain. *Arachnitis*, from αραχνοειδης, spider-web-like, applied to the inner membrane of the brain, from αραχνης, a spider, or αραχνιον, a spider's web: properly, inflammation of the arachnoid membrane. *Arachnoiditis*, from the same origin, and having the same meaning. *Cerebritis*, from cerebrum, the brain: inflammation of the substance of the brain. *Sphacelismus*, σφακελισμος, gangrene, from σφακελος, gangrene, but also signifying 'agitation from excessive pain;' hence, probably, used for *phrenitis*. *Phrenismus*, from φρεν. *Phrenesis*, *phrenitiasis*, id. *Siriasis*, from σιριασις or σιριασις, a sun-stroke, from σερις, the Dog-star.

NOS. SYN. *Σιριασις*: Hipp. Aet. φρενιτις: Alex. *Siriasis*: Vog. *Phrenitis*: Cels. Sauv. Linn. Sag. Cull. Hoffm. Boerh. Macb. Junck. Pin. *Phrenismus*: Vog. *Sphacelismus*: Etmull. Linn. *Sideratio*: Auct. Lat. *Cephalitis*: Sauv. Sag. *Encephalitis*: Frank, Ploucq. Swed. *Inflammatio phrenitis*: Parr. *Cauma phrenitis*: Young. *Empresma cephalitis*: Good. *Cerebritis*: Foville, Crawford. *Arachnitis*: Parent-du-Chatelét. *Meningitis*: Auct. Gall. -

VERN. SYN. Gr. φρενιτις, φρενισις. Lat. Inflammatio cerebri, phrenesis, phrenitis. Eng. Phrensy, brain-fever, inflammation of the brain. Ger. Entzündung des gehirns, tobsucht, kopfwuth, hirn-fieber, hirn-wuth. Dut. Krankzinnigheid, harsenwoede. Dan. Raserie. Swed. Raseri, ryhet. Fr. Phrenesie, inflammation du cerveau, transport au cerveau. Ital. Frenesia, infiammazione di cervello, encefalite. Span. Frenesi, frenitis.

1545 *Ingrassias, J. P.* De morbis capitis. *Panhorn.* 4to.

1549 *Pratis, Jason a,* De affectibus cerebri. *Bazil.* 12mo.

1582 *Joubert, Laur.* Dictamen in affectus cerebri (Opp.) *Lyon.* fol.

1606 *Quercitanus, Jos.* Tetras gravissimorum totius capitis affectuum. *Marburg.* 8vo.

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l'inflammation du cerveau chez les enfans. *Par.* 8vo.

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1825 *Bouillaud, J.* Sur l'induration du cerveau (*Archiv. Gén.*) *Par.*

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1832 *Crawford, Cyc. of Pract. Med.* (art. *Brain, Inflammation of*) vol. i. *Lond.*

1832 *Copland, Dict. of Pract. Med.* (art. *Brain*) *Lond.* 8vo.

BRONCHITIS.

DERIV. From *βρογχος*, the windpipe: *βρογχια*, the branches of the bronchus, or bronchi, and the terminal particle *itis*, significative of inflammation.

Nos. SYN. *Bronchos*: *Coel.-Aur. Catarrhus febrilis seu inflammatorius*: *Auct. Peripneumonia catarrhalis*: *Sauv. Peripneumonia notha*: *Sydenh. Boerh. Morgag. Cull. Catarrhus suffocativus*: *Bagliv. Hill, Auct. Var. Peripneumonia pituitosa*: *Forestus. Asthma infantum*: *Millar. Internorum bronchiorum phlogosis*: *J. P. Frank. Bronchitis*: *J. P. Frank, Jos. Frank, Badham, Swed. Reil. Cauma bronchitis*: *Young. Empresma bronchitis*: *Good. Inflammation of the mucous membrane of the lungs*: *Hastings. Bronchiorum inflammatio*: *Auct. Catarrhus pulmonum acutus, Catarrhus pulmonalis, Angina catarrhalis*: *Auct. Angina bronchiorum or bronchialis*: *Reil, &c. Pnigma*: *Vog. Orthopnœa*: *Cels. Boerh. Suffocatio*: *Etmull.*

VERN. SYN. *Gr. Βραγχος, καταρροης. Lat. De-stillatio pectoris, catarrhus. Eng. Bronchial*

inflammation, inflammatory catarrh, bastard peripneumony, suffocative catarrh. *Ger. Bronchialentzündung, steckfluss. Dut. Smoorende-zinkinge. Dan. Stikflod. Swed. Stickfluss. Ital. Bronchite, suffocazione, catarrone, catarronacio. Span. Catarro sofocante, romadizo sofocante.*

BRONCHITIS and CATARRH.

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1562 *Paparella, Sebast.* De catarrho, lib. ii. *Papiae,* 18mo.

1565 *Botal, L.* Commentarius de catarrho. *Lugd.* 4to.

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- 1814 *Badham, C. M.D.* Essay on bronchitis (2d edit.) *Lond.* 12mo.
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- 1820 *Hastings, Ch. M.D.* A treatise on inflammation of the mucous membrane of the lungs. *Lond.* 8vo.
- 1822 *Broussais, F. J. V.* Histoire des phlegmasies chroniques, t. i. *Par.* 8vo.
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- 1832 *Williams, Cyc. of Pract. Med.* (arts. *Bronchitis, Catarrh, and Coryza*) vol. i. *Lond.*
- 1832 *Copland, Dict. of Pract. Med.* (arts. *Bronchi and Catarrh*) *Lond.* 8vo.

BRONCHOCELE.

DERIV. From *βρογχος*, the throat, and *κελη*, swelling: *βρογχοκελη*.

NOS. SYN. *Bronchocele botium*: Roncalli. *Bronchocele*: Sauv. Vog. Auct. Var. *Gongrona*: Hipp. Galen, Vog. *Deironcus glandularis, Thyroncus*: Swed. *Tracheocele*: Heister. *Thyrocele, Hernia bronchialis, Hernia gutturalis, Hernia colli*: Auct. *Thyrophraxia*: Alibert. *Cynanche thyroidea*: Conradi. *Struma*: J. Frank, Auct. Var. *Trachelophyma*: Sagar. *Botium*: Paré. *Thyreophyma*: J. P. Frank.

VERN. SYN. Gr. *Γογγύρων, βρογχοκελη*. Lat. *Guttur tumidum, guttur globosum*. Eng. Swelled neck, Derbyshire neck, Derby-neck. Ger. Kropf, windkropf, luftrohrenbruch, dicker hals. Dut. Gorgelgezwel, krop, kropgezwel. Dan. Keigbyld. Swed. Struma. Pol. Wola. Fr. Goître, gouëtre. (Sauv.) Ital. Gozzo, gozzaja, broncocele. Span. Papera, bocio, seca, lamparones.

1752 *Astruc, J. M.D.* Traité des tumeurs, 2 vol. *Par.* 12mo.

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1762 *Prosser, Thos.* An account and method of cure of the bronchocele or Derby neck. *Lond.* 8vo.

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1811 *Postiglione, Prosp. M.D.* Memoria sulla natura del gozzo, e sulla facile maniera di curarlo. *Firenze*, 12mo.

1812 *Jourdan, Dict. des Sc. Méd.* (art. *Bronchocele*) t. iii. *Par.*

1812 *Larrey, Baron,* Chirurgie militaire (t. i. 123. iii. 199.) *Par.* 8vo.

1813 *Jaquier, N.* Dissertation sur le goître. *Par.* 4to.

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1819 *Quadri*, G. B. On a new mode of treating bronchocele (Med. Chir. Trans. vol. xi.) *Lond.* 8vo.

1820 *Clark*, Jas. M.D. Medical notes on climate (on goitre in the Vallais) *Lond.* 8vo.

1820 *Coindet*, J. F. M.D. Découverte d'un nouveau remède contre le goître (Bibl. Univ. *Juill.* 1820. *Fevr.* 1821.)

1820 *Formey*, L. Bemerkungen ueber den kropf. *Ber.* 8vo.

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1822 *Muhlbach*, T. Der kropf, nach seiner ursache, &c. *Wien.* 8vo.

1822 *Killiches*, F. J. Ueberden kropf. *Prag.* 8vo.

1824 *Coindet*, J. F. M.D. Observations on the effects of iodine in bronchocele and scrofula (transl. by Dr Johnson, 2nd edit.) *Lond.* 8vo.

1824 *Ferrus*, Dict. de Méd. (art. *Goître*) t. x. *Par.*

1824 *Gairdner*, W. M.D. Essay on the effects of iodine in bronchocele, &c. *Lond.* 8vo.

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1825 *Manson*, Al. M.D. Medical researches on the effects of iodine in bronchocele, &c. *Lond.* 8vo.

1826 *Georget*, Dict. de Méd. (art. *Crétin*) t. vi. *Par.*

1827 *Conradi*, J. G. H. De cynanche thyroidea et struma inflammatoria (Jos. Frank Delectus Opusc.) *Nova.* 8vo.

1831 *Johnson*, Jas. M.D. Change of air, &c. (on goitre in the Alps) *Lond.* 8vo.

1831 *Seiler*, Encyc. Wörterb. (art. *Bronchocele*) b. iv. *Berl.*

1832 *Crawford*, Cyc. of Pract. Med. (art. *Bronchocele*) vol. i. *Lond.*

1832 *Copland*, Dict. of Pract. Med. (art. *Bronchocele*) *Lond.*

1833 *Bovillaud & Ratier*, Dict. de Méd. et de Chir. (art. *Goître*) t. ix. *Par.*

CACHEXIA.

DERIV. Gr. *καχεξία*, a bad habit of body, compounded of the words *κακῶς* and *εἶς*, signifying the same: in medical use, as the name either of an individual disease, or of a class of diseases.

Nos. SYN. *καχεξία*: Plutarch, Cels. *Cachexia* (the disease): Cœl.-Aurel. Linn. Vog. *Cachexia* (for the class): Sauv. Vog. Macb. Cull. Cricht. Swed. *Deformes* (the class): Linn. *Dysthetica*

(the class): Good. *Cachexia anomala*: Sag. *Cacochymia* (the class): Young, Swed.

VERN. SYN. Gr. *καχεξία*. Lat. *Cachexia*, malus corporis habitus. Eng. *Cachexy*, bad habit of body. Ger. Ungesunde leibesbeschaffenheit, krankhaftes ansehen. Dut. Ongedaantheit, wangedaante, kwaadgesteldheid. Swed. Sjuklig kropp, vanfärgad. Fr. *Cachexie*, malingre. Ital. *Cachessia*, mal abito, umore depravate. Span. *Caquexia*, mala disposition, humores viciados.

1720 *Hoffmann*, De cachexia (Opp. iii. p. 316.) *Hal.* 4to.

1746 *Ranis*, S. G. Observationes peculiares de sene lethifera cachexia correpto. *Jen.* 4to.

1760 *Nicolai*, E. A. Dissertatio sistens genuinam cachexiæ indolem. *Jen.* 4to.

1796 *Wedekind*, G. Ueber die cachexie im allgemeinen. *Leips.* 8vo.

1796 *Leidenfrost*, J. G. De cachexia duplici. (Opusc. t. iii.) *Lemg.* 8vo.

1812 *Pinel*, Dict. des Sc. Méd. (art. *Cachexie*) t. iii. *Par.*

1823 *Hinly*, C. A. G. Commentatio de cachexiis et cocochymiiis. *Gott.* 4to.

1831 *Kreysig*, Encyc. Wörterb. (art. *Cachexia* and *Cocochymia*) b. vi. *Berl.*

(For further literature, see the individual diseases.)

CALCULUS.

DERIV. Lat. *calculus*, diminutive of *calx*, a lime or chalk-stone.

Nos. SYN. *Αθιασις*: Hipp. Gal. *Αἰθος*: Aristot. *Lithiasis*: Cels. *Calculus*: Plin. *Calculus renum et vesicæ*: Sauv. Sennert. Darw. *Dysuria irritata*: Cull. *Dysuria calculosa*: Sauv. *Lithiasis*: Macb. Ploucq. Young, Vog. *Lithia*: Good. *Lithiases*, *Cachexia calculosa*: Swed. *Urolithiasis*, *Cholelithiasis*, *Enterolithiasis*, *Splanchnolithiasis*: Swed.

VERN. SYN. Gr. *Αθιασις*, *λῖθος*. Lat. *Calculus*. Eng. The stone, the gravel, the stone and gravel. Ger. Stein, harnstein, &c. griess, steinschmerzen. Dut. Dan. Swed. Steen, sten. Fr. Calcul, gravelle, pierre. Ital. Pietra, calcolo. Span. Piedra, calculo.

1519 *Bra*, Hen. a, Medicamenta ad calculum. *Franck.* 12mo.

1543 *Ryff*, G. H. Cur des steins, gries und nierenblasensteins. *Strasb.* 4to.

1581 *Carye*, W. The hammer for the stone. *Lond.* 16mo.

1583 *Carye*, W. A briefe treatise called Carye's farewell to physic, &c. *Lond.* 16mo.

1586 *Fonseca*, R. L. De calculorum remediis. *Roma*, 4to.

1631 *Olivier*, L. Traité des maladies des reins, &c. Rouen, 8vo.

1638 *Van Beverwyk*, Joan, De calculo renum et vesicæ. *Leyde*, 12mo.

1650 *Charlton*, Walt. Spiritus Gorgonicus vi saxipara exutus. *Lugd. Bat.* 12mo.

1672 *Shirley*, Th. M.D. A philosophical essay on the causes whence stones are produced, &c. *Lond.* 8vo.

1681 *Liberti*, H. Regimen in den steinbeschwerden. *Arnstadt*, 8vo.

- 1685 *König, S.* *Λιθογενεΐα*; humanæ specimen (Hall. D. ad M. iii.) Bern. 12mo.
- 1691 *Russel, W.* De calculo vesicæ, or a discourse concerning stone. Lond. 12mo.
- 1712 *Greenfield, J. M.D.* A compleat treatise of the stone and gravel. Lond. 8vo.
- 1720 *Littre, Al.* De la dissolution des pierres de la vessie dans des eaux communes (Mém. Acad. Roy. des Sc.) Par. 4to.
- 1722 *Cam, Jos.* Essay on rheumatism, gout, and stone. Lond. 8vo.
- 1726 *Rutty, W. M.D.* Treatise on the urinary passages, &c. Lond. 4to.
- 1727 *Blackmore, Sir R. M.D.* Dissertations on a dropsy, the stone, &c. Lond. 8vo.
- 1731 *Denys, Jacob.* Observations de calculo renum, &c. Leydæ. 8vo.
- 1734 *Robinson, Nic. M.D.* A complete treatise of the gravel and stone, &c. Lond. 8vo.
- 1736 *Desault, Pierre.* Dissertations de médecine (tome iii. contenant une dissertation sur la pierre des reins et de la vessie) Par. 12mo.
- 1738 *Shaw, P. M.D.* Examination of the reasons for and against the subscription for a medicament for the stone. Lond. 8vo.
- 1738 *Shaw, P. M.D.* Inquiries on the nature of Miss Stephens's medicaments. Lond. 8vo.
- 1739 *Stephens, Mrs.* Receipt for the stone and gravel, &c. Lond. 8vo.
- 1739 *Bracken, Henry, M.D.* Lithiasis Anglicana: an inquiry into the nature and origin of stone, &c. Lond. 8vo.
- 1739 *Cotlogon, D. M.D.* Treatise on the stone, and analysis of Miss Stephens's medicines, &c. Lond. 8vo.
- 1739 *Hartley, Dav.* A view of the evidence for and against Mrs. Stephens's medicine. Lond. 8vo.
- 1739 *Lobb, Theoph. M.D.* A treatise on dissolvents of the stone, and on curing the stone and gout by aliment, &c. Lond. 8vo.
- 1739 *Lobb, T. M.D.* An address to the faculty on Miss Stephens's medicaments. Lond. 8vo.
- 1739 *Pitcarne, Omel. M.D.* The truth unveiled; or a treatise on the stone (in favour of Mrs. Stephens's medicines.) Lond. 8vo.
- 1739 *Schaw, W. M.D.* A dissertation on stone in the bladder. Lond. 4to.
- 1740 *Hartley, D.* A supplement to a pamphlet, &c. Lond. 8vo.
- 1741 *Boerhaave, H.* Prælectiones de calculo. Lond. 8vo.
- 1741 *Hartley, Dav.* De lithontripitico a Joanna Stephens, nuper invento. Lugd. Bat.
- 1741 *Gem, Rich.* An account of the remedy for stone lately published. Lond. 8vo.
- 1741 *Hales, Steph.* An account of some experiments on Mrs. Stephens's medicines. Lond. 8vo.
- 1742 *Rutty, John.* Account of experiments on Mrs. Stephens's medicines. Lond. 8vo.
- 1742 *Parsons, J. M.D.* A description of the human urinary bladder, with animadversions on lithontripitics. Lond. 8vo.
- 1745 *Jurin, J. M.D.* An account of the effects of soap-lye taken for the stone. Lond. 12mo.
- 1745 *Ranby, John.* Narration of the last illness of the Earl of Oxford. Lond. 8vo.
- 1746 *Langrish, Br.* Physical experiments on brutes, to discover a method of dissolving the stone by injections. Lond. 8vo.
- 1752 *Jurin, J. M.D.* An abstract of his case of stone and gravel. Lond. 8vo.
- 1752 *Whytt, R. M.D.* An essay on the virtues of lime-water and soap in the cure of the stone. Edin. 12mo.—Also, Edin. Med. Essays, vol. v.
- 1753 *Descherney, D. M.D.* Treatise on the causes and symptoms of the stone, &c. Lond. 8vo.
- 1754 *Butter, W. M.D.* Method of cure for the stone by injections. Edin. 12mo.
- 1757 *Alston, C. M.D.* Dissertation on quicklime and lime-water. Edin. 8vo.
- 1763 *Clossy, Sam.* Observations on some of the diseases of the human body (sect. vi. on stone.) Lond. 8vo.
- 1764 *Girardi, M. M.D.* De uvæ ursinæ et aquæ calcis vi lithontripitica (Sandifort, Thes. ii.) Patav.
- 1764 *Tenon, J. R.* Recherches sur les calculs (Hist. de l'Acad. des Sc.) Par. 4to.
- 1764 *Touche, H. B. de la, A.* A short account of the disease of the stone. Lond. 4to.
- 1766 *Blackrie, Alex.* A disquisition on medicines that dissolve the stone. Lond. 12mo.
- 1766 *Awsiter, J. M.D.* Treatise on the stone and gravel, &c. Lond. 8vo.
- 1772 *Reichel, J. D.* De humanis calculis (Ludwig, Adversaria t. iii.) Lips. 8vo.
- 1773 *Adams, W. M.* A disquisition of the stone, gravel, &c. Lond. 8vo.
- 1774 *Cohen, M. K.* Abhandlung vom stein, &c. Hal. 8vo.
- 1777 *Perry, C. M.D.* Disquisitions on the stone and gravel, &c. Lond. 8vo.
- 1778 *Hulme, N. M.D.* Safe and easy remedy for the stone, &c. Lond. 4to.
- 1782 *Camper, P.* Mengelstoffen over de steengroezing. Amst. 8vo.
- 1783 *Home, Rob.* The efficacy of solvents candidly examined. Lond. 8vo.
- 1784 *Camper, Peter.* Observationes circa mutationes calculosas in vesica (e Belgic. in Lat. a Szombati.) Pestini. 4to.
- 1784 *Rymer, J.* Chemical reflexions relating to some diseases. Lond. 8vo.
- 1785 *Hartenkeil, J. O.* Tractatus de vesicæ urinariæ calculo. Bamberg. 4to.
- 1787 *Anon.* A treatise upon gravel and gout, and on their sources. Lond. 8vo.
- 1787 *Falconer, W. M.D.* An account of the efficacy of the aqua mephitica alcalina in calculous disorders. Lond. 8vo.
- 1787 *Hagstrom, J. O.* Genesis calculi (Amœn. Acad. Linn. t. ii.) Erl. 4to.
- 1788 *Link, H. F.* De analysi urinæ et origine calculi. Goett. 4to.
- 1789 *Higgins, W.* A comparative view of the phlogistic and antiphlogistic theories, with an appendix on the origin of calculus. Lond. 8vo.
- 1791 *Austin, W. M.D.* A treatise on the origin and component parts of the stone in the urinary bladder. Lond. 8vo.
- 1792 *Beddoes, T. M.D.* Observations on the nature and cure of calculus, &c. Lond. 8vo.
- 1792 *Philip, A. P. W. M.D.* An inquiry into the cause of urinary gravel. Edin. 8vo.
- 1793 *Forbes, M.* A treatise on gravel and gout. Lond. 8vo.
- 1797 *Wollaston, W. H. M.D.* On gouty and urinary concretions (Phil. Trans.) Lond.
- 1802 *Dorsey, J. S.* An essay on the lithontripitic virtues of the gastric liquor. Philad. 8vo.
- 1804 *Portal, Ant. M.D.* Cour d'anatomie médicale, t. v. Par. 4to.
- 1806 *Johnston, Henry.* Practical observations on urinary gravel and stone. Edin. 12mo.
- 1808 *Brande, W.* Letter on calculi (Phil. Trans.) Lond.

1808 *Rubini, Piet.* Pensieri sulla origine de' corpi calcolosi espulsi dal tubo gastrico. *Verona*, 8vo.

1809 *Home, Sir E.* Observations on Mr. Brande's paper on calculi (Nicolson's Journ.) *London*.

1810 *Ouderdonk, H. U.* Dissertation on stone in the bladder. *New York*, 8vo.

1811 *Monro, A. M.D.* The morbid anatomy of the gullet, &c. *Edin.* 8vo.

1812 *Biett & Cadet de Gassicourt*, Dict. des Sc. Méd. (art. *Calcul*) t. iii. *Par.*

1816 *Marie de Saint Ursin, P. J.* Etiologie et thérapeutique de l'arthritide du calcul. *Par.*

1817 *Marcet, Ai. M.D.* An essay on the chemical history and medical treatment of calculous disorders. *London*, 8vo.

1818 *Hutchinson, A. C.* On calculus among seamen (Med. Chir. Trans. vol. ix.) *London*.

1818 *Magendie, F. M.D.* Recherches sur les causes, &c. de la gravelle. *Par.* 8vo.

1819 *Brugnattelli, L. V.* Litologia umana, ossia ricerche sulle sostanze petrose que si formano, &c. *Par.* 4to.

1821 *Fenner, C. W. H.* Ueber harnsteinkrankheiten, &c. *Eisenach*, 8vo.

1821 *Prout, W. M.D.* An inquiry into the nature and treatment of gravel, calculus, &c. *London*, 8vo.

1821 *Smith, R.* Statistical inquiry into the frequency of calculus (Med. Chir. Trans. vol. xi.) *London*.

1821 *Wetzlar, G.* Beiträge zur kenntniss des menschlichen harnes, &c. *Frank.* 8vo.

1821 *Wilson, James*, On the structure, &c. of the urinary organs, &c. *London*, 8vo.

1822 *Breschet*, Dict. de Méd. (art. *Calcul*) t. iv. *Par.*

1823 *Caspari, K.* Der stein der nieren, harnblase, &c. *Leipz.* 8vo.

1824 *Proust, J. L.* Essai sur une des causes des calculs. *Par.* 8vo.

1825 *Laugier, A.* Mémoire sur les concrétions, &c. *Par.* 8vo.

1825 *Leroy, J. d'Etiolle*, Exposé des divers procédés pour guérir de la pierre sans avoir recours à l'opération de la taille. *Par.* 8vo.

1829 *Yelloly, John, M.D.* Statistics of calculus (Phil. Trans.) *London*.

1830 *Campana, And.* Ricerche sulle concrezioni urinarie umane. *Ven.* 8vo.

1831 *Jolly*, Dict. de Méd. Prat. (art. *Calculs*) t. iv. *Par.*

1832 *Thomson & Cumin*, Cyc. of Pract. Med. (arts. *Calculus* and *Calculous Diseases*) vol. i. *London*.

CARDIALGIA, GASTRODYNIA, GASTRALGIA.

DERIV. *Cardialgia*. Gr. καρδιαλγία, literally heart-ache, from καρδιά, the heart, and αλγειν, to suffer pain; used medically to signify pain in the stomach.

Gastrodynia, from the Gr. γαστήρ, stomach, and δυνα, pain : pain of the stomach.

Gastralgia, from the Gr. γαστήρ, stomach, and αλγειν, to suffer pain : pain of the stomach.

Nos. SYN. καρδιαλγία : Hipp. Gal. *Cardialgia* : Sauv. Linn. Vog. Sag. Darw. Pin. *Gastrodynia* : Sauv. Sag. Pin. Soda : Linn. Vog. *Dyspepsia* : Cull. Cricht. *Pyrosis* : Cull. Sauv. Sag. *Litmosis cardialgia* : Good. *Gasteralgia* : Swed. *Cardiacus morbus*, *Spasmus ventriculi*, *Cardiaca passio*, *Ardor stomachi*, *Dyspepsodynia* : Auct.

VERN. SYN. Gr. καρδιαλγία. Lat. *Cardiacus morbus*, *ventriculi dolor*, *morsus ventriculi*, *stomachi rosio*, *stomachi acrimonia*. Eng. Pain in the stomach, *cramp in the stomach*, *spasm in the stomach*, *heart-burn*. Ger. Magen-drücken, *herzweh*, *soddbrennen*, *magenschmerz*, *magenkrampf*, *wasserkolik*. Dut. Maagpyn, *hertepyn*, *herte-wee*. Dan. Mavepine, *mavesmerte*. Swed. Magverk, *magref*. Fr. Douleur de l'estomac, *colique d'estomac*, *aigreur d'estomac*, *cremason*, *fer chaud*. Ital. Mal di stomaco. Span. Dolor de estomago.

1740 *Hoffmann, F.* De dolore præcordiæ, de dolore cardialgiæ (Opp. ii.) *Genev.*

1765 *Whytt, R. M.D.* Treatise on nervous diseases. *Edin.* 8vo.

1766 *Renard, M.* Lettre sur une cardialgie (Journ. de Méd. par Leroux, t. xxiv. p. 444.) *Par.*

1780 *Bousson, J.* Dissertatio de cardialgia (Coll. Lovan. ii.) 8vo.

1783 *Pardini*, De cardialgia (Eyerelli.) *Viennæ*, 8vo.

1785 *Trnka de Krzowitz, W. M.D.* Historia cardialgiæ. *Vindeb.* 8vo.

1796 *Schlüter, Fr.* Ueber den magenkrampf, &c. *Braunsch.* 8vo.

1805 *Maysot, Maur.* Essai sur la crampe nerveuse de l'estomac. *Par.* 4to.

1807 *Bardsley, S. A. M.D.* Medical reports of cases and experiments. *London*, 8vo.

1815 *Pariset*, Dict. des Sc. Méd. (art. *Cardialgie*) t. iv. *Par.*

1816 *Chamberet*, Dict. des Sc. Méd. (art. *Gastrodynie*) t. xvii. *Par.*

1820 *Neumaier, G. A. F.* Die sichersten mittel wider magenkrampf. *Lips.* 8vo.

1822 *Meiner, L.* Die gründlichste heilung des magenkrampfes. *Leips.* 8vo.

1823 *Westphal, C.* Mittel gegen den magenkrampf. *Quedl.* 8vo.

1824 *Georget*, Dict. de Méd. (art. *Gastralgie*) t. x. *Par.*

1828 *Schmidtman, P.* Summa observationum medicarum. *Berl.* 8vo.

1829 *Barras, J. P. T.* Traité sur les gastralgies et les enteralgies. *Par.* 8vo.

1831 *Vogel*, Encyc. Wörterb. (art. *Cardialgia*) b. vi. *Berl.*

1832 *Barlow*, Cyc. of Pract. Med. (art. *Gastrodynia*) vol. ii. *London*.

1833 *Jolly*, Dict. de Méd. Prat. (art. *Gastralgies*, *Gastro-enteralgies*) t. ix. *Par.*

CATALEPSY.

DERIV. Gr. καταληψις, a seizure or attack, from καταλαμβάνω (future, καταληφομαι), to seize or attack.

Nos. SYN. κατοχη : Galen. *Apprehensio*, *Oppressio* : Coel.-Aurel. *Catalepsis* : Sauv. Linn. Vog. Sag. Ploucq. Swed. *Apoplexia cataleptica* : Cull. Carus *catalepsia* : Good. *Entonia catalepsis* : Young.

VERN. SYN. Gr. καταληψις, κατοχη. Lat. *Catalepsis*, *prehensio*. Eng. *Catalepsy*, *trance*. Ger. *Staarsucht*, *staunen*. Dut. *Leden verstyving*, *zingvang*. Dan. *Stifsyge*. Fr. *Catalepsie*, *saisissed*

ment. *Ital.* Catalepsia, catalessia. *Span.* Catoco, catalepsia.

1709 *Dionis, P.* Dissertation sur la mort subite, avec l'histoire d'une fille cataleptique. *Par.* 12mo.

1718 *Hoffmann, F.* De catalepsia (Opp. t. iv. p. iii. p. 130.) *Hal.* 4to.

1736 *Reynell, Rich.* Schediasma de catalepsi. *Lond.* 4to.

1742 *Sauvages, J. B.* Sur la catalepsie (Mém. de l'Acad. des Sc.) *Par.* 4to.

1754 *Delius, H. F.* Diatribe de catalepsi. *Erl.*

1769 *Hirschel, L. F.* Gedanken von der staarsucht oder catalepsie. *Berl.* 8vo.

1773 *Cosnier, L.* Rapport sur les avantages de l'électricité, &c. dans la catalepsie. *Par.* 8vo.

1776 *Baumer, De* extaseos et catalepseos differentia, &c. *Giessæ.* 4to.

1776 *Lambergen, T. A.* Puellæ catalepticæ historia et sanatio. *Lugd. Bat.* 4to.

1780 *Fabri, G. L.* Tractatus de catalepsi. *Halæ.* 8vo.

1784 *Classens, F. J.* De catalepsi (Diss. Lovan. Coll. iii.) *Gerand.*

1786 *Beauchene, M. de,* Observations sur une maladie nerveuse, &c. *Amst.* 8vo.

1803 *Henry, Fr.* Recherches sur la catalepsie. *Par.* 8vo.

1805 *Petetin, J. H. D.* De l'électricité animale, &c. *Lyon.* 8vo.

1810 *Walther, J. A.* Versuche in der nosologie und physiologie, &c. (Catalepsia) *Leips.* 8vo.

1813 *Petroz, Dict.* des Sc. Méd. (art. Catalepsie) t. iv. *Par.*

1814 *Merkel, A. H.* Dissertatio de catalepsi ejusque speciebus. *Erl.* 8vo.

1816 *Sarlandiere, Le Chev.* Histoire d'un cataleptique. *Par.*

1818 *Goebel, Theoph.* De catalepsi, adjecta historia melancholiæ. *Berlin.* 8vo.

1822 *Georget, Dict.* de Méd. (art. Catalepsie) t. iv. *Par.*

1830 *Bouillaud, Dict.* de Méd. et Chir. Prat. (art. Catalepsie) t. v. *Par.*

1831 *Vogel, Encyc. Wörterb.* (art. Catalepsis) b. vii. *Berlin.*

1832 *Joy, Cyc.* of Pract. Med. (art. Catalepsy) vol. i. *Lond.*

1832 *Copland, Dict.* of Pract. Med. (art. Catalepsy) *Lond.*

CATARRH.

DERIV. Gr. Καταρροῦς or καταρροῦς, from καταρρεῖν, to flow down, from κατα, down, and ρεῖν, to flow.

Nos. SYN. Καταρροῦς: Hippocr. Catarrhus: Sauv. Vog. Sag. Cull. Good. Coryza: Linn. Vog. Sag. Rheuma: Sauv. Sag. Anacatharsis: Gal. Sauv. Gravedo: Cels. Linn. Cauma catarrhale: Young. Febris catarrhalis: Auct. Var. Tussis catarrhalis et rheumatica: Hoffm. Ampharina catarrhalis: Sauv. Catarrheuma: Swed. Rheuma catarrhale: Sauv. Phlegmhymenitis: Ploucq. Branchus (βραγχίς): Auct. Var. Influxio: Coel.-Aurel. Tussis: Sauv. Linn. Vog. Sag. Junck. Raucedo: Linn. Raucitas: Vog. Plin.

VERN. SYN. Gr. Καταρροῦς, κατασταυρμός, ἀναπτύσις. Lat. Destillatio, gravêdo, catarrhus. Eng. Cold, defluxion. Germ. Fluss, husten,

schnupfen, schnuppen, katarrh, erkältung. Dut. Zinking. Dan. Flod. Swed. Fluss. Fr. Catarrhe, rhume, fluxion. Ital. Infreddatura, catarro. Span. Catarro, resfriado, romadizo, constipacion.

(For Literature, see BRONCHITIS.)

CHEST OR THORAX, DISEASES OF.

DERIV. *Chest* is an old English word, the more literal meaning of which is known to all. It and its congenerous northern synonyms (Celt. *kest*, Goth. *kista*, Sax. Welsh, *cyst*, Scot. *kist*) are commonly traced to the Lat. *cista* and Gr. *κίστη*, of precisely the same import, but it is quite as probable that the southern vocables are derived from the northern. When it is considered that the same word was anciently used for a *basket*, the appropriation of it to the human thorax will appear quite natural to any one who has ever seen a skeleton.

Thorax. Lat. *thorax*, Gr. *θώραξ*. The Greek word originally signified the cuirass or coat of mail, and subsequently came to be used for the part of the body which this covered.

SYN. Gr. *Θώραξ*. Lat. *Thorax*, pectus. Eng. Chest, breast. Ger. Brust. Dut. Borst. Fr. Poitrine. Ital. Petto. Span. Pecho.

1497 *Montagnana, B.* Consilia, &c. (De ægri-tudinibus pectoris) *Ven.* fol.

1572 *Joubert, Laur.* De affectibus pilorum, &c. De affectibus internarum partium thoracis. *Genev.* 12mo.

1588 *Dunus, Th.* De respiratione liber. *Tigur.* 8vo.

1608 *Hurnius, Jo.* De morbis pectoris liber. *Antv.* 4to.

1616 *Castellos, Pet. Vas.* Exercitationes ad omnes thoracis affectus (Hall. B. M. p. ii.) *Tolos.* 4to.

1628 *Grossius, Th.* Lectiones de morbis capitis et thoracis. *Ferraz.* 4to.

1664 *Diemerbroeck, Js. de,* Disputationum practicarum pars prima et secunda de morbis capitis et thoracis. *Utrecht.* 12mo.

1683 *Bellini, Laur.* De urinis et pulsibus, de morbis capitis et pectoris, &c. *Bonon.* 4to.

1688 Anon. Traité de médecine sur les maladies de la poitrine. *Lion.* 12mo.

1692 *Camerarius, E. R.* Pleuritis et abscessus pectoris. *Tub.* 4to.

1704 *La Salle, J. P. de,* Traité des maladies de la poitrine. *Bordeaux.* 12mo.

1724 *Blackmore, Sir R. M.D.* A treatise on consumptions and other distempers belonging to the breast and lungs. *Lond.* 8vo.

1739 *Grendel, M.* Traité de quelques maladies de la poitrine. *Par.* 8vo.

1740 *Hoadly, Benj.* Lectures on the organs of respiration. *Lond.* 4to.

1741 *Barbeyrac, M. M.D.* Nouvelles dissertations sur les maladies de la poitrine, du cœur, &c. *Amsterdam.* 12mo.

1767 *Bordeu, Th. de,* Recherches sur le tissu muqueux et sur quelques maladies de la poitrine. *Par.* 12mo.

1770 *Roziere, De La Chassaigne M.* Manuel des pulmoniques. *Par.* 12mo.

- 1772 *Ullholm, J.* Respiratio diætetica (Linn. Amen. Ac. viii.) *Upsal.* 8vo.
- 1779 *Orlandi, Tractatus de morbis pectoris.* Romæ, 4to.
- 1779 *Hoffman, C. L.* Geschichte einer brustkrankheit, &c. *Lips.* 8vo.
- 1784-6 *Eschenbach, C. G.* Bemerkungen ueber krankheiten der brust, &c. (3 vol.) *Lips.* 8vo.
- 1788 *Boehme, C. G.* Curmethode der wichtigsten brustkrankheiten. *Leipz.* 8vo.
- 1793 *Corbella y Fondevilla, Ant.* Tratado de las enfermedades agudas y cronicas del pecho. *Madr.* 8vo.
- 1801 *Bosch, J. J. van den,* Commentatio exhibens anatomiam systematis respiratori inservientis pathologicam. *Haarl.* 4to.
- 1802 *Coleman, E.* A dissertation on natural and suspended respiration. *Lond.* 8vo.
- 1814 *Herholdt, J. D.* Ueber die lungenkrankheiten. *Nurnb.* 8vo.
- 1818 *Grateloup, F.* Tableaux synoptiques, &c. des affections thoraciques. *Par.* fol.
- 1819 Anon. Letters on disorders of the chest. *Lond.* 8vo.
- 1823 *Lorinser, C. J.* Die lehre von den lungenkrankheiten. *Berl.* 8vo.
- 1823 *Mayer, C. M. D.* Tractatus de vulneribus pectoris penetrantibus. *Petrop.*
- 1823 *Westphal, C.* Was hat man zu thun um eine schwache brust zu stärken? *Quedl.* 8vo.
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- 1830 *Otto, A. W.* Von der lage der organe in der brusthöhle. *Bresl.* 4to.
- INFANTS AND CHILDREN, DISEASES OF.
- DERIV. *Infant*, from the Lat. *infans* (gen. *infantis*), itself from *in priv.* and *fans*, the participle of the defective verb *fari*, to speak, quasi a *non-speaker*.
- Child*, an original English word from the Saxon *cild*, of unknown origin.
- SYN. Gr. Παις, παις. Lat. *Infans*, puer. Eng. *Infant*, child. Ger. *Kind*, bube, junge, jungling. Dut. *Kind*, jongen. Fr. *Enfant*. Ital. *Bambino*, fanciullo. Span. *Niño*, infante.
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- 1577 *Ferrari, Omn.* De arte medica infantum (lib. iv.) *Brix.* 4to.
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CHLOROSIS.

DERIV. From *χλωρος*, green, pale: hence *χλωριασις*, *χλωρασμα*, and *χλωροτης*, a greenish yellow colour.

NOS. SYN. *χλωρασμα*: *Hipp.* *Chlorosis*: *Sauv.* *Linn.* *Vog.* *Sag.* *Cull.* *Good.* *Swed.* *Dyspepsia chlorosis*: *Young.* *Anepithymia chlorosis*: *Parr.* *Febris alba*: *Mercatus*, *Rod.-a-Castro.* *Cachexia*: *Plater.* *Morbus virgineus*: *Sennertus.* *Fædi colores*: *Ballonius.* *Febris amatoria*: *Langius.* *Icterus albus*, *Icteritia alba*: *Etmuller.* *Pallidus morbus*, *Fædus virginum color*, *Pallor virginum*, *Cachexia virginum*: *Auct.* *Var.*

VERN. SYN. *Gr.* *Χλωρασμα*. *Lat.* *Morbus virgineus*, *pallor virginum*, *pallor amantium*. *Eng.* *Green-sickness*. *Ger.* *Bleichsucht*. *Dut.* *Maagde-ziekte*, *vryster-ziekte*, *bleekzucht*. *Dan.* *Bleegsyge*, *bleegsot*. *Swed.* *Bleksot*, *gränsjuka*. *Fr.* *Chlorose*, *pâles couleurs*. *Ital.* *Clorosi*, *pal-*

lido colore. *Span.* *Clorosis*, *opilacion*, *colores palidos*.

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1832 *Copland*, Dict. of Pract. Med. (art. *Chlorosis*) *Lond.*

(See WOMEN, DISEASES OF.)

CHOLERA.

DERIV. *Gr.* *χολαρα* or *χολερη*. This word is commonly derived from *χολη*, bile, and *ρεω*, to flow, quasi *bile-flux*.*

NOS. SYN. *Χολερη*: *Hipp.* *Cholera*: *Cels.* *Sauv.* *Linn.* *Vog.* *Sag.* *Cull.* *Cholera morbus*: *Sydenh.* et *Auct.* *Var.* *Diarrhæa cholera*: *Young.* *Cholerrhagia*: *Swed.* *Passio cholericæ*, *Passio felliflua*: *Aret.* *Auct.* *Diarrhæa cholericæ*: *Junck.* *Dysenteria incruenta*: *Willis.*

VERN. SYN. *Gr.* *Χολερα*. *Lat.* *Cholera*, *fluxus bilis*. *Eng.* *Cholera*, *cholera morbus*. *Ger.* *Brech-*

* “Bilis supra infraque erumpit, primum aquæ similis, &c. Ergo eo nomine morbum hunc *χολεραν* Græci nominarunt.” *Celsus*, lib. iv. c. xi. —I think the conjecture stated by Donnegan (*Lex. in voce*) more probable: he derives it, by metonymy, from *χολερα*, a gutter for carrying off the rain from the roof of a house, precisely as we have seen the word *Diabetes* transferred, by a similar figure, from an instrument to the disease. Others derive the word (and Trallian among the rest, according to Good) from *χολας*, an intestine, and *ρεω*, to flow, quasi *bowel-flux* in place of *bile-flux*.

† “Qui metuunt ne cholera cum iracundia Gallicè dicta confundatur, vocant cholera-morbum.” *Sauv.* *Nosol.* *Method.*

durchfall, brechruhr, gallenfluss, gallenruhr. *Dut.* Galbraken, boord, buikwee. *Dan.* Galdesot. *Swed.* Gallsjuka. *Fr.* Choléra, trousse-galant, mort de chien. *Ital.* Colera, colera-morbus, espansione di bile. *Span.* Colera, colera-morbo.

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CHOREA.

DERIV. Gr. χορεία, a dancing, χορός, a dance.

Nos. SYN. *Scelotyrbe*: Galen. Plin. Sauv. Sag. *Chorea Sancti Viti*: Sydenh. et Var. *Scelotyrbe pituitosa*: Preysinger. *Chorea*: Linn. Cull. Vog. *Hicaronosis*: Macb. *Choreomania*, *Ballismus*: Ploucq. *Synclonus chorea*: Good. *Clonus chorea*: Young. *Ballismus chorea*, *Ballismus*: Swed. *Epilepsia saltatoria*, *Chorea Viti*: Auct.

VERN. SYN. Gr. Σκελοτυρβη. Lat. *Scelotyrbe*, saltus Viti. Eng. *Chorea*, St. Vitus's dance. Ger. *Veistanz*. Dut. *Dansziegte*. Dan. *Dandseyge*. Swed. *Danssjuka*. Fr. *Danse de Saint-Guy*, chorée. Ital. *Danzo di San Vito*, ballo di San Vito, corea. Span. *Corea*, bayle de San Vito.

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CLIMATE.

DERIV. Our English word is, no doubt, derived immediately from the French, *climat*, although the source of both is the Lat. *clima* (gen. *climatis*), or rather the Gr. κλίμα (gen. κλίματος), of which the former is a mere adoption.

SYN. Gr. κλίμα. Lat. *Clima*. Eng. *Climate*. Ger. *Klima*. Dut. *Streek*, lucht streek. Ital. *Span.* *Clima*.

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- 1832 *Clark, Cyc.* of Pract. Med. (art. Climate) vol. i. *Lond.*

COLD, INFLUENCE OF.

DERIV. *Cold* is an original English or Saxon word, of unknown origin.

VERN. SYN. *Gr.* ψυχρός. *Lat.* Frigus. *Eng.* Cold, coldness. *Ger.* Kälte. *Dut.* Koud, koudheid. *Fr.* Froid, froideur. *Ital.* Freddo, freddezza. *Span.* Frio, frialdad.

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1738 Zels, J. van, Libellus de podagra et dolore colico. Amst. 8vo.

1745 Haen, A. de, De colica Pictorum. Hag. 8vo.

1745 Henckel, J. F. Von der bergsucht und hüttenkatz. Dresd. 8vo.

1750 Hernandez, F. G. Tratado del dolor colico. Madr. 4to.

1751 Astruc, J., Maloet, P. L. M. Ergo morbo colica Pictorum dicto venæsectio? (Hall. D. ad M. iii.) Par. 4to.

1751 Bois, J. B. du, Non ergo colicis figulis venæ sectio (Hall. D. ad M. iii.) Par. 4to.

1752 Grashuis, Johann. De colica Pictorum, &c. Amst. 8vo.

1752 Ilsemann, J. G. De colica saturnina metallurgorum (Hall. Disp. ad M. iii.) Goett.

1757 Tronchin, Theod. Tractatus de colica Pictorum. Genev. 8vo.

1758 Bouvard, M. P. Examen d'un livre qui a pour titre, T. Tronchin de colica Pictorum. Par. 8vo.

1759 Huxham, J. M.D. Observations on the air, &c., and the Devonshire colic. Lond. 8vo.

1760 Poitevin, J. J. Oratio de colica Pictorum dicta. Par. 12mo.

1761 Cambalusier, F. de P. Observations sur la colique de Poitou. Par. 12mo.

1764 Fermin, P. M.D. Traité des maladies fréquentes à Surinam. Maest. 8vo.

1754 Moseley, B. M.D. Treatise on tropical diseases (chapter on dry bellyache) Lond. 8vo.

1764 Prueckel, G. Bericht von dem grausamen reissen im leib colica genannt. Jen. 4to.

1764 Schomberg, Rad. M.D. Treatise on the colica Pictorum or dry bellyache (transl. of Tronchin) Lond. 8vo.

1767 Baker, Geo. M.D. Essay concerning the cause of the endemic colic of Devonshire. Lond. 8vo.

1767 Geach, Francis, M.D. Observations on

COLIC.

DERIV. Lat. *colica*, from *κολον*, colon.

Nos. SYN. *Ειλεος*: Aret. *Chordapsus*: Auct. Cels.? *Colica*: Sauv. Linn. Vog. Sag. Macb. Cull. *Palmus colica*: Young. *Colica ileus*: Good. *Enteralgia*: Swed. *Ileus spasmodicus*: Sauv. *Iliaca passio*: Junck. *Iliaca*: Linn. *Rachialgia*: Astruc, Sauv. Sag. *Spasmus iliacus*: Hoffm. *Affectus mirachialis*: Auct. Arab.

VERN. SYN. Gr. *Ειλεος*, *ιλεος*, *κολικη νόσος*, *κολικη οδυνη*. Lat. *Dolor intestinorum*, *colicus dolor*, *tormina*. Eng. *Cholic*, *bellyache*, *gripes*. Ger. *Kolik*, *bauchschmerz*, *bauchweh*, *grimmen*, *bauchgrimmen*. Dut. *Kolyk*, *buikwee*. Dan. *Kolyk*, *knev*. Swed. *Kolik*, *ref*, *bukref*. Fr. *Colique*, *tranchées*, *tranchées de ventre*. Ital. *Colica*. Span. *Colico*, *dolor colico*.

COLICA PICTONUM, PICTAVIENSIIUM.

DERIV. From being endemic in the province of Poitou, in France, the inhabitants of which are termed in Latin *Pictones*; the colic of the *Pictones*.

Nos. SYN. *Colica Pictorum*: Cites. Cull. *Colica saturnina*: Pinel. *Colica vegetabilis*, *C. Damnoniensis*, *C. Madritensis*, *Colica sicca*, *C. pictorum*, *C. Figulorum*: Auct. *Colica nervosa*: Macb. *Rachialgia Pictorum*, *Rachialgia metallica*, *Paralysis rachialgica*: Sauv. *Rachialgia*: Astruc, Sag. Good. *Palmus plumbarius*: Young. *Enteralgia plumbea*: Swed. *Tiberianum tormentum*: Motherb.

VERN. SYN. Eng. *Dry bellyache*, *painters' colic*, *Devonshire colic*. Ger. *Bleibolik*, *hüttenkatze*, *trockne kolik*. Fr. *Colique de Poitou*,

Dr. Baker's essay on the colic of Devonshire. *Lond.* 8vo.

1767 *Saunders, Will.* M.D. An answer to Messrs. Geach and Alcock on Dr. Baker's essay on the endemic colic of Devonshire. *Lond.* 8vo.

1768 *Alcock, Thos.* Remarks on Dr. Baker's essay on the colic of Devonshire. *Plym.* 8vo.

1768 *Gardanne, J. J.* Conjectures sur l'électricité médicale—recherches sur la colique métallique. *Par.* 12mo.

1768 *Kenne & Schroeter*, De diversa colica Pictonum curandi methodo (Balding. Syll. v.) *Hatæ.*

1769 *Alcock, Thom.* A.M. The endemic colic of Devon not caused by a solution of lead in cyder, &c. *Plymouth.* 8vo.

1769 *Geach, F. M.D.* Reply to Dr. Louder on the dispute concerning the Devonshire cyder. *Lond.* 8vo.

1769 *Luzuriaga, J. M. R.* Disertacion sobre el colico de Madrid. *Madr.* 8vo.

1772 *Strack, R.* Observationes medicæ de colica Pictonum. *Frank.* 8vo.

1774 *Percival, Th.* M.D. Observations and experiments on the poison of lead. *Lond.* 8vo.

1778 *Hardy, J. M.D.* An examination of what has been advanced on the colic of Poitou and Devonshire. *Lond.* 8vo.

1778 *Monro, Don.* M.D. Letters and essays on small-pox, dry bellyache, &c. *Lond.* 8vo.

1778 *Quier, J.* Letters and essays on small-pox, dry bellyache, &c. (same book?) *Lond.* 8vo.

1779 *Leutin, F. B.* Memorabilia circa aerem, vitæ genus sanitatem et morbos claustralensium. *Goett.* 4to.

1780 *Hardy, J. M.D.* An answer to a letter, from F. Riollary to Dr. Hardy. *Lond.* 8vo.

1781 *Kühn, K. G.* Gesammelte schriften zur bleykolik. *Lips.* 8vo.

1781 *Van Zandyeke, F. A.* De colica (Coll. Diss. Lov. ii.) *Ipres.* 4to.

1783 *Gardanne, J. J.* Mémoire concernant une espèce de colique observée sur les vaisseaux. *Par.* 8vo.

1784 Anon. Gesammelte schriften zur erkenntniß, &c. der bleykolik. *Lips.* 8vo.

1784 *Grashuis, Johann.* Versuch über die kolik von Poitou. *Leipz.* 8vo.

1784 *Strack, Carl.* Medicinische beobachtungen über die kolik von Poitou. *Leipz.* 8vo.

1785 *Tronchin, Theod.* Abhandlung von der kolik von Poitou. *Leipz.* 8vo.

1785 *Fowler, T. M.D.* Medical reports of the effects of tobacco, &c., in colic, &c. *Lond.* 8vo.

1786 *Harrison, John.* Observations on the cure of the dry bellyache. *Lond.* 8vo.

1786 *Schroeder, F. J.* Abhandlungen von der kolik von Poitou, der Herren De Haen, Grashuis, Tronchin, und Strack. *Kopenh.* 8vo.

1789 *Popp, J. A. (Stoll)* De colica (Eyerell ii.) *Vien.* 8vo.

1793 *Martin Garcilaso de la Vega*, Discurso sobre el dolor colico. *Madr.* 8vo.

1794 *Clutterbuck, H. M.D.* An account of a new method of treating those affections which arise from the poison of lead, &c. *Lond.* 8vo.

1805 *Baudry, J. B.* Essai sur la colique nervoso-gastrique. *Par.* 4to.

1811 *Aulagnier, A. F. M.D.* Recherches sur les causes de la colique de Madrid. *Madr.* 8vo.

1812 *Merat, F. V.* Traité de la colique métallique, &c. (2nd ed.) *Par.* 8vo.

1812 *Larrey, Baron*, Mémoire sur la colique de Madrid (Chirurg. Milit. iii.) *Par.* 8vo.

1813 *Pariset*, Dict. des Sc. Méd. (art. Colique) t. vi. *Par.*

1816 *Barthez, P. J.* Mémoires sur le traitement des fluxions et sur les coliques iliaques qui sont essentiellement nerveuses. *Montp.* 8vo.

1822 *Chomel*, Dict. de Méd. (art. Colique) t. v. *Par.*

1823 *Lepere, V.* Traité des fleurs-blanches; et sur un nouveau remède contre la colique de plomb. *Par.* 12mo.

1825 *Bochardt, L.* Die bleikrankheit und ihre heilung. *Carlsr.* 8vo.

1825 *Palais, B.* Traité pratique sur la colique métallique. *Par.* 8vo.

1827 *Andral, G.* Clinique médicale, t. iv. *Par.* 8vo.

1828 *Ranque, H. F.* Nouveau traitement de la colique de plomb. *Par.*

1830 *Bouillaud*, Dict. de Méd. Prat. (art. Colique) t. v. *Par.*

1832 *Kreysig*, Encycl. Wörterb. (art. Colica) b. viii. *Berl.*

1832 *Whiting & Tweedie*, Cyc. of Pract. Med. (arts. Colic and Colica Pictonum) vol. i. *Lond.*

1832 *Copland*, Dict. of Pract. Med. (art. Colic) *Lond.*

COMA.

DERIV. Gr. *κωμα*, drowsiness, lethargic sleep; from *κοιμω*, a bed, from *κειω* or *κειω*, to lie.

Nos. SYN. *Κωμα*, *Καρος*, *Καταφορα*: Hipp. Gal. *Coma*: Sauv. Sag. Vog. Macb. Cull. Boerh. Swed. *Carus*: Sauv. Linn. Vog. Sag. Macb. Boerh. Good, Young. *Sopor*: Linn. *Cataphora*: J. Frank, Swed.

VERN. SYN. Gr. *Κωμα*, *καρος*, *καταφορα*, *ληθαργος*, *ληθαργια*. Lat. *Sopor*, stupor, veternus. Eng. Torpor, dead sleep, lethargy. Germ. Schlafsucht, krankhafter schlaf. Dut. Slaapziekte. Dan. Sovesygge. Swed. Sömnjsjuka. Polon. Spiaczka. Fr. Assoupissement, léthargie. Ital. Coma, sopore, letargo. Span. Caro, letargo, azorramiento.

1590 *Bockel, J.* De somno naturali et præternaturali. *Helms.* 8vo.

1617 *Alsario della Croce, V.* De morbis capitis frequentioribus. *Rome*, 4to.

1669 *Schneider, C. V.* De morbis capitis soporosis. *Viteb.* 4to.

1707 *Gaukes, Y. V.* Redenvoering over de buytengewoonste slaapsiegt, &c. *Emd.* 8vo.

1719 Anon. Relation of an extraordinary sleeping person at Finsbury. *Lond.* 12mo.

1769 *Brendel, J. G.* De affectibus soporosis: de lethargo (Opusc.) *Gott.* 4to.

1784 *Belen, Van der*, Dissertatio de morbis soporosis (Doering) *Lovan.* 8vo.

1786 *Beauchesne, E. P. C. de*, Observation sur une maladie nerveuse avec complication d'un sommeil, &c. *Par.* 8vo.

1794 *Boettcher*, Specimen semeiologiæ de sopore. *Rostoch.* 8vo.

1812 *Cheyne, J. M.D.* Cases of apoplexy and lethargy. *Lond.* 8vo.

1812 *Savary*, Dict. des Sc. Méd. (art. Assoupissement) t. ii. *Par.*

1820 *Cooke, J. M.D.* Treatise on nervous diseases (on lethargy, vol. i.) *Lond.* 8vo.

1832 *Bartels*, Encycl. Wörterb. (art. *Coma*) b. viii. *Berl.*

1832 *Crawford*, Cyc. of Pract. Med. (art. *Coma*) vol. i. *Lond.*

1833 *Copland*, Dict. of Pract. Med. (art. *Coma*) *Lond.* 8vo.

(See APOPLEXY and NERVOUS DISEASES.)

COMBUSTION, SPONTANEOUS HUMAN.

DERIV. *Lat.* Combustio spontanea.

SYN. *Lat.* Combustio spontanea. *Eng.* Spontaneous combustion. *Ger.* Selbstverbrennung, selbstentzündung. *Fr.* Incendie spontanée, combustion humaine.

1613 *Hilliard, John*, Fire from heaven burning the body of John Hitchell (*Phil. Trans.* vol. xliii.) *Lond.* 8vo.

1680 *Blankard, S.* Collect. Med. Phys. (cent. vii.) *Amst.* 8vo.

1717 *Cohausen, J. H.* Lumen novum phosphori accensum (p. 92.) *Amstel.* 8vo.

1731 *Bianchini, J.* Parere sopra la cagione della morte della Signora Cornelia Zangari e Bandi. *Verona.*

1736 *Dupont, J.* Dissertatio de corporis humani incendiis spontaneis. *Lugd. Bat.*

1739 *Kundmann, J. C.* Rariora naturæ et artis (p. 927.) *Bresl.* fol.

1745 *Bianchini, J.* On persons burnt to death by lightning (*Phil. Trans.* vol. xliii.)

1745 *Lobb, C. M. D.* Death of a woman from spontaneous fire (*Phil. Trans.* vol. xliii.)

1746 *Adolphe, C. M.* Diss. Trias de eructione flammæ. *Lips.* 4to.

1755 *Alberti, M.* Ob ein mensch von selbst lebendig entzündet, &c. *Halle.* 8vo.

1759 *Schraeder, H. H. C.* Observationes rariores (fasc. i.) *Guelphen.* 8vo.

1774 *Wilmer, B.* An account of a woman burnt to death (*Phil. Trans.* vol. lxiv.) *Lond.*

1800 *Kopp, J. H.* Dissertatio de causis combustionis spontaneæ. *Jenæ.*

1800 *Lair, Pierre-Aimé*, Essai sur les combustions humaines produites par un long abus des liqueurs spiritueuses. *Par.* 12mo.

1804 *Ritter, C. W.* Ueber selbstentzündungen in organischen und leblosen koerpern. *Hamb.* 8vo.

1804 *Trotter, Th. M. D.* An essay on drunkenness. *Lond.* 8vo.

1805 *Chirac, D.* Considérations sur la combustion humaine. *Par.* 8vo.

1805 *Koester*, Dissertatio de combustione spontanea. *Jenæ.*

1805 *Vigne, J. B.* Précis de médecine légale. *Par.* 8vo.

1811 *Kopp, J. K.* Ausfürliche darstellung der selbstverbrennung des menschlichen körpers. *Frankf.* 8vo.

1813 *Fodéré, F. E.* Médecine légale (t. iii. p. 202.) *Par.* 8vo.

1813 *Marc*, Dict. des Sc. Méd. (art. *Combustion*) t. vi. *Par.*

1818 *Lecat, C. N.* Mémoire posthume sur les incendies spontanées (written in 1753.) *Par.* 8vo.

1822 *Breschet*, Dict. de Méd. (art. *Combustion*) t. v. *Par.*

1823 *Colson & Lelarge*, Journ. Complément. Juin 1823. (*Edin. Journ.* xix. 653.) *Par.*

1830 *Devergie*, Dict. de Méd. Prat. (art. *Combustion*) t. vi. *Par.*

1832 *Apjohn*, Cyc. of Pract. Med. (art. *Combustion, Spontaneous*) vol. i. *Lond.*

1832 *Macnish, R.* The anatomy of drunkenness (chap. xii.) 4th edit. *Glasgow*, 8vo.

CONSTIPATION—OBSTIPATION.

DERIV. *Lat.* constipatio, a pressing, or crowding, or cramming together, from *constipo*, to crowd or cram, from *con* and *stipo*, to cram; adopted in its present sense, probably, from the idea of the contents of the bowels being so crammed together as to obstruct the passage.

Obstipation. *Lat.* obstipatio (not in use by classical authors), from *obstipo*, having the same meaning as *constipo*, *ob* and *stipo*.

NOS. SYN. Σκληρα κοιλια: *Hipp.* Astrictio alvi: *Cels.* Constipatio alvi: *Darw.* Obstipatio: *Linn.* Vog. Sag. Cull. Stypsis (Gr. στενσις): *Ploucq.* Obstipatio alvina: *Young.* Coprostasis (from κοπρος, fæces, and στασις, stagnation): *Good.* Ischocoilia (κοιλια, the belly, ισχω, to restrict): *Swed.* Dyscoilia: *Swed.*

VERN. SYN. Γτ. Σκληρα κοιλια. *Lat.* Astrictio alvi, alvus astricta, corpus astrictum. *Eng.* Costiveness, confinement of the bowels, constipation. *Ger.* Hartleibigkeit, stopfung, stuhlverhaltung, leibverstopfung, verstopfung des leibes. *Dut.* Hartlyvigheid. *Dan.* Haardt liv, forstoppelse, bindelse. *Swed.* Hårdt lif, förstoppning, häfte. *Fr.* Constipation, ventre paresseux, reserrement de ventre. *Ital.* Durezza di ventre; costipazione di ventre; stitichezza di ventre. *Span.* Dureza de vientre; estreñimiento de vientre.

1532 *Brunsfels, Otto*, Theses deque artificio suppressam alvum ciendi. *Argent.* 8vo.

1557 *Fumanellus, Ant.* Liber de recrementorum retentione (Opp.) *Zurich.* fol.

1581 *Petronius, Alex. T.* De victu Romanorum, etiam de alvo sine medicamentis mollienda. *Romæ*, fol.

1666 *Sebiz, M.* De constipatione alvi. *Argent.* 4to.

1678 *Muller, J. S.* De alvi constipatione. *Tub.* 4to.

1710 *Printz, C. A.* De adstrictione alvi. *Jenæ*, 4to.

1731 *Krisch, H. G.* De intestinorum angustia ex obfirmato eorum habitus vitio. *Lips.* 4to.

1749 *Armbrust, J. L.* Dissertatio sistens graves morbos ex alvo constipata. *Argent.* 4to.

1755 *Schnizzer, J. F. E.* De alvi obstructione. *Erlang.* 4to.

1770 *Ludwig, C. G.* De causis obstructionis alvinæ. *Lips.* 4to.

1790 *Erhard*, Dissertatio sistens obstipationem alvi (Doering i.) *Erf.*

1794 *Campe*, Dissertatio de obstipatione alvina. *Helms.*

1802 *Anon.* Von der hartleibigkeit und verstopfung. *Leipz.* 4to.

1813 *Renaudin*, Dict. des Sc. Méd. (art. *Constipation*) t. vi. *Par.*

1818 *Hamilton, J. M. D.* Observations on the utility of purgative medicines. *Edin.* 8vo.

1820 *Howship, J.* On diseases of the lower intestines, and costiveness, &c. *Lond.* 8vo.

1822 *Chomel*, Dict. de Méd. (art. *Constipation*) t. v. *Par.*

1826 *Cooke, C. T.* Observations on the efficacy of white mustard-seed in affections of the liver, &c. *Lond.* 8vo.

1829 *Bompard*, Traité des maladies des voies digestives. *Par.* 8vo.

1833 *Copland*, Dict. of Pract. Med. (art. *Constipation*) *Lond.*

1835 *Hastings & Streeten*, Cyc. of Pract. Med. (art. *Constipation*) vol. iv. Suppl. *Lond.*

(See DYSPEPSIA.)

CONTAGION—INFECTION.

DERIV. *Contagion.* Lat. *contagio, contagium, contagēs*; literally, *contact*, from *con* and *tango*, to touch, but more commonly used in the bad sense, of defilement or pollution from contact.

Infection. Lat. *infectio*, a stain or dye (though hardly ever used in this sense), from *infectio* (*in* and *facio*), to stain or dye, and also in the bad sense of to taint, to corrupt.

VERN. SYN. Lat. *Contagio, contagium, contagēs*. Eng. *Contagion, infection*. Ger. *Ansteckung*. Dut. *Besmetting, onsteeking*. Fr. *Contagion, infection*. Ital. *Contagione, infezione*. Span. *Contagio, infeccion*.

1546 *Fracastorius, J.* De contagione et contagiosis morbis. *Ven.* 4to.

1574 *Erastus, T.* Theses de contagio. *Heidelb.* 4to.

1578 *Palmarius* or *Paulmier, J. de*, De morbis contagiosis (lib. vii.) *Par.* 4to.

1582 *Ewich, J. M. D.* De officio fidelis et prudentis magistratus tempore pestilentiae, &c. *Neap.* 8vo.

1583 *Ewich, J. M. D.* Of the deutie of a faithful and wise magistrate, &c. (translated by J. Stockwood) *Lond.* 8vo.

1583 *Tidicæus, F.* De natura contagi. *Bas.* 4to.

1584 *Gemma, J. B.* Methodus nova curandi bubones pestilentes, &c. *Graetz.* 4to.

1592. Anon. Orders mede by her maiestie and her privie council for the stay and further increase of the plague. *Lond.* 4to.

1597 *Chioccius, A.* De contagii natura, carmen. *Verona.* 4to.

1600 *Bamford, J.* A short dialogue concerning the plague's infection. *Lond.* 8vo.

1613 *Perlin, H.* Declamationes adversus morborum contagionem hujusque autores et fautores. *Hanau.* 4to.

1625 *Alaymo, M. A.* Discorso intorno alla preservazione del morbo contagioso e mortale in Palermo, &c. *Panorm.* 4to.

1631 *Baldi, Baldo*, Prælectio de contagione pestifera. *Romæ.* 4to.

1634 *Rondinelli, F.* Relazione del contagio in Firenze l'anno 1630–1633. *Firenz.* 4to.

1646 *Diemerbroeck, I. de*, De peste, (libri quatuor) *Arnheim.* 4to.

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1720 *Hodges, N. M. D.* Loimologia, or an historical account of the plague of London, with precautions against infection, &c. *Lond.*

1721 *Winttingham, Clifton, M. D.* An essay on contagious diseases. *York.* 8vo.

1724 *Astruc, J. M. D.* De la contagion de la peste. *Par.* 8vo.

1738 Anon. Traité de la communication des maladies et des passions. *La Haye.* 8vo.

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1757 *Lind, J. M. D.* Essay on the most effectual means of preserving the health of seamen; on fevers and infection, &c. *Lond.* 12mo.

1763 *Lind, J. M. D.* Two papers on fever and infection. *Lond.* 8vo.

1771 *Brownrigg, W. M. D.* Considerations on the means of preventing the communication of contagion, &c. *Lond.* 4to.

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1772 *Tissot, S. A.* Anweisung wie man sich bey grassirenden und ansteckenden krankheiten, &c. *Lips.* 8vo.

1773 *Sims, James, M. D.* Observations on epidemic disorders, &c. *Lond.* 8vo.

1776 *Escovar, A. P. de*, Avisos medicos. Historia de todos los contagios, &c. *Mad.* 4to.

1778 *Unzer, J. A.* Über die ansteckung, besonders der pocken. *Leipz.*

1779 *Kortum, C. A.* Anweisung, wie man sich vor allen ansteckenden krankheiten erwehren könne. *Leips.* 8vo.

1780 *Farr, S. M. D.* The history of epidemics by Hippocrates, translated, with a preliminary dissertation on infection. *Lond.* 4to.

1782 *Ferro, P. J.* Von der ansteckung der epidemischen krankheiten. *Leipz.* 8vo.

1782 *Unzer, J. A.* Einleitung zur allgemeinen pathologie der ansteckenden krankheiten. *Leipz.* 8vo.

1783 *Owen, H.* De contagione (Smellie Thes. iv.) *Edin.* 8vo.

1785 *Day, Th.* Some considerations on infectious air and the contagion of Maidstone goal. *Maidstone.* 8vo.

1786 *Pichler, J. F. C.* Mémoire sur les maladies contagieuses, &c. *Strasb.* 8vo.

1788 *Alderson, J. M. D.* An essay on the nature and origin of the contagion of fevers. *Lond.* 8vo.

1793 *Haygarth, J. M. D.* A sketch of a plan to exterminate small-pox from Great Britain. *Lond.* 8vo.

1795 *Hopfengartner, P. F.* Beyträge zur allgemeinen und besondern theorie der epidemischen krankheiten. *Leipz.* 8vo.

1795 *Mitchill, S. L.* Remarks on the gaseous oxyd of azote, the nature of contagion, &c. *New York.* 8vo.

1795 *Smyth, J. C. M. D.* A description of the jail distemper at Winchester in 1780, &c. *Lond.* 8vo.

1796 *Smyth, J. C. M.D.* An account of experiments made on board the Union Hospital Ship, &c. *Lond.* 8vo.

1797 *Bay, W. M.D.* Dissertation on the operation of pestilential fluids on the large intestines. *New York,* 8vo.

1798 *Lent, A. C.* An inaugural dissertation, showing how pestilential vapours become acid, and may be neutralized. *New York,* 8vo.

1798 Proceedings of the College of Physicians of Philadelphia relative to contagious diseases. *Philad.* 8vo.

1799 *Franks, J.* On the non-existence of typhous contagion, with remarks on animal life, and epidemics at sea. *Lond.* 8vo.

1799 *Smyth, J. C. M.D.* The effect of nitrous vapour in preventing and destroying contagion. *Lond.* 8vo.

1800 *Davy, H.* Chemical and philosophical researches concerning nitrous oxide, &c. *Lond.* 8vo.

1800 *Maclean, C. M.D.* The plague not contagious, or a dissertation on the source of epidemic and pestilential diseases. *Lond.* 8vo.

1801 *Guyton-Morveau, L. B.* Traité des moyens de désinfecter l'air, &c. *Par.* 8vo.

1801 *Haygarth, J. M.D.* Letter to Dr. Percival on the prevention of infectious fevers, &c. *Bath,* 8vo.

1802 *Bressy, J. M.D.* Théorie de la contagion, &c. *Par.* 12mo.

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CONVALESCENCE.

DERIV. Lat. *convalescentia*, from *convalesco*, to grow strong: *con* and *valeo*.

VERN. SYN. Gr. *ἐπιρρώσις*. Lat. *Convalescentia*. Eng. *Convalescence*. Ger. *Genesung*. Fr. *Convalescence*. Ital. *Convalescenza*, *ricoveramento* di sanita. Span. *Convalecencia*, *restablecimiento* de la salud.

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CONVULSION—SPASM.

DERIV. *Convulsion*. Lat. *convulsio*, from *convello*, (*vulsi*, *vulsum*), to displace, to tear in pieces: *con* and *vello*.

Spasm. Gr. *σπασμος* or *σπασμα*; Lat. *spasmus* or *spasma*.

NOS. SYN. *Σπασμος*, *Σπασμωδης παθος*; Gal. *Convulsio*: Sauv. Linn. Vog. Sag. Macb. Cull. Swed. *Hieranosis*: Linn. Vog. *Sypspasia convulsio*: Good. *Convulsio clonica*: Etmull. *Eclampsia*: Sauv. *Spasmus*: Linn. *Clonus convulsio*: Young.

VERN. SYN. Gr. *Σπασμος*, *σπασμα*, *συσπασις*. Lat. *Convulsio*, *distensio nervorum*, *spasma*, *spasmus*. Eng. *Convulsions*, *fits*. Ger. *Zuckung*. Dut. *Stuip-trekking*, *kramp-trekking*. Dan. *Troekning*. Swed. *Ryckning*. Fr. *Convulsion*. Ital. *Convulsione*. Span. *Convulsion*, *espasmos*.

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- (See NERVOUS DISEASES, and DISEASES OF WOMEN AND CHILDREN.)

CORYZA.

DERIV. Gr. *κορυζα*, from *κορυς*, the crown of the head.

NOS. SYN. *Κορυζα*: Hipp. *Gravedo*: Cels. *Catarrhus ad nares*: Coel.-Aurel. *Stillicidium narium*: Bidloo. *Phlegmatorrhagia*: Junck. *Coryza*: Sauv. Linn. Vog. Sag. Cull. Good. *De fluxu catarrhus*: Young.

VERN. SYN. Gr. *Κορυζα, κατασταχυμος*. Lat. *Gravedo*, distillatio; *coryza*. Eng. Cold in the head, stuffing in the head, the pose (Chauc.) Ger. Schnupfen, schnuppen, fluss. Dut. Verkoutheid, snuf. Dan. Snue, snøve. Swed. Snufva. Fr. Enchiffrenement, rhume de cerveau. Ital. Coriza, infreddatura, gravedine. Span. Coriza, romadizo.

(For Literature, see BRONCHITIS and CATARRH.)

COUNTER-IRRITATION, DERIVATION, REVULSION.

DERIV. Lat. *contra* and *irritatio*; *derivatio*; *revulsio*.

VERN. SYN. Gr. *Αντισπασις, ερθισμος, εποχρησια, αποσπασμα*. Lat. *Irritatio revulsiva*, *derivatio*, *revulsio*. Eng. Counter-irritation, derivation, revulsion. Ger. Ableitung, gegenreizung. Dut. Afleiding, aftekking. Fr. Dérivation, révulsion, contro-stimulant. Ital. Contro-stimolo, derivazione. Span. Derivacion.

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- 1774 *Engel, C. C.* De explicandis vesicantium effectibus (Baldinger Sylloge iv.) *Hal.* 4to.
- 1774 *Leroy, J. A.* Essai sur l'usage de l'écorce du garou, ou traité des effets des exutoires. *Par.* 12mo. (Anonymous in 1767.)
- 1776 *Carson, J.* De cantharidum historia, &c. (Baldinger Sylloge iv.) *Ed.* 8vo.
- 1776 *Forsten, R.* Disquisitio cantharidum historiam naturalem, &c. exhibens. *Argent.* 8vo.
- 1776 *Tralles, B. L.* Commentarius de usu vesicantium in febribus et pleuritide. *Bresl.* 8vo.
- 1778 *Tralles, B. L.* Erläuterung vom gebrauche der Spanischen fliegenpflaster in fiebern. *Bresl.* 8vo.
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- 1781 *Cardon, B.* De epispasticis (Diss. Lovan. ii.) *Lovan.*
- 1781 *Boehmer, G. R.* Dissertatio de foniculis (Doering i.) *Hal.*
- 1782-4 *Tralles, B. L.* Usus vesicantium salubris et noxius. (2 Th.) *Bresl.* 4to.
- 1787 *Anderson, J. M. D.* Medical remarks on natural, spontaneous, and artificial evacuation. *Lond.* 8vo.
- 1788 *Thunberg, C. P.* De moxæ atque ignis in medicina usu. *Upsal,* 4to.
- 1792 *Rougement, J. C.* Essai sur l'usage des epispastiques en médecine. *Par.* 8vo.
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1798 *Rodamel, M.* Essai pratique sur l'emploi des vésicatoires dans les inflammations. *Montp.* 4to.

1800 *Loder, J. C.* Ueber das künstliche brennen (Anfangsgr. der Chir. b. i. p. 230.) *Gotha,* 8vo.

1801 *Wauters, P. E.* Tractatus de exutorium delectu (2 vols.) *Par.* 8vo.

1802 *Autenreith, J. H. F.* Observationes veritatem methodi revulsoriæ spectantes. *Tub.* 8vo.

1802 *Hochstetter, C. H.* Observationes veritatem methodi revulsoriæ spectantes. *Tub.* 8vo.

1803 *Wauters, P. E.* Traité de la choix des exutoires (transl. by Curtet) 2 vols. *Par.* 8vo.

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1813 *Chaumeton, Dict. des Sc. Méd. (art. Cantharide)* t. iv. *Par.*

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1815 *Barbier, Dict. des Sc. Méd. (art. Exutoire)* t. xiv. *Par.*

1815 *Baziere, J.* Dissertation sur l'emploi du séton dans la peripneumonie chronique. *Par.* 4to.

1815 *Valentin, L.* Mémoires sur les bons effets du cautère actuel, &c. *Nancy,* 8vo.

1816 *Wihelmi, J. F. L.* De cantharidibus earumque preparatione. *Marb.* 8vo.

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1818 *Pelletan, Dict. des Sc. Méd. (art. Irritans)* t. xxvi. *Par.*

1819 *Larrey, Dict. des Sc. Méd. (art. Moxa)* t. xxxiv. *Par.*

1819 *Percy & Laurent, Dict. des Sc. Méd. (art. Moxibustion)* t. xxxiv. *Par.*

1820 *Galvani, Dom.* Delle fontanelle trattato. *Padova.* 4to.

1820 *Pinel & Bricheteau, Dict. des Sc. Méd. (art. Révulsion)* t. xlviii. *Par.*

1821 *Merat, Dict. des Sc. Méd. (art. Vésica-toire)* t. lviii. *Par.*

1821 *Percy & Laurent, Dict. des Sc. Méd. (art. Séton)* t. li. *Par.*

1822 *Bacot, John,* Observations on the use and abuse of friction. *Lond.* 8vo.

1822 *Jenner, Ed. M.D.* A letter on the influence of artificial eruptions. *Lond.* 4to.

1822 *Marjolin, Dict. des Sc. Méd. (art. Cautére)* t. iv. *Par.*

1823-8 *Guersent, Dict. de Méd. (arts. Exutoire, t. viii. Dérivatif, Dé-ri-va-tion, t. vi. Moxa, t. xiv. Séton, t. xix. Vésicaire, t. xxi.)* *Par.*

1825 *Boyle, Jas.* A treatise on moxa. *Lond.* 8vo.

1826 *Carlisle, Sir A.* Letter to Sir G. Blane on blisters, escharotics, &c. *Lond.* 12mo.

1827 *Wallace, W.* A physical inquiry respecting the action of moxa. *Dub.* 8vo.

1829 *Fletcher, John,* On the action of remedies reputedly revulsive. *Edin.* 8vo.

1831 *Jolly, Dict. de Méd. et de Chir. Prat. (art. Exutoire)* t. vii. *Par.*

1831 *Sanson, Dict. de Méd. et de Chir. Prat. (arts. Caustique, Cautére, Cautérisation)* t. v. *Par.*

1831 *Seifert, Encycl. Wörterb. (art. Caustica)* b. vii. *Berl.* (16 kinds noticed.)

1832 *Epps, J. M.D.* Counteraction viewed as a means of cure, with remarks on issues. *Lond.* 8vo.

CRISIS.

DERIV. *Gr.* κρίσις, a separation, decision, or judgment, from κρίνω, to separate, to decide.

VERN. SYN. *Gr.* κρίσις. *Lat.* Crisis. *Eng.* Crisis. *Ger.* Crisis, Entscheidung der krankheit, oordel, afscheiding der ziekte. *Ital.* Crisi. *Span.* Crisis.

(For Literature, see PROGNOSIS.)

CROUP.

DERIV. *Croup*, the vernacular name given to the disease by the common people in Scotland. Its derivation is unknown, but it is supposed by some to be named from the disease in the domestic fowl termed *pip*, (in some parts of Scotland called *roup*,) which is accompanied by a modification of voice supposed to be analogous to that of the subjects of croup.

NOS. SYN. *Affectio orthopnoica, Difficultas spirandi:* Ballon. *Angina strepitosa:* Ghisi. *Morbus strangulatorius:* Starr. *Angina latens:* Dodon. *Angina canina:* Zac.-Lus. *Angina interna:* Tulp. *Angina suffocativa:* Bard. *Angina perniciosa:* Horst. *Suffocatio stridula:* Home, Monro. *Morbus truculentus infantum:* Van Bergen. *Catarhus suffocativus Barbadiensis:* Hillary. *Angina membranacea, Angina polyposa:* Michaelis. *Angina trachealis:* Mease. *Angina trachealis infantum:* Pinel. *Angina infantum:* Wilcke. *Asthma infantum spasmodicum:* Rush. *Cynanche trachealis:* Sauv. Cull. *Cynanche stridula:* Crawford, Parr. *Empresma bronchlenmitis:* Good. *Cauma bronchitis:* Young. *Asthma acuta infantum:* Millar. *Angina membranosa:* Sachse. *Tracheitis infantum:* Albers, Frank. *Cynanche laryngea:* Eller. *Angina laryngea exudatoria:* Hufeland. *Peripneumonia trachealis, Expectoratio solida:* Darw. *Bronchitis:* Swed. *Orthopnea membranacea:* Auct. *Tracheitis sicca:* Friedlander. *Laryngo-tracheite:* Blaud. *Diphthérie:* Bretonneau. *Phlegmasie tracheale aigue:* Ravenau.

VERN. SYN. *Gr.* Συναγχή, ποναγχή. *Lat.* Angina, synanche. *Eng.* Croup, hives (Amer.). *Ger.* Bräune, polypose bräune, häutige bräune, pfeifende bräune, huhnnerwehe. *Swed.* Strypsincka. *Hung.* Levegotsopip, pip. *Fr.* Croup. *Ital.* Crup, cinance tracheale. *Span.* Groppa, croup.

1611 *Cascales, F. P.* De morbo garotillo appellato. *Madrit.* 8vo.

1620 *Carnevala, J. B.* De epidemico strangulatorio adfectu. *Neap.* 4to.

1620 *Nola, F.* De epidemico phlegmone anginosa grassante Neapoli. *Venet.* 4to.

- 1636 *Penna, H. G. de la*, Tratado del garotillo. *Saragossa*, 4to.
- 1690 *Sturk, J. H.* De angina alba, vulgo die weisse bräune. *Regens*. 8vo.
- 1718 *Blair, Pat. M.D.* Miscellaneous observations on the practice of physic, &c. (2 vol.) *Lond.* 8vo.
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- 1764 *Van Bergen*, De morbo truculento infantum (Nov. Act. Nat. Cur. t. ii.) *Lips.* 4to.
- 1765 *Home, Fr. M.D.* Of the nature, cause, and cure of the croup. *Edin.* 8vo.
- 1768 *Rosenstein, V. R.* Anweisung zur kenntniss der kinderkrankheiten. *Goett.* 8vo.
- 1769 *Murray, J. A.* Abhandlung von einer bosartigen bräune und einer widernatürliche haut in der lüftröhre, &c. *Gött.* 8vo.
- 1771 *Crawford, T.* De cynanche stridula (Smellie iii.) *Edin.* 8vo.
- 1778 *Michaelis, C. F.* De angina polyposa sive membranacea. *Gött.* 8vo.
- 1779 *Johnstone, J. M.D.* A treatise on the malignant angina, &c. *Worcest.* 8vo.
- 1780 *Mease, A.* De cynanche tracheali (Webster Thes. *Edin.* i.) *Edin.* 8vo.
- 1781 *Bayley, R.* Cases of the angina trachealis, with the mode of cure. *New York*, 8vo.
- 1787 *Chambon, N. de M.* Réflexions sur une maladie particulière aux enfans (Mém. Soc. Roy. de Méd. t. v.) *Par.* 8vo.
- 1789 *Rush, B. M.D.* Observations on the cynanche trachealis (Med. Obs. and Inq.) *Philad.* 8vo.
- 1794 *Alexander, Disney, M.D.* A treatise on the nature and cure of the cynanche trachealis or croup. *Huddersfield*, 8vo.
- 1795 *Davidson, W.* Observations on the pulmonary system, &c. *Lond.* 8vo.
- 1798 *Archer, J.* Dissertation on cynanche trachealis, commonly called croup. *Philad.* 8vo.
- 1800 *Rumsey, H.* An account of the croup as it appeared in the town of Chesham in 1793-4. (Trans. of Med. and Chir. ii. 25.) *Lond.*
- 1801 *Cheyne, John, M.D.* Essays on the diseases of children (i. on croup.) *Edin.* 4to.
- 1802 *Schwügué, C. J. A.* Dissertation sur le croup aigu des enfans. *Par.* 8vo.
- 1804 *Albers, J. A.* Ueber eine die schnellste hülfe, &c. *Brem.* 8vo.
- 1807 *Desessartz, J. C.* Mémoire sur le croup. *Genev.* 8vo.
- 1808 *Anon.* Recueil des observations et des faits relatifs au croup. Redigé par la Faculté de Méd. de Paris. *Par.* 8vo.
- 1808 *Caron, J. C. F.* Traité du croup aigu. *Par.* 8vo.
- 1808 *Caron, J. C. F.* Examen du recueil de tous les faits relatifs au croup. *Par.* 8vo.
- 1808 *Friedlander, M.* Sammlung von beobachtungen die den häutige bräune betreffen. *Tub.* 8vo.
- 1808 *Hopff, J. W.* Abhandlung ueber das croup, &c. *Hanau*, 8vo.
- 1808 *Latour, D.* Manuel sur le croup. *Orleans*, 12mo.
- 1808 *Portal, A.* De l'angine membraneuse (Mémoires, t. iii.) *Par.* 8vo.
- 1808 *Wolf, W. L.* Ueber den luftrohrenbräune der kinder. *Alt.* 8vo.
- 1809 *Hecker, Aug. Fr.* Von den enzündungen im halse, &c. *Berl.* 8vo.
- 1809 *Home, Fr. M.D.* Untersuchungen über die natur, &c. der croup (transl. by Mohr) *Brem.* 8vo.
- 1809 *Suttinger, C. F. B.* De angina polyposa. *Lips.* 4to.
- 1810 *Marcus, A. F.* Ueber die natur und behandlungsart der häutigen bräune. *Bamb.* 8vo.
- 1810 *Heim, E. L.* Kritische bemerkungen ueber Marcus schriften, &c. *Berl.* 8vo.
- 1810 *Albers, J. A.* Kritische bemerkungen gegen Heim's ueber Markus schriften, &c. *Brem.* 8vo.
- 1810 *Caron, J. C. F.* Remarques et observations récentes sur le croup. *Par.* 8vo.
- 1810 *Cheyne, J. M.D.* The pathology of the membrane of the larynx and bronchia. *Edin.* 8vo.
- 1810 *Jurine, L.* Mémoire sur le croup, qui a partagé le prix, &c. *Genev.* 8vo.
- 1810 *Ruette, F.* Recueil des observations sur le croup. *Par.* 8vo.
- 1810 *Sachse, W.* Das wissenwürdigste ueber die häutige bräune. *Lub.* 8vo.
- 1811 *Double, F. J.* Traité du croup. *Par.* 8vo.
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- 1811 *Hosack, D. M.D.* Observations on the croup or hives. *New York*, 8vo.
- 1811 *Loebenstein-Loebel, E.* Erkenntniss und heilung der häutige bräune. *Lips.* 8vo.
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- 1812 *Bonnafox de Malet, Jul. M.D.* Mémoire sur le croup. *Par.* 8vo.
- 1812 *Caillaud, J. M.* Mémoire sur le croup. *Bordeaux*, 8vo.
- 1812 *Caron, J. C. F.* Programme d'un prix relatif à la trachéotomie dans le croup. *Par.* 8vo.
- 1812 *Eccard, A. W.* Beobachtungen und heilung der häutige bräune, &c. *Nurn.* 8vo.
- 1812 *Royer-Collard, A. A.* Rapport sur les ouvrages envoyés au concours sur le croup. *Par.* 8vo.
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- 1813 *Gölis, L. A. M.D.* Tractatus de rite cognoscenda et sananda angina membranacea. *Vienna*, 8vo.
- 1813 *Royer-Collard, Dict. des Sc. Méd. (art. Croup)* t. vii. *Par.*
- 1813 *Rubini, P.* Riflessioni sulla malattia comunemente denominata croup. *Parma*, 8vo.
- 1813 *Ruette, F.* Doutes sur l'existence du croup essentiel. *Par.* 8vo.
- 1815 *Erschenmayer, L. A.* Die epidemie des croups zu Kirchheim in 1807-8-9-10. *Tub.* 8vo.
- 1816 *Albers, J. A. M.D.* Commentarius de tracheitide infantum. *Lips.* 4to.
- 1816 *Jurine, Lud.* Abhandlung über den croup (transl. by Heinaton) *Lips.* 4to.
- 1817 *Sutamillé, M.* Découverte sur le croup, ou l'asthma synanchicum acutum. *Moscou.* 4to.
- 1818 *Heidler, K. J.* Ueber den croup oder die häutige bräune. *Prag.* 8vo.
- 1819 *Krimer, W.* Untersuchungen ueber die nächsten ursachen des hustens mit beziehung auf die lehre vom croup. *Lips.* 8vo.
- 1820 *Eggert, F. F. G.* Ueber das wesen und die heilung des croups. *Hann.* 8vo.
- 1820 *Gölis, L. A. M.D.* Abhandlung ueber

die vorzüglichsten krankheiten des kindlichen alters. *Wien*. 8vo.

1820 Troussel, J. F. A. Essai sur le mal de gorge des enfans, connu sous le nom de croup. *Par*. 8vo.

1821 Desruelles, H. M. J. Traité théorique et pratique du croup (2d ed.) *Par*. 8vo.

1822 Lacroix, J. B. Tableau d'une épidémie de croup à Gueret. *Par*. 8vo.

1823 Bland, P. Nouvelles recherches sur la laryngéo-trachéite, connue sous le nom de croup. *Par*. 8vo.

1823 Bourgeois, Observations d'une angine couenneuse. *Par*. 8vo.

1823 Guersent, Dict. de Méd. (art. Croup) t. vi. *Par*.

1824 Guibert, F. T. Recherches nouvelles sur le croup et sur la coqueluche. *Par*. 8vo.

1824 Hosack, D. Essays on various subjects (on croup, vol. ii.) *New York*, 8vo.

1825 Mackenzie, W. On the symptoms and cure of croup (Ed. Journ. vol. xxiii.) *Edin*. 8vo.

1826 Bretonneau, P. Des inflammations spéciales du tissu muqueux, et en particulier de la diphtérie, &c. *Par*. 8vo.

1826 Bricheteau, J. Précis analytique du croup et de l'angine couenneuse. *Par*. 8vo.

1826 Louis, P. C. A. Mémoires ou recherches anatomico-pathologiques (p. 203.) *Par*. 8vo.

1826 Porter, W. H. Observations on the surgical pathology of the larynx and trachea. *Dub*. 8vo.

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1827 Emengard, F. P. Traité pratique du croup. *Par*. 8vo.

1827 Emengard, F. P. Mémoire additionnel au traité du croup. *Par*. 8vo.

1828 Sachse, Encycl. Wörterb. (art. Angina) b. ii. *Berl*. 8vo.

1829 Mills, T. M. D. An account of the morbid appearances of the trachea, &c. *Dub*. 8vo.

1830 Dugès, Dict. de Méd. et de Chir. Prat. (art. Croup) t. v. *Par*.

1832 Cheyne, Cyc. of Pract. Med. (art. Croup) vol. i. *Lond*.

1833 Copland, Dict. of Pract. Med. (art. Croup) *Lond*.

1834 Bow, W. F. M. D. A new view of inflammation, with cases of croup, &c. *Edin*. 8vo.

CYANOSIS.

DERIV. From *κυανωσις*, the colour of blue, from *κυανος*, a blue stone (lapis lazuli), or blue flower (blue-bottle).*

NOS. SYN. *Icteritia cyanea*: Paracels. *Cyanosis*: Baumes. *Morbus cœruleus*: Schuler et Var. *Cyanopathia*: Marc. *Exangia cyania*: Good. *Cyania*: Cricht.

VERN. SYN. Gr. *Κυανωσις*. Lat. *Morbus cœruleus*. Eng. Blue disease, blue skin. Ger. Blausucht. Fr. Cyanose, ictère bleu, ictère violet, cachexie bleue. Ital. Male ceruleo. Span. Azul enfermedad.

* This word is commonly derived from *κυανος* and *νοσος*, *morbus cœruleus*, and I believe M. Baumes originally formed the term in this manner; but this derivation would lead to pronouncing it short instead of long. The word *κυανωσις* is classical.

1805 Seiler, B. G. De morbo cœruleo. *Viteb. Enipont*. 8vo.

1811 Kaemmerer, J. J. Dissertatio de morbo cœruleo. *Halæ*, 4to.

1812 Marc, Dict. des Sc. Méd. (art. *Maladie Bleue*) t. iii. *Par*.

1812 Tobler, Dissertatio de morbo cœruleo. *Gött*. 4to.

1813 Haase, C. T. Dissertatio de morbo cœruleo. *Lips*. 4to.

1814 Farre, J. R. M. D. On malformation of the human heart. *Lond*.

1815 Kwiatkowski, Dissertatio ætiologiam morbi cœrulei amplificans. *Vilnæ*, 8vo.

1816 Hein, J. C. Dissertatio de cordis deformationibus. *Gott*. 4to.

1817 Hartmann, Dissertatio de cyanosi ejusque cura. *Viennæ*, 4to.

1820 Cherrier, Dissertation sur la maladie bleue. *Par*. 4to.

1820 Marx, H. Morbi cœrulei exemplum memorabile. *Berl*. 8vo.

1822 Peters, Dissertatio sistens relationem de puero morbo cœruleo laborante. *Kiliæ*, 4to.

1822 Zimmermann, De morbo cœruleo. *Berol*. 8vo.

1823 Ferrus, Dict. de Méd. (art. *Cyanose*) t. vi. *Par*.

1823 Horner, Dissertatio de cyanosi. *Mona-chii*, 4to.

1823 Louis, P. C. A. Observations et considérations sur la communication des cavités droites, &c. (*Archiv. Gén. de Méd. Nov.*) *Par*.

1824 Alton, Dissertatio de cyanopathiæ specie. *Bonnæ*, 8vo.

1824 Gintrac, E. M. D. Observations et recherches sur la cyanose ou maladie bleue. *Par*. 8vo.

1824 Ramberg, Dissertatio de corde vasisque majoribus, &c. *Berlin*, 8vo.

1825 Meinecke, Dissertatio de cyanosi. *Berol*. 8vo.

1826 Lewes, Dissertatio de morbo cœruleo. *Berol*. 8vo.

1826 Louis, P. C. A. Mémoires ou recherches anatomico-pathologiques (p. 301.) *Par*. 8vo.

1827 Ermel, Dissertatio de cyanosi. *Lips*. 4to.

1831 Bouillaud, Dict. de Méd. Prat. (art. *Cyanose*) t. vi. *Par*.

1831 Paget, John, M. D. On the congenital malformations of the heart (*Edin. Journ.* vol. xxxvi. p. 263.)

1832 Crampton, Cyc. of Pract. Med. (art. *Cyanosis*) vol. i. *Lond*.

1832 Copland, Dict. of Pract. Med. (art. *Blue Disease*) *Lond*.

CYNANCHE (MITIS ET MALIGNA).

DERIV. Gr. *κυνάγχη*, from *κυν*, a dog, and *αγχω*, to throttle, to strangle: literally dog-choke. The disease is supposed by some to be so called from its occasioning a noise in breathing like that made by dogs when being strangled. By others it is said to be from the patient being obliged to breathe like a dog, with open mouth and protruded tongue.

NOS. SYN. Παρακυνάγχη, Συναγχή, Παρασυναγχή, Παισθμία: Auct. Græc. *Angina*: Cels. Hoffm. Boerh. Vog. Junck. *Synanchica passio*: Coel. Aurel. *Angina canina*: Zacut. Lusit. *Cynanche*:

Sauv. Linn. Sag. Cull. Par. *Tonsillitis*: Cricht. *Cauma paristhmilis*: Young. *Empresma paristhmilis*: Good. *Angina gutturalis*: Pinel. *An-tiuditis*: Swed. *Isthmitis*: Swed. Ploucq. *Pharyngitis*: Cricht. *Angor faucium*, *Pruna*, *Prunella*: Auct.

VERN. SYN. Gr. *Κινάγχη*, *παισθμία*, *φλεγμοναί των κατὰ τον ισθμόν χωρίων*. Lat. Angina, synanche, inflammatio gutturis, inflammatio faucium. Eng. Squinancy, squinsy, quinsy, sore throat, throat disorder. Ger. Kehlsucht, halsweb, bräune, halsentzündung, halsbräune, halsgeschwulst, halsgeschwür. Dut. Kwade keel, worg-gezwel, keel-onsteeking. Dan. Halspine, halsvee, halsbrynde, halssyge. Swed. Halsjuka, halstäppa. Fr. Esquinancie, mal de gorge, squinancie, prunelle. Ital. Angina, mal di gola, schienanzia. Span. Garotillo, angina, esquinencia.

1563 Foglia, J. A. De faucium ulceribus. Neapoli. 4to.

1567 Wier, Joan. Medicarum observationum rariarum lib. i. (de pestilentiali angina) Basil. 4to.

1611 Cascales, F. P. De morbo garotillo appellata. Madr. 8vo.

1611 Villa Real, Joan. de, De signis, causis, essentia, &c. morbi suffocantis lib. ii. Compluti. 4to.

1615 Herrera, Chr. Per. de, Tractatus de morbo suffocante garotillo Hispanè appellato. Matriti, 4to.

1615 Nunez, Ild. De gutturis ulceribus anginosis. Sevil. 4to.

1618 Fonseca, J. A. de, De angina et garotillo puerorum. Complut. 4to.

1620 Carnevala, J. B. De epidemico strangulatorio affectu. Neap. 4to.

1620 Nola, Fr. De epidemico phlegmone anginoso grassante Neapoli. Venet. 4to.

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1621 Aguiar, Th. de, Apologia—adversus Nunez, cum censuris in lib. de faucium ulceribus anginosis, vulgo garotillo. Murciæ, 4to.

1621 Tamajo, And. De alg. y garotillo. Madr. 8vo.

1622 Broncolli, Th. De populari horribili ac pestilenti gutturis affectione. Neapoli, 8vo.

1625 Alayma, M. A. Discorso.... del morbo contagioso.... in Palermo. Palermo, 4to.

1625 Alaymo, M. A. Consultatio pro ulceris Syriaci curatione. Panorm. 4to.

1625 Cortesius, J. B. Miscellaneorum medicinalium decades duæ (lib. ix. de pestilenti angina) Messan. fol.

1632 Severinus, M. Aur. De recondita abcessuum natura lib. viii. (lib. viii. *παθάρχων λοιμωδός*, sive pestilens faucium abcessus in pueris.) Neapoli, 8vo.

1633 Prosini, J. D. De faucium et gutturis anginosis, &c. consultatio. Messan. 4to.

1636 Pina, Geron. Gil y de, Tratado de la curacion del garotillo. Zaragoza, 12mo.

1636 Penna, H. G. de la, Tratado del garotillo. Saragossa.

1636 Signini, Aet. Clet. De morbo strangulatorio opus. Romæ, 12mo.

1646 Bartholinus, Thom. Exercitationes de angina puerorum Campaniæ Siciliaeque epidemica. Par. 12mo.

1661 Fabriz, W. Bericht von der bräune. Stuttg. 12mo.

1690 Stark, J. H. De angina alba seu prunella, vulgo die weisse bräune. Regensp. 4to.

1702 Aquerze, De febre interperata, vulgo dicta angina Sardinica. Madr.

1747 Hilscher, S. P. De insigni raucedinis remedio (vapore aquæ calidæ) (Hall. D. ad M. i.) Jenæ, 4to.

1748 Astruc, J. Lettre sur le mal de gorge gangréneuse parmi les enfans. Par. 4to.

1748 Fothergill, John, M.D. Account of the sore throat attended with ulcers. Lond. 8vo.

1749 Chomel, M. Dissertation historique sur l'espèce de mal de gorge gangréneux, &c. Par. 12mo.

1749 Ghisi, M. Lettere mediche (ii.) Cremona. 4to.

1746 Malouin, P. J. Mémoires de l'Académie des Sciences, 1746-7-8-9. Par. 4to.

1749 Rabours, G. de, Vandermonde, C. A. An in ulcere tonsillarum gangrenoso antiseptica? (Hall. D. ad M. i.) Par. 4to.

1750 Starr, J. M.D. Of the morbus strangulorius (Phil. Trans. vol. xlv.) Lond.

1751 Wall, John, M.D. Method of treating the sore-throat (Med. Tracts, Oxford, 1780.) Worcester. 8vo.

1751 Zapf, J. S. Synopsis observationum medicarum cum historia et curatione anginæ 1745-6. Lugd. Bat. 8vo.

1753 Langhans, Beschreibung, &c. nebst einem bericht ueber eine neue ansteckende krankheit. Zurich. 8vo.

1753 Torriano, N. M.D. An historical dissertation on a particular species of sore-throat among children (transl. from Chomel) Lond. 12mo.

1755 Colden, C. Letter concerning the throat distemper (Med. Obs. and Inq. i.) Lond. 8vo.

1757 Huxham, John, M.D. Dissertation on the malignant ulcerous sore-throat. Lond. 8vo.

1758 Anon. Letter from a Bath physician to Dr. Heberden on the malignant sore-throat. Lond. 4to.

1761 Chandler, John, Of the disease called a cold; also of the nature and seat of the putrid sore-throat. Lond. 8vo.

1764 Wilcke, H. C. D. De angina infantum (Sandiford Thes. ii.) Upsal. 4to.

1766 Lallemand, Fr. Febris malignæ topicæ angina gangrenosa vocatæ historia. Argent.

1766 Penrose, F. M.D. Dissertation on the inflammatory, gangrenous, and putrid sore-throat, &c. Lond. 8vo.

1768 Marteau de Granvilliers, P. A. Description des maux de gorge épidémiques et gangréneux. Par. 8vo.

1771 Bard, S. M.D. Researches on the nature, causes, &c. of sore-throat. New York. 8vo.

1773 Fordyce, Sir W. M.D. A new inquiry into the causes, &c. of putrid fevers, with an appendix on the malignant or ulcerated sore-throat. Lond. 8vo.

1777 Brugnone, Gio. Storia della squinancia cancrenosa. Turin, 8vo.

1777 Grant, Wm. Account of a fever and sore-throat in London, 1776. Lond. 8vo.

1777 Read, Histoire de l'esquinancie gangréneuse de Moivron. Par. 8vo.

1778 Levison, G. M.D. An account of the epidemical sore-throat. Lond. 8vo.

1778 Saunders, W. M.D. Observations on sore-throat and fever. Lond. 8vo.

1778 Saunders, Robt. M.D. Observations on the sore-throat in the north of Scotland in 1777. Lond. 8vo.

1779 *Johnstone, Jas. M.D.* Treatise on the malignant angina. *Worcester*. 8vo.

1780 *Taylor, J. M.D.* De cynanche gangrenosa (Webster Thes. Ed. i.) *Edin.* 8vo.

1780 *Toulmin, G. H.* De cynanche tonsillari (Webster Thes. Ed. i.) *Edin.* 8vo.

1783 *Goldhagen*, De anginae gangrenosæ differentis (Doering i.) *Hal.* 4to.

1784 *Pasqual y Rubio, J. A.* Tratado del garotillo maligno ulcerado. *Valencia*, 4to.

1786 *Skeete, Th. M.D.* Experiments on bark, with remarks on putrid sore-throat, &c. *London*. 8vo.

1787 *Perkins, W. L. M.D.* An essay for a nosological and comparative view of the cynanche maligna. *London*. 8vo.

1788 *Fothergill, J. M.D.* An account of the sore-throat with ulcers. *London*. 8vo.

1788 *Rowley, W. M.D.* Essay on the malignant ulcerated sore-throat. *London*. 8vo.

1789 *Reeve, Th.* An essay on the erysipelatous sore-throat. *London*. 8vo.

1789 *Suarez-Barbosa, Al.* De angina ulcerosa ad Leiriam observata. *Ulyssip.* 8vo.

1790 *Schmid, J. (Stoll)* De angina (Eyerell ii.) *Vien.* 8vo.

1792 *Clark, John, M.D.* Observations on fevers and on scarlet-fevers with ulcerated sore-throat. *London*. 8vo.

1793 *Johnson, Th.* Dissertation on the putrid ulcerous sore-throat. *Philad.* 8vo.

1793 *Rowley, W. M.D.* Observations on the great number of deaths from sore-throat, &c. *London*. 8vo.

1793 *Withering, W. M.D.* An account of the scarlet fever and sore-throat. *London*. 8vo.

1802 *Peart, E. M.D.* Practical information on the malignant sore-throat. *London*. 8vo.

1812 *Renauldin*, Dict. des Sc. Méd. (art. Angine) t. ii. *Par.*

1821 *Guersent*, Dict. de Méd. (art. Angine gangréneuse) t. ii. *Par.*

1825 *Mackenzie, W.* On the symptoms and cure of croup (Ed. Med. and Surg. Journ. vol. xxiii.) *Ed.* 8vo.

1826 *Bretonneau, P.* Des inflammations spéciales du tissu muqueux, &c. *Par.* 8vo.

1828 *Sachse*, Encycl. Wörterb. (art. Angina) b. ii. *Berl.*

1829 *Roche*, Dict. de Méd. Prat. (art. Angine couenneuse) t. ii. *Par.*

1833 *Copland*, Dict. of Pract. Med. (art. Croup) *London*.

1834 *Tweedie*, Cyc. of Pract. Med. (art. Throat, Diseases of) vol. iv. *London*.

CYSTITIS, &c.

DERIV. From *κυστις*, *cystis*, a cyst or bladder, also the urinary bladder; and the nosological termination significant of inflammation, *itis*.

NOS. SYN. *Cystitis*: Sauv. Linn. Vog. Sag. Cull. Darw. Cricht. Pin. Parr. *Inflammatio vesicæ*: Hoffm. Sennert. *Cystiphlogia*: De Mezerrey. *Empresma cystitis*: Good. *Cauma cystitis*: Young. *Kystitis*, *Blenorrhagia vesicalis*: Swed. *Catarrhus vesicæ*: Lieut. *Dysuria mucosa*: Cull. *Rheuma vesicæ*: Stoll. *Glus*: Linn. *Pyuria*: Sauv. *Chylaria*: Vog. *Ischuria cystica*: Ploucq.

VERN. SYN. Lat. *Inflammatio vesicæ*. Eng. Inflammation of the bladder. Ger. Entzündung

der harnblase, blasenentzündung. Fr. Inflammation de la vessie. Ital. Cistite, infiammazione di vesica. Span. Cistitis, inflamacion de vejiga.

1550 *Arma, J. F.* De vesicæ et renis affectus dignotione et medicatione. *Bugella*, 8vo.

1668 *Murali, F.* Dissertatio de inflammatione et ulcere vesicæ. *Lugd. Bat.* 4to.

1703 *Müller, J. M.* Dissertatio de inflammatione vesicæ urinariæ. *Altd.* 4to.

1709 *Vater*, Dissertatio de ulceris vesicæ signis et remediis. *Witeb.*

1722 *Laltier, F.* A dissertation on disorders which affect the neck of the bladder. *London*. 12mo.

1724 *Hoffmann, F.* Dissertatio de exulceratione vesicæ (Opp. Supp. ii. 2.) *Hal.* 4to.

1751 *Barrere, C. M.D.* Observations anatomiques tirées de l'ouverture des cadavres. *Par.* 8vo.

1763 *Arnaud, R. G. de*, Plain and easy instructions on diseases of the bladder, &c. *London*. 12mo.

1766 *Bisset, C. M.D.* Medical essays and observations. *Newcastle*, 8vo.

1777 *Perry, C. M.D.* Disquisitions on the stone and other diseases of the bladder. *London*. 8vo.

1786 *Frank, J. P.* Oratio de vesica urinari ex vicinis morbis ægotante. *Papia*, 8vo.

1786 *Troja, M.* Lezioni intorno ai male della vesica urinaria, &c. *Neap.* 8vo.

1789 *Dencker*, Dissertatio de catarrho vesicæ (Doering i.) *Duisb.*

1794 *Schoenburg*, Dissertatio de catarrho vesicæ. *Duisb.*

1798 *Foot, Jesse*, Cases of the successful practice of vesicæ lotura in diseased bladder. *London*. 8vo.

1799 *Sherwen, J. M.D.* Observations on the diseased and contracted urinary bladder, &c. *London*. 8vo.

1800 *Walter, F. A.* Einige krankheiten der nieren und der harnblase. *Berl.* 4to.

1805 *Johnston, H.* Practical observations on urinary gravel and stone, and diseases of the bladder. *Edin.* 8vo.

1806 *Berendo*, Dissertatio de cystirrhœa mucosa. *Frankf.*

1806 *Schraud, W.* Über die krankheiten der harnblase, &c. *Wien.* 8vo.

1809 *Soemmering, Th.* Abhandlung über die krankheiten der harnblase (Salzb. Med. Chir. Zeit. iv. p. 113.) *Salzb.*

1810 *Nauche, M.* Des maladies de la vessie, &c. chez les personnes avancées en age. *Par.* 8vo.

1812 *Larbaud, F.* Recherches sur le catarrhe, &c. de la vessie. *Par.* 8vo.

1813 *Renauldin*, Dict. des Sc. Méd. (art. Cystite) t. vii. *Par.*

1820 *Bell, C.* A treatise on the diseases of the urethra, vesica urinaria, &c. *London*. 8vo.

1822 *Soemmering, S. T.* Ueber die tödlichen krankheiten der harnblase und harnrohre alter männer. *Frankf.* 8vo.

1823 *Bingham, R.* A practical essay on diseases of the bladder. *London*. 8vo.

1823 *Ferrus*, Dict. de Méd. (art. Cystite) t. vi. *Par.* 8vo.

1823 *Howship, J.* A practical treatise on the symptoms, &c. of complaints affecting the secretions of the urine. *London*. 8vo.

1831 *Begin*, Dict. de Méd. et de Chir. Prat. (art. *Cystite*) t. vi. Par.

1832 *Cumin*, Cyc. of Pract. Med. (art. *Cystitis*) vol. i. Lond.

DELIRIUM.

DERIV. Lat. *delirium*, dotage, being out of one's wits; from *deliro*, to be out of one's wits, from *de* and *lira*, a balk or ridge between two furrows: literally to be out of the furrow or track.

NOS. SYN. *Delirium maniacum*: Hoffm. *Pyromania*: Scheffel. *Delirium*: Vog. Linn. *Mania*: Cull. *Paraphrosyne*: Sauv. Sag. *Ecphronia mania*: Good. *Delirium mania*: Crich. *Mania universalis*: Young. *Paracope*: Swed.

VERN. SYN. Gr. Φρενιτις, παροφροσυνη, ληρος, παραληρος, παραφορα, μανια, ληρημα. Lat. *Delirium*, deliramentum, deliratio, deliritas. Eng. *Delirium*, phrensy. Ger. *Aberwitz*, *wahnwitz*, *verrücktheit*, *irreden*. Dut. *Ylhoofdigheid*, *lighthoofdigheid*. Dan. *Vanvittigheit*. Swed. *Yra*, *yrsel*. Pol. *Oblakanie*. Fr. *Délire*, transport au cerveau. Ital. *Svariamento*, *delirio*. Span. *Desvario*, *delirio*.

DELIRIUM TREMENS.

DERIV. Lat. *tremens*, (adj.) trembling, from *tremo*. *Delirium tremens*, a barbarous expression intended to convey the idea of delirium coexisting with a tremulous condition of the body or limbs.

NOS. SYN. *Delirium tremens*: Sutton. *Febris cerebialis* (brain fever): Pearson, Armstrong. *Delirium ebriositatis potatorum*: Hufeland. *Delirium ebriositatis*: Blake. *Delirium vigilans*: Hayward. *Mania a temulentia*: Klapp. *Mania a potu*: Carter. *Delirium tremefaciens*: Copland. *Encephalitis tremefaciens*: J. Frank. *Paracope asthenica*: Swed. *Delirium traumaticum*, *Delirium nervosum*: Dupuytren. *Phrenesia potatorum*, *Mania potatorum*, *Dipsomania*, *Oinomania*: Auct.

VERN. SYN. Eng. Brain fever of drunkards. Ger. *Zitterwahn*, *säuerwahn*. Fr. *Délire tremblant*, *folie des ivrognes*. Ital. *Delirio tremente*, *delirio de' briaconi*. Span. *Delirio de borrachon*.

1556 *Cnobloch*, J. De paraphrosyne seu delirio et differentis suis. Francof. 4to.

1685 *Heredia*, P. M. de, De morbis acutis, de delirio ejusque causis. Lyon. fol.

1756 *Büchner*, A. E. De salubritate hemorrhagium in mitigantibus deliriis. Hal. 4to.

1757 *Büchner*, A. E. De deliriis vitam et mortem præsagentibus. Hal. 4to.

1758 *Nicolai*, E. A. Gedanken von der verwirrung des verstandes, &c. Kopenh. 8vo.

1765 *Büchner*, A. E. De hecticorum deliriis malo omine oriundis. Hal. 4to.

1782 *Belen*, Vander, De delirio in genere (Doering i.) Lovan. 8vo.

1807 *McWhirter*, T. M.D. Brain fever after burn (Med. and Phys. Journ. xviii.) Lond.

1808 *Lanoix*, P. Des moyens à combattre le délire qui survient dans les maladies aiguës de la poitrine (Diss.) Par. 4to.

1813 *Armstrong*, J. M.D. On brain fever from intoxication (Ed. Journ. vol. ix.) Edin. 8vo.

1813 *Pearson*, S. B. M.D. Observations on brain fever (Edin. Journ. ix. p. 326.) Newcastle. 8vo.

1813 *Sutton*, Thos. M.D. Tracts on delirium tremens, &c. Lond. 8vo.

1814 *Esquirol*, Dict. des Sc. Méd. (art. *Délire*) t. viii. Par.

1817 *Wood*, J. M.D. Observations on inflammation and brain fever (Ed. Journ. xiii.) Edin.

1819 *Rayer*, P. Mémoire sur le delirium tremens. Par. 8vo.

1823 *Georget*, Dict. de Méd. (arts. *Délire*, *Delirium tremens*) t. vi. Par.

1823 *Lind*, J. G. De delirio tremente observationum series. Copenh. 8vo.

1825 *Goeden*, H. A. Von dem delirium tremens. Berl. 8vo.

1825 *Playfair*, G. On delirium tremens (Trans. of Med. Soc. of Calcutta, vol. i.) Calcutta, 8vo.

1827 *Coates*, B. H. M.D. On delirium tremens. Philad. (Med. Chir. Rev. N. S. viii. 456.)

1827 *Elwert*, W. Bemerkungen ueber das delirium tremens (Med. Beobacht.) Hildesh. 8vo.

1828 *Barkhausen*, G. Beobachtungen ueber den säuferwahnsinn, oder das delirium tremens. Bremen. 8vo.

1830 *Ware*, J. On the history and treatment of delirium tremens. Boston, 8vo.

1831 *Leveillé*, J. B. F. Histoire de la folie des ivrognes. Par. 8vo.

1831 *Roche*, Dict. de Méd. Prat. (art. *Délire*) t. vi. Par.

1831 *Bright*, R. M.D. Reports of medical cases (vol. ii. p. 15 sq.) Lond. 4to.

1832 *Carter*, Cyc. of Pract. Med. (art. *Delirium tremens*) vol. i. Lond.

1832 *Macnish*, R. The anatomy of drunkenness (4th ed. chap. x.) Glasgow, 8vo.

1833 *Bartels*, Encycl. Wörterb. (art. *Delirium*) b. ix. Berl.

1833 *Græfe*, Encycl. Wörterb. (art. *Delirium tremens*) b. ix. Berl.

1833 *Lendrick*, C. M.D. Practical remarks on delirium tremens (Dub. Journ. vol. iii.) Dub.

1834 *Copland*, Dict. of Pract. Med. (art. *Delirium*) Lond.

DENTITION.

DERIV. Lat. *dentitio*, teething; from *dentio*, to teethe, to breed teeth; from *dens*, a tooth.

NOS. SYN. Οδοντοφωια: Paul. Ægin. *Dentitio*: Plin. Cels. *Odontalgia dentitionis*: Sauv. *Odaxismus* (οδαξισμος ουλων, itching of the gums: Hipp.) Vog. *Dysodontiasis*: Swed. Young. *Odontia dentitionis*: Good.

VERN. SYN. Gr. Οδοντιασις, οδοντοφωια. Lat. *Dentitio*, *dentium emissio*. Eng. *Teething*, *breeding the teeth*, *cutting the teeth*. Ger. *Zahnen*, *zahnarbeit*, *zahnbruch*. Dut. *Tyd*, *tandinge*. Dan. *Tandkomme*, *tandbrud*. Swed. *Tandning*. Fr. *Sortie des dents*, *venue des dents*, *dentition*. Ital. *Dentizione*, *fare i denti*. Span. *Denticion*, *endentecer*, *echar los dientes*.

(For Literature, see CHILDREN, DISEASES OF.)

DIABETES.

DERIV. Gr. διακτης, a syphon, from διαβαινω, to pass or flow through: them. δια and βαίνω: hence by metonymy applied to this disease, from the constant ingestion and excretion of fluid observed in it.

NOS. SYN. Διακτης, διφαικος,* Διαρροια εις ουρα, ῥδρος εις αμυδα: Gal. Paul. Ægin. *Diabetes Anglicus*: Mead, Sauv. *Diabetes mellitus*: Cull. Crich. et Var. *Paruria mellita*: Good. *Apo-cenosis diabetes*: Parr. *Dipsacus*: Hecker. *Polyuria*: Seidel. *Diuresis*: Vog. *Phthisiuria saccharina*: Hufeland. *Phthysuria*: Reil. *Lienteria urinalis*, *Tabes urinalis*, *Diabetes*, *Morbus sitibundus*, *Hydrops ad matulam*, *Urorrhœa*: Auct.

VERN. SYN. Gr. Διακτης, διφαικος. Lat. *Diabetes*, *urinæ fluxus immodicus*, *profluvium urinæ*. Eng. *Diabetes*, *diabete*, *pissing-ill* or *evil*, *dropsy of the chamber-pot*. Ger. *Harnruhr*, *harnfluss*. Dut. *Pisvloed*, *pisloop*. Dan. *Urinflod*. Sued. *Mjölkpis*. Fr. *Flux d'urine*, *diabète*. Ital. *Flusso delle orine*, *diabete*. Span. *Diabetes*, *flujo de orina*.

1567 *Henricius, Mart.* *Pulcherrimarum quæstionum t. i.* *Accedit de diabete consilium.* *Papiae*, 4to.

1694 *Lister, M. M.D.* *Sex exercitationes medicæ de morbis chronicis.* *Lond.* 8vo.

1725 *Wynter, J. M.B.* *Cyclus metasyncriticus (Bristol water in diabetes)* *Lond.* 8vo.

1727 *Blackmore, Sir R. M.D.* *Dissertation on a dropsy, a tympany, the diabetes, &c.* *Lond.* 8vo.

1737 *Metz, J. P.* *Diabetis observatio rara (Hall. D. ad M. iv.)* *Basil.* 4to.

1740 *Shebbeare, J. M.D.* *New analysis of the Bristol waters, with the causes of the diabetes, &c.* *Lond.* 4to.

1745 *Anon.* *A mechanical inquiry into the nature, &c. of diabetes.* *Lond.* 8vo.

1746 *Kratzenstein, C. G.* *Theoria fluxus diabetici more geometrico (Hall. D. ad M. iv.)* *Hal.*

1759 *Burry, Sir E. M.D.* *A treatise on the three different digestions, &c. (sect. iii. c. 3.)* *Lond.* 8vo.

1762 *Brisbane, J. M.D.* *Select cases in the practice of medicine.* *Lond.* 8vo.

1776 *Dobson, M. M.D.* *Experiments and observations on the urine in diabetes (Med. Obs. & Inq. vol. v.)* *Lond.* 8vo.

1778 *Trnka de Krzowitz, W. M.D.* *De diabete commentarius.* *Vind.* 8vo.

1780 *Myers, J. H. M.D.* *De diabete (Webster ii.)* *Edin.* 8vo.

1782 *Pector, G. J.* *De diabete (Diss. Lov. ii.)* *Lovan.* 8vo.

1783 *Buchwald, J. de,* *De diabetis curatione (Hall. D. ad M. vii.)* *Lausan.* 4to.

1784 *Place,* *Dissertatio de vera diabetis causa in defectu assimilationis (Doering i.)* *Gott.* 4to.

* The term διφαικος, as used for diabetes, is commonly said to be derived from διφας, thirst, or διφας, a serpent, whose bite was said to induce great thirst. May it not have the same origin as διακτης, from the analogy of a syphon, the stem of the διφαικος (the teasel) being very appropriate for the manufactory of syphons, as boys well know?

1792 *Marabelli, F.* *Memoria su i principj e sulle differenze dell' urina in diabete.* *Pavia,* 8vo.

1794 *Tommasini, G.* *Storia ragionata di un diabete, &c.* *Parna,* 8vo.

1795 *Titius, S. C.* *Experimentorum Ticinensium in quibus diabetico-rum urina sub examen vocatur enariatio.* *Witteb.* 4to.

1799 *Rollo, J. M.D.* *An account of two cases of the diabetes mellitus.* *Lond.* 8vo.

1790 *Girdlestone, Th. M.D.* *Case of diabetes, with a historical sketch.* *Yarmouth,* 8vo.

1800 *Baillie, M. M.D.* *Case of diabetes with remarks (Trans. of Med. & Chir. Soc. vol. ii.)* *Lond.* 8vo.

1800 *Müller, J. V.* *Beschreibung der harnruhr.* *Frankf.* 8vo.

1802 *Trinder, W. M.D.* *The English olive-tree, &c. with remarks on diabetes.* *Lond.* 8vo.

1805 *Nicolas, P. F.* *Recherches sur le diabète sucré ou la phthisurie sucrée.* *Par.* 8vo.

1806 *Rollo, J. M.D.* *Cases of diabetes mellitus, &c.* *Lond.* 8vo.

1807 *Bardsley, S. A. M.D.* *Medical reports of cases, &c. (on diabetes, &c.)* *Lond.* 8vo.

1808 *Watt, R. M.D.* *Cases of diabetes, &c.* *Paisley,* 8vo.

1811 *Christie, T. M.D.* *On diabetes mellitus, as it occurs in Ceylon (Ed. Journ. vol. vii.)* *Edin.* 8vo.

1811 *Henry, W. M.D.* *Experiments on diabetic urine (Med. Chir. Trans. vol. ii.)* *Lond.* 8vo.

1811 *Latham, J. M.D.* *Facts and opinions concerning diabetes.* *Lond.* 8vo.

1812 *Bostock, J. M.D.* *Observations on diabetes insipidus (Med. Chir. Trans. vol. iii.)* *Lond.* 8vo.

1813 *Ferriar, J. M.D.* *Medical histories and reflexions (vol. iv.)* *Lond.* 8vo.

1813 *Warren, P. M.D.* *Cases of diabetes treated with opium (Med. Trans. vol. iv.)* *Lond.* 8vo.

1814 *Renauldin, Dict. des Sc. Méd. (art. Diabetes) t. ix.* *Par.*

1815 *Lafont Gouzy, G. G.* *Recherches et observations sur le diabetes (Ann. Clin. de Montpel.)* *Montp.* 8vo.

1815 *Satterley, R. P. M.D.* *Cases of diabetes (Med. Trans. vol. i.)* *Lond.* 8vo.

1822 *Marsh, H. M.D.* *Observations on the treatment of diabetes mellitus (Dub. Hosp. Rep. vol. iii.)* *Dub.*

1822 *Rochoux, Dict. de Méd. (art. Diabète) t. vi.* *Par.*

1824 *Sharkey, P. M.D.* *On diabetes (Dub. Trans. vol. iv.)* *Dub.* 8vo.

1825 *Prout, W. M.D.* *An inquiry into the nature, &c. of diabetes, &c.* *Lond.* 8vo.

1825 *Venables, Rob. M.D.* *A practical treatise on diabetes, &c.* *Lond.* 8vo.

1826 *Calhoun, S.* *Observations on diabetes.* *Philad.* 8vo.

1828 *Stosch, A. W. von,* *Versuch einer pathologie und therapie des diabetes mellitus.* *Berl.* 8vo.

1829 *Pharamond, M.* *Description des causes et des effets de diabetes.* *Par.* 8vo.

1831 *Bouillaud, Dict. de Méd. Prat. (art. Diabète) t. vi.* *Par.*

1833 *Bardsley, J. L.* *Cyc. of Pract. Med. (art. Diabetes) vol. i.* *Lond.*

1833 *Copland, Dict. of Pract. Med. (art. Diabetes) Lond.*

DIAGNOSIS.

DERIV. Gr. διαγνωσις, literally the act of dis-

cerning or distinguishing, from διαγιγνωσκω, to distinguish, to discriminate: th. δια, through, and γιγνωσκω, to know.

VERN. SYN. Gr. Διαγνωσις. Lat. Dijudicatio (diagnosis, dignotio, not classical). Eng. Diagnosis, diagnostick, diagnosticks. Ger. Kennzeichen, erkennen der krankheit. Dut. Ken- teken. Fr. Diagnostique, signe diagnostique. Ital. Diagnostica. Span. Diagnostico.

1523 Galen, De symptomatum differentiis lib. i. Thoma Linacre interprete. Lond. 4to.

1534 Bertruccius, N. Methodus cognoscen- dorum morborum. Mongunt. 4to.

1560 Huygel, J. De semiotica medicinæ parte. Basil. fol.

1563 Pellegrini, J. B. De ratione cognoscendi signa et causas morborum. Bonon. 4to.

1579 Planer, A. Methodus investigandi locos affectos. Tub. 4to.

1580 Piso, Nic. De cognoscendis et curandis morbis. Franckf. fol.

1584 Dupont, F. De signis morborum, lib. iv. (edid. Schomburg. Lond. 1765, 4to.) Par. 4to.

1595 Liddel, Duncan, De symptomatibus et symptomatum differentiis (Conspectus Universæ Medicinæ) Helmst. 4to.

1596 Aubertus, J. Συμμετωπικη, sive ratio dignos- cendarum sedium male adfectarum. Gener. 8vo.

1601 Jessenius, J. Συμμετωπικη, seu nova cog- noscendi morbos methodus. Vittemb. 8vo.

1607 Horstius, G. De doctrina signorum in genere. Vittemb. 4to.

1620 Varandé, J. Tractatus de diagnosi me- dica. Monspel. 8vo.

1624 Savona, P. Decisiones medicinales quoad diagnosin et prognosin. Panorm. fol.

1626 Casulanus, Proth. De lingua, quæ maxi- mum est morborum acutorum signum. Colon. 12mo.

1639 Sylius, J. De signis omnibus medicis. Par. fol.

1649 Finella, Ph. De quatuor signis quæ ap- parent in unguibus. Neap. 12mo.

1651 Helmont, J. B. Van, De morbis intro- ductio diagnostica (Opp.) Venet. fol.

1654 Bennet, C. M.D. Exercitationes diagnos- tice, cum historiis demonstrativis. Lond. 8vo.

1654 Prevotius, Jos. Semiotice, sive de signis medicis enchiridion. Venet. 24mo.

1657 Martinez, E. Tractatus de modo cog- noscendi morbum, &c. Complut. fol.

1664 Fienus, Th. Semeiotica, sive de signis medicis tractatus. Lugd. Bat. 4to.

1675 Hann, J. C. Quo quis rectius cognoscit morbum, eo rectius sanat, oratio. Altd. 4to.

1700 Wedel, G. W. Exercitationes semiotico- pathologicae. Jenæ, 4to.

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1791 Price, P. P. M.D. A treatise on the diagnosis and prognosis of diseases (part i.) Lond. 8vo.

1792 Stoll, Max. Allgemeine anleitung kranke zu examiniren. Marb. 8vo. (?)

1794 Ackermann, J. C. G. M.D. Bemerkungen ueber die kenntniß und cur einigen krank- heiten. Nürnberg. 8vo.

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1802 Wichmann, J. E. Ideen zur diagnostik; beobachtenden aerzten mitgetheilt (3 vol.) Han- nov. 8vo.

1803 Dreyssig, W. F. Handbuch der medicinis- chen diagnostik (2 vol.) Erfurt. 8vo.

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1808 Hernandez, J. F. Mémoire sur les ques- tions, quels sont les signes diagnostiques et pronostiques fournis de l'état de la langue, &c.? Toulon, 8vo.

1808 Schmalz, C. G. Versuch einer medi- cinisch-chirurgischen diagnostik in tabellen. Dresd. fol.

1810 Wolfahrt, K. Ueber die bedeutung der zeichenlehre in der heilkunde. Berl. 8vo.

DIETETICS.

1812 *Danz, F. G.* Allgemeine zeichenlehre. *Leipz.* 8vo.

1814 *Renaudin, Dict. des Sc. Méd.* (art. *Diagnostique*) t. ix. *Par.*

1815 *Landré-Beauvais, A. J.* Séméiotique, ou traité des signes des maladies. *Par.* 8vo.

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1830 *Rostan, L.* Cours de médecine clinique, ou traité de diagnostic, &c. (3 vols.) *Par.* 8vo.

1831 *Jolly, Dict. de Méd. Prat.* (art. *Diagnostic*) t. vi. *Par.*

1834 *Hall, Marshall, M.D.* The principles of diagnosis (2 vols.) *Lond.*

1834 *Hall, Cyc. of Pract. Med.* (art. *Symptomatology*) vol. iv. *Lond.*

DIARRHŒA.

DERIV. Gr. διαρροια, diarrhon : a flux or flowing through ; the disease diarrhœa, from δια and ρεω.

NOS. SYN. Ρυσις κοιλιας, Κοιλιας περιπλυσις, Κοιλιας καταφορη : Hipp. Πνευμα γαστρος : Gal. De fluxio : Cœl.-Aurel. Lævitas intestinorum, Alvus fusa : Cels. Lienteria : Sauv. Linn. Vog. Sag. Leucorrhœis : Vog. Ventris fluxus multiplex : Lambsma. Diarrhœa : Sauv. Linn. Vog. Sag. Cull. Young, Good. Hepatirrhœa : Sauv. Cæliaca : Sauv. Linn. Vog. Sag. Pituitaria : Vog. Profluvium ventris : Cockburn. Alvifluxus : Auct.

VERN. SYN. Gr. Διαρροια, ρυσις κοιλιας, πνευμα. Lat. Fluxus ventris, ventris profluvium, alvus fluens, alvus fusa, alvus liquida, levitas intestinorum. Eng. Flux, looseness, diarrhœa, lax. Scot. Skitter. Ger. Bauchfluss, durchlauf, diarrhoe, durchfall, abweichen. Dut. Loop, buikloop, doorloop. Dan. Durkløb, bugløb. Swed. Durklopp, bukref. Fr. Diarrhée, dévoiement, flux de ventre, cours de ventre, foire. Ital. Diarrea, flusso di ventre, andata, cacajuola. Span. Diarrea, cursos, cameras.

(For the Literature, see DYSENTERY.)

DERIV. Gr. διαιτητικη (τεχνη understood), the art of regulating diet and regimen ; from διαιτητικός, κη, κοη, pertaining to the use of food ; from διαίτα, to diet, from διαίτα, mode of life, diet. Lat. Dietetica, Dietetice.

MED. SYN. Regimen, regimen diætetikum, diæteticum, hygeia, hygiene, hygieine, bromatologia.

VERN. SYN. Gr. Διαιτητικη, διαίτα, νοσηλεια, νοσοτροφια. Lat. Diæta, diætetica, diætetice, victus ratio. Eng. Dietetics, diet, regimen. Ger. Diätetik, verhalten, lebensordnung, diät. Dut. Levens wys. Fr. Diététique, diète, regime. Ital. Dieta, il dietare, regime dietetico, diata patologica. Span. Dieta, racion de viveres, dietetico.

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DISEASE.

DERIV. Old French, *desaise*; *dis* and *ease* (Johns).

VERN. SYN. Gr. Νόσος, νοσος, νοσημα, νοσηματιον. Lat. Morbus, valetudo, infirmitas, imbecillitas. Eng. Disease, malady, sickness, indisposition, illness, disorder. Ger. Krankheit, unpässlichkeit, ungemächlichkeit, unruhe. Dut. Krankeid, ziekte. Dan. Syge, sygdom. Sweed. Sjuka, sjukdom. Fr. Mal, maladie, indisposition, incommodité. Ital. Malattia, morbo. Span. Enfermedad, achaque, mal.

DROPSY.

DERIV. Gr. ὑδρωψ, from ὑδωρ, water. Lat. *hydrops*. Eng. hydropisy, dropisy, dropsy.

Nos. SYN. ὑδρωψ, ὑδρεος: Hipp. *Hydrops*: Cels. Boerh. Macb. Young, Good, Swed. *Aqua inter cutem* (more commonly applied to *anasarca*): Cels. *Phlegmatia*: Parr. *Leucophlegmatia*: Auct.

VERN. SYN. Gr. ὑδρωψ. Lat. *Hydrops*, aqua intercus, intercus, aqua inter cutem. Eng. Dropsy. Ger. Wassersucht, wasser. Dut. Waterzugt, water. Dan. Vattersot. Sweed. Vattensot, vattensjuka. Fr. Hydropisie. Ital. Idrope, idropisia. Span. Hidropesia.

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DYSENTERY.

DERIV. Gr. *δυσεντερία*, from *δύς*, expressive of difficulty, and *εντερών*, intestine. Lat. *dysenteria*.

NOS. SYN. *Δυσεντερία*: Hipp. Gal. *Ελκυσίς εντερών*: Gal. *Dysenteria*: Cels. Coel.-Aurel. Sydenh. Sauv. Linn. Vog. Sag. Cull. Good, Swed. *Tormina, Difficultas intestinorum*: Cels. *Febris dysenterica*: Sydenh. *Rheuma ventris*: Gal. Coel.-Aurel. *Defluxio dysenteria*: Young. *Cruentus alvi fluor*: Fab.-Hildan. *Profluvium alvi cruentum*: Cartheuser. *Morbus dysentericus*: Walther. *Colitis (colite)*: Auct. Gall. rec. *Rheuma, Rheumatismus intestinorum, Fluxus cruentus, Fluxus dysentericus, Flumen dysentericum*: Auct.

VERN. SYN. Gr. *Δυσεντερία*. Lat. *Dysenteria*, tormina, difficultas intestinorum. Eng. *Dysentery*, flux, bloody flux. Ger. *Ruhr*, rothe-ruhr, dysenterie. Dut. *Roodeloop*, bloedgang. Dan. *Blodgang*, blodsoet. Swed. *Rödsot*. Fr. *Flux de sang*, dysenterie, tranchée de ventre, flux dysenterique. Ital. *Disenteria*, flusso. Span. *Disenteria*, cursos de sangre.

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1798 *Weber, J. A.* Einige erfahrungen über die behandlung der jezigen ruhrepidemie. *Kel.* 8vo.

1799 *Balmain, W.* On the effects of ipecacuanha in dysentery in Norfolk Island (Mem. Med. v. 210.) 8vo.

1799 *Christie, J.* Account of the nature and treatment of dysentery among troops in warm climates (Med. and Phys. Journ. i. 347.) 8vo.

1800 *Lindenmann, H. W.* Über der ruhr und deren heilart. *Bresl.* 8vo.

1800 *White, D. M.D.* Letter to the Duke of York on the treatment of dysentery (Med. and Phys. Journ. iii. 231.) *Lond.* 8vo.

1801 *Eckner, K.* Beitrag zur geschichte der ruhr im jahr 1800. *Gotha.* 8vo.

1801 *Jacobs, J. C.* Traité de la dysenterie en général, avec une nouvelle méthode curative. *Bruxelles*. 8vo.

1801 *Zinke, G. G.* Bemerkungen über die diesjährige ruhrepidemie, &c. *Jena.* 8vo.

1803 *Assalini, P.* Observations sur la peste, le flux dysentérique, &c. *Par.* 8vo.

1803 *Dewar, H. M.D.* Observations on diarrhoea and dysentery in the army in Egypt. *Lond.* 8vo.

1803 *Fleury, F. A.* Essai sur la dysenterie ; sur sa fréquence abord des navires, &c. *Par.* 8vo.

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1804 *Neale, A. M.D.* Observations on the plague and dysentery of Egypt (from the French of Assalini) *Lond.* 8vo.

1805 *Harty, W. M.D.* Observations on the simple dysentery and its combinations, &c. *Lond.* 8vo.

1805 *Stœvus, J. C. W.* Abhandlung über die ruhr. *Bayreuth*. 8vo.

1806 *Horn, E.* Versuch über die natur und heilung der ruhr. *Erfurt.* 8vo.

1806 *Nedel, F. W.* Neue bemerkungen über die diarrhoe. *Magd.* 8vo.

1806 *Rademacher, J. G.* Libellus de dysenteria. *Colon.* 8vo.

1808 *Anderson, J. M.D.* Journal of the establishment of Nopal and Tuna for the prevention and cure of dysentery, &c. *Madras*. 8vo.

1808 *Broussais, F. J. V.* Histoire des phlegmasies chroniques. *Par.* 8vo.

1809 *Speyer, F.* Versuch über die natur und behandlungsart der ruhr. *Nurnb.* 8vo.

1810 *Irvine, W. M.D.* Some observations on

diseases in Sicily (chap. viii. on dysentery.) *Lond.* 8vo.

1810 *Wauters, P. E.* Commentarius theoretico-practicus de dysenteria. *Gand.* 8vo.

1811 *Bancroft, E. N. M.D.* Essay on yellow fever, with observations on dysentery, &c. *Lond.* 8vo.

1811 *Ferguson, W. M.D.* On the mercurial plan of treatment in dysentery (Med. Chir. Trans. ii. 180.) *Lond.* 8vo.

1811 *Wedekind, G. von*, Über die ruhr. Herausgegeben von Dannenberg. *Frankf.* 8vo.

1812 *Schunacher, F.* Beiträge zur nosogenie und nosologie der ruhr. *Frankf.* 8vo.

1813 *Johnson, James, M.D.* Essay on the influence of tropical climates on European constitutions. *Lond.* 8vo.

1813 *Pisani, Gio. Giac.* Storia della dissenteria nello spedale militare di Mantova in 1811-12. *Milano*. 8vo.

1814 *Fournier & Vaidy*, Dict. des Sc. Méd. (art. Dysenterie) t. x. *Par.*

1815 *Baillie, M. M.D.* Observations on a particular species of purging (Med Trans. v. 166.) *Lond.* 8vo.

1815 *Bigeon, L. F.* Instruction sommaire sur la dysenterie epidémique à Dinan. *Dinan.* 8vo.

1815 *Thomson, Th. M.D.* De la dysenterie et des effets du mercure, &c. *Par.* 4to.

1816 *Mann, James*, Medical sketches of the campaigns of 1812, 13, 14, with a dissertation on dysentery, &c. *Dedham (America)*, 8vo.

1816 *Somers, E. S. M.D.* Medical suggestions for the treatment of dysentery, &c. *Lond.* 8vo.

1817 *Dillenius, K. von*, Beobachtungen über die ruhr, welche im Russische Feld-zuge 1812 herrschte. *Ludwigsb.* 8vo.

1818 *Bampffield, W. R.* A practical treatise on tropical dysentery, &c. *Lond.* 8vo.

1819 *Montalto, G. B.* Teoria della dissenteria. *Genov.* 8vo.

1820 *Frank, Lud. M.D.* De peste, dysenteria, &c. *Viennæ*. 8vo.

1820 *Luscombe, E. T. M.D.* Practical observations on the means of preserving the health of soldiers. *Edin.* 8vo.

1821 *Bährns, F.* Der typhus und die dysenterie in cosmischen beziehung. *Elberfeld.* 8vo.

1821 *Cheyne, J. M.D.* Medical report of the Whitworth Hospital, containing an account of dysentery in 1818 (Dub. Hosp. Rep. iii.) *Dubl.* 8vo.

1822 *O'Brien, J. M.D.* Observations on the acute and chronic dysentery of Ireland. *Dubl.* 8vo.

1823 *Ballingall, G. M.D.* Practical observations on fever and dysentery, &c. in India. *Edin.* 8vo.

1823 *Chomel*, Dict. de Méd. (arts. Diarrhée, Dysenterie) t. vi. & vii. *Par.*

1825 *Latham, J. P. M.D.* Account of the disease of the Penitentiary. *Lond.* 8vo.

1825 *Vignes, M.* Traité complet de la dysenterie et de la diarrhée. *Par.* 8vo.

1828 *Abercrombie, J. M.D.* Pathological and practical researches on the diseases of the stomach, &c. *Edin.* 8vo.

1830 *Roche*, Dict. de Méd. et de Chir. Prat. (art. Colite) t. v. *Par.*

1831 *Roche*, Dict. de Méd. Prat. (art. Diarrhée) t. vi. *Par.*

1833 *Barfels*, Encycl. Wörterb. (art. Diarrhoe) b. ix. *Berl.*

1833 *Brown, Cyc.* of Pract. Med. (art. Dysentery) vol. i. *Lond.*

1833 *Crampton & Forbes*, Cyc. of Pract. Med. (art. *Diarrhœa*) vol. i. *Lond.*

1833 *Copland*, Dict. of Pract. Med. (art. *Diarrhœa*) *Lond.*

1833 *Kreyssig*, Encycl. Wörterb. (art. *Dysenteria*) b. ix. *Berl.*

DYSMENORRHEA.

DERIV. A nosological compound, from *δυς*, with difficulty, *μenses*, the menses, and *ρεῖν*, to flow.

NGS. SYN. *Dysmenorrhœa*: Linn. Vog. Sag. *Amenorrhœa*: Vog. *Menorrhagia difficilis*, *Menorrhagia stillititia*: Sauv. *Amenorrhœa difficilis*: Cull. *Paramenia difficilis*: Good. *Dysmenia*: Swed. *Amenorrhœa partialis*: Auct.

VERN. SYN. *Lat.* Menstrua difficilia, dolorosa. *Eng.* Difficult menstruation, painful menstruation. *Ger.* Beschwerliche monatliche reinigung. *Fr.* Menstruation difficile. *Ital.* Menstruazione difficile. *Span.* Menstruacion difcil.

(For Literature, see UTERUS and WOMEN, DISEASES OF.)

DYSPEPSIA—INDIGESTION.

DERIV. *Dyspepsia*: Gr. *δυσπεψία*, difficulty of digesting, indigestion: from *δυσπεπτεω*, to digest with difficulty. Th. *δύς*, expressive of difficulty, and *πεπτεω*, to digest.

Indigestion. *Lat.* *indigestio*, in and *digestio*.

NGS. SYN. *Απεψία*, *βραδυπεψία*, *δυσπεψία*: Hipp. *Gal. Athen.* *Cruditas*, *Concoctio tarda*, *Stomachi resolutio*: Cels. *Passio stomachica*: *Coel.-Aurel.* *Dyspepsia*: Vog. Cull. Parr. Swed. *Apepsia*, *Diaphora*: Vog. *Anorexia*: Sauv. Linn. Sag. *Cardialgia*: Sauv. Linn. Vog. Sag. *Gastrodynia*: Sauv. Sag. *Soda*: Linn. Vog. *Cardilæa*: Plater. *Nausea*, *Flatulentia*: Sauv. Linn. Vog. Sag. *Limosis dyspepsia*: Good. *Dyspepsia simplex*: Young. *Bradypepsia*, *Cardialgia bradypepta*: Sauv.

NGS. SYN. Gr. *Απεψία*, *δυσπεψία*, *βραδυπεψία*. *Lat.* *Indigestio*, *cruditas*, *concoctio tarda*. *Eng.* Indigestion, bad digestion, the bile. *Ger.* Ueble verdauung, unverdäulichkeit, schwere verdauung. *Dut.* Onverduwelykheid. *Dan.* Ufordöielighed. *Swed.* Osmältlighet. *Fr.* Indigestion. *Ital.* Indigestione. *Span.* Indigestion.

1580 *Sybillinus*, M. De medicamentis stomachicis quæ ventriculi medentur imbecillitatibus. *Basil.* 4to.

1590 *Ferrioli*, B. A. Von den magenschwachkeiten, &c. *Insprug.* 4to.

1619 *Varandæus*, J. De morbis ventriculi lib. iii. *Monspel.* 8vo.

1665 *Swalwe*, B. Querelæ et opprobria ventriculi. *Amst.* 12mo.

1668 *Ferrioli*, B. A. Morbosi ventriculi infelix hactenus tentata cura. *Erf.* 8vo.

1679 *Kunne*, H. C. Dissertatio de dyspepsia. *Lips.* 4to.

1685 *Bartholinus*, G. De cruditate ventriculi. *Hafn.* 4to.

1691 *Viridet*, G. Tractatus de prima coctione, &c. *Genev.* 8vo.

1712 *Hecquet*, P. De la digestion et des maladies de l'estomac. *Par.* 8vo.

1725 *Camerarius*, E. De machinæ humanæ vitii (Diss. ii. de vitii ventriculæ adfligentibus) *Tubing.* 4to.

1727 *Ludulff*, H. Dissertatio de apepsia, dyspepsia, et bradypepsia. *Erford.* 4to.

1761 *Triboulet*, A. Quæstio medica: an secanda vena in indigestione? *Douai.* 4to.

1785 *Carminati*, B. Ricerche su la natura e su gli usi del sugo gastrico in medicina e chirurgia. *Milano.* 4to.

1785 *Daubenton*, L. J. M. Mémoire sur les indigestions plus fréquentes à l'âge de 40 à 45 ans. *Par.* 8vo.

1785 *Rymer*, J. A tract upon indigestion and the hypochondriac disease. *Lond.* 8vo.

1786 *Neufville*, M. W. Grundriss einer abhandlung von der sympathie des verdauungssystemen. *Goett.* 8vo.

1788 *Boehme*, C. G. Anleitung, die vorzüglichsten krankheiten der ersten wege grundlich zu heilen. *Leips.* 8vo.

1789 *Hildebrandt*, G. F. Geschichte der unreinigkeiten im magem und den gedärmen. *Braunsch.* 8vo.

1792 *Wedekind*, G. C. G. De morborum primarum viarum vera notitia et curatione. *Nürnberg.* 4to.

1793 *Gramberg*, G. A. De vera notitione et cura morborum primarum viarum. *Erlang.* 8vo.

1795 *Squirrell*, R. M. D. Essay on indigestion and its consequences. *Lond.* 8vo.

1799 *Gibson*, J. A treatise on bilious disorders and indigestion, &c. *Lond.* 8vo.

1799 *Tweedie*, J. Hints on temperance, &c. in the cure of dyspepsia, &c. *Lond.* 8vo.

1806 *Abernethy*, John, Surgical observations: part ii., an account of the disorders of the digestive organs. *Lond.* 8vo.

1806 *Stone*, A. D. M. D. A practical treatise on the disorders of the stomach and of digestion. *Lond.* 8vo.

1807 *Daubenton*, L. J. M. Observations on indigestion, and on the efficacy of ipecacuan. *Lond.* 8vo.

1807 *Rees*, G. M. D. Practical observations on disorders of the stomach. *Lond.* 8vo.

1814 Anon. Letters on indigestion and its consequences. *Lond.* 8vo.

1814 *Fournier & Kergaradec*, Dict. des Sc. Méd. (art. *Dyspepsie*) t. x. *Par.*

1818 *Ayre*, J. M. D. Practical observations on the nature and treatment of marasmus, &c. *Lond.* 8vo.

1818 *Hall*, Marshall, M. D. An essay on the mimoses. *Lond.* 8vo.

1818 *Merat*, Dict. des Sc. Méd. (art. *Indigestion*) t. xxiv. *Par.*

1820 *Hall*, Marshall, M. D. Descriptive and practical essays on disorders of the digestive organs, being a second edition of the Essay on the Mimoses. *Lond.* 8vo.

1820 *Woodforde*, J. M. D. Treatise on dyspepsia. *Sherborne.* 8vo.

1820 *Yeats*, G. D. M. D. Some observations on the duodenum; from the Gulstonian Lectures of 1817 (Med. Trans. vol. vi.) *Lond.* 8vo.

1820 *Ayre*, J. M. D. Practical observations on disorders of the liver and digestive organs. *Lond.* 8vo.

1821 *Law*, W. Observations on the derangements of the digestive organs. *Edin.* 8vo.

1821 *Kitchener, W. M.D.* Peptic precepts. *Lond.* 8vo.

1821 *Philip, A. P. Wilson, M.D.* A treatise on indigestion (var. ed.) *Lond.* 8vo.

1822 *Meiner, L.* Die heilung des magenkrampfes und der magenschwache. *Leips.* 8vo.

1823 *Hare, Th.* A view of the structure, functions, and disorders of the stomach. *Lond.* 8vo.

1825 *Houship, John,* Practical remarks upon indigestion. *Lond.* 8vo.

1825 *Leuret & Lassaigue,* Recherches physiques et chimiques sur la digestion. *Par.* 8vo.

1825 *Raige-Delorme,* Dict. de Méd. (art. *Indigestion*) t. xii. *Par.*

1825 *Richter, F.* Die heilung der krankhaften verdauung in dem mittleren lebensalter. *Quedl.* 8vo.

1826 *Paris, J. A. M.D.* A treatise on diet and disordered states of the digestive functions. *Lond.* 8vo.

1827 *Johnson, Jas. M.D.* Essay on morbid sensibility of the stomach, &c. *Lond.* 8vo.

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1828 *Abercrombie, J. M.D.* Pathological and practical researches on diseases of the stomach, &c. *Edin.* 8vo.

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1829 *Hohnbaum,* Encycl. Wörterb. (art. *Apepsia*) b. iii. *Berl.*

1830 *Avery, S. W.* On dyspepsia. *New York,* 8vo.

1831 *Jolly,* Dict. de Méd. Prat. (art. *Dyspepsie*) t. vi. *Par.*

1831 *Mayo, Thos. M.D.* Essay on temperament as modifying dyspepsia. *Lond.* 8vo.

1832 *Todd, Cyc.* of Pract. Med. (art. *Indigestion*) vol. ii. *Lond.*

1833 *Bouillaud,* Dict. de Méd. Prat. (art. *Indigestion*) t. x. *Par.*

DYSPHAGIA.

DERIV. A nosological term, from *δυσ*, and *φαγω*, to eat or swallow.

NOS. SYN. *Dysphagia*: Sauv. Sag. Cull. Good, Ploucq. *Acatoposis*, *Œsophagismus*: Vog. *Asthenia deglutitionis*: Young. *Dyscataposis*: Swed. *Dyscatabrosis*: Ploucq.

VERN. SYN. *Lat.* Deglutitio difficilis, deglutendi difficultas, deglutitio impedita. *Eng.* Difficulty of swallowing, choking. *Ger.* Schweres schlingen, beschwerliches schlingen, erschwertes schlingen, dysphagie. *Fr.* Difficulté d'avalier, dysphagie. *Ital.* Disfagia, difficoltà d'inghiottire. *Span.* Disfagia, dificultad de tragar.

1686 *Brand Schippen,* Dissertatio de deglutitione difficili (Doering i.) *Giess.*

1733 *Pringle, F. M.D.* Tumour in the œsophagus hindering deglutition (Edin. Med. Ess. ii.) *Edin.*

1733 *Taylor, J. M.D.* Difficulty of swallowing from scirrhus tumours in the œsophagus (Edin. Med. Ess. ii.) *Edin.*

1742 *Mauchart,* Dissertatio de struma œsophagi, hujusque coalitu. *Tubing.* 4to.

1748 *Hoffmann, Fred.* De morbis œsophagi spasmodicis (Op. Om. iii.) *Gener.* fol.

1750 *De Haen, A. M.D.* De impedita deglutitione, &c. (Ratio Medendi lib. vi.) *Viennæ.*

1757 *Vater & Zinckernagel,* De deglutitionis difficilis causis (Haller. D. ad M. i.) *Lausan.* 4to.

1767 *Ludlow, A.* Case of obstructed deglutition from dilatation of the pharynx (Med. Obs. and Inq. iii.) *Lond.*

1772 *Percival, T. M.D.* Difficulty in digestion from a spasmodic affection of the œsophagus (Med. Trans. ii.) *Lond.*

1780 *Heysham, J. M.D.* Remarkable case of epilepsy and dysphagia spasmodica (Med. Comm. viii.)

1781 *Haase,* Dissertatio de causis difficilis deglutitionis (Doering i.) *Goett.*

1784 *Sequeira, J. H. M.D.* Case of spasmodic inability of deglutition cured by mercurial inunction (Med. Obs. and Inq. vi.) *Lond.*

1785 *Bleuland, J.* Observations anatomico-medicæ de sana et morbosa œsophagi structura. *Lugd. Bat.* 4to.

1789 *Bayford, D.* Singular case of obstructed deglutition (Mem. Med. ii.)

1789 *Johnstone, J. M.D.* On cynanche pharyngea, or a defect of deglutition, &c. (Mem. Med. ii.) *Lond.*

1793 *Hunter, John,* Case of paralysis of the muscles of deglutition cured (Med. and Chir. Trans. i.) *Lond.*

1799 *Blair, W.* An obstruction of the œsophagus removed by a tobacco glyster (Mem. Med. v.)

1800 *Paterson, P.* Case of gangrenous stomach with dysphagia from lightning (Med. Facts viii.) *Lond.*

1807 *Andrews, M. W. M.D.* Observations on the application of lunar caustic to strictures in the urethra and œsophagus. *Lond.* 8vo.

1811 *Monro, A. M.D.* The morbid anatomy of the human gullet, stomach, and intestines. *Edin.* 8vo. (2d ed. 1830.)

1820 *Kunze, G.* De dysphagia. *Lipz.* 8vo.

DYSPNŒA.

DERIV. *Lat.* *dyspnœa*, from Gr. *δυσπνοια*, from *δυσπνοω*, to breathe with difficulty; from *δυσ*, badly, and *πνέω*, to breathe.

NOS. SYN. *Δυσπνοια*: Hipp. Gal. Coel.-Aurel. Cels. *Spirandi difficultas*: Cels. *Dyspnœa*: Sauv. Linn. Vog. Sag. Macb. Cull. Junck. Swed. *Orthopnœa*: Cels. Boerh. Sauv. Linn. Vog. Sag. Macb. *Suffocatio*: Etmull. *Pnigma*: Vog. *Pneusis dyspnœa*: Young. *Asthma continuum*, *Asthma spurium*: Auct.

VERN. SYN. Gr. *Δυσπνοια*, το *δυσπνουν*. *Lat.* *Dyspnœa*, *spirandi difficultas*. *Eng.* *Dyspnœa*, short breath, short-windedness, pursiness, phthisic. *Ger.* Schwerer athem, engrüstigkeit, kurzer athem, beschwerliches athemholen, schwerathmigkeit. *Dut.* Moeyelyke adem. *Fr.* Respiration embarrassée, difficulté de respirer, pousse, dyspnée. *Ital.* Dispnœa, difficoltà di respirare. *Span.* Disnea, ahoguido.

(For the Literature, see *ASTHMA*.)

DYSURIA.

DERIV. *Lat.* *dysuria*: Gr. *δυσουρία*, from *δυσουρω*,

to have a difficulty of making water; from *δυσ*, badly, and *ουρον*, urine.

NOS. SYN. *Δυσουρία*: Auct. Græc. Cicero. *Στραγγουρία*: Paul.-Ægin. Cels. *Urinæ difficultas*: Cels. *Dysuria*: Sauv. Linn. Vog. Sag. Cull. Swed. Crich. *Stranguria*: Vog. Linn. *Glus*: Linn. *Pyruria*: Sauv. *Paruria stillatitia*: Good. *Ischuria dysuria*: Young.

VERN. SYN. Gr. *Δυσουρία, στραγγουρία*. Lat. *Dysuria, difficultas urinæ, stranguria*. Eng. Dys-
ury, strangury, difficulty of making water, pain-
ful micturition. Ger. Harnstrenge, harnwinde,
harnbrennen, schwer-harnen. Dut. Moeyelyk-
heid in watermaaken, brandende pis, heete pis.
Dan. Trængpis. Swed. Urintvång, pinksveda.
Fr. Dysurie, difficulté d'uriner, ardeur d'urine.
Ital. Disuria, ardore d'urina, difficoltà d'urinare.
Span. Disuria, ardor de orina, dificultad de
orinar.

(For the Literature, see CYSTITIS, and URINARY
ORGANS, DISEASES OF.)

EAR, DISEASES OF.

VERN. SYN. (I. ear.) Gr. *Ους*. Lat. *Auris*.
Eng. Ear. Ger. Ohr. Dut. Oor. Dan. Ore.
Swed. Or. Fr. Oreille. Ital. Orecchio. Span.
Oído. Port. Orelha.

(II. Diseases of the ear.) Gr. *Ωτος νοσος*. Lat.
Auris morbi. Eng. Diseases of the ear. Ger.
Ohrkrankheiten. Dut. Oorziekten. Dan. Ore-
sygen. Swed. Orsjuka. Fr. Maladies de l'o-
reille. Ital. Malattie del orecchio. Span. En-
fermedades de oído.

1590 *Mercurialis, H.* De compositione medi-
camentorum: de morbis oculorum et aurium.
Ven. 4to.

1601 *Grammaeus, Th.* De morbis oculorum et
aurium. Venet. 4to.

1683 *Duverney, J. G.* Traité de l'organe de
l'ouïe. Par. 12mo.

1704 *Douglas, J. M.D.* De aure humano trac-
tatus. Bonon. 4to.

1704 *Valsalva, A. M.* De aure humana; cum
additionibus J. B. Morgagni. Bonon. 4to.

1713 *Kennedy, Peter*, Ophthalmographia, &c.
(of the eye and ear.) Lond. 8vo.

1745 *James, R. M.D.* Medical Dictionary (art.
Auris) vol. i. Lond. fol.

1770 *Buchner, A. El.* A method of curing deaf-
ness (trans. Lat.) Lond. 8vo.

1786 *Desmonceaux, l'Abbé*, Traité des maladies
des yeux et des oreilles. Par. 8vo.

1789 *Scarpa, A.* De auditu et olfactu. Par. fol.

1794 *Kritter, J. F. Lentin, F. B.* Ueber das
schwere gehör. Leips. 8vo.

1795 *Wildberg, C. F. L.* Versuch einer ab-
handlung ueber die gehörwerkzeuge. Jena,
8vo.

1802 *Ettmüller, C. F. B.* Von den krankheiten
des ohres. Lübben, 12mo.

1804 *Fischer, C. E.* Abhandlung vom krebse
des ohres. Lueneburg, 4to.

1806 *Saunders, J. C.* The anatomy and dis-
eases of the human ear. Lond. fol.

1807 *Alard, M. J. M.D.* Essai sur le catarrhe
de l'oreille. Par. 8vo.

1817 *Saunders, J. C.* The anatomy and dis-
eases of the ear (2nd ed.) Lond.

1817 *Wright, W.* An essay on the human ear
Lond. 8vo.

1818 *Curtis, J. H.* A treatise on diseases of
the ear. Lond. 8vo.

1819 *Monfalcon, Deslongchamps, et Marquis*,
Dict. des Sc. Méd. (art. *Oreille*) t. xxxviii. Par.

1821 *Itard, J. M. G.* Traité des maladies de
l'oreille (2 vol.) Par. 8vo.

1822 *Deleau, M. M.D.* Mémoire sur la per-
foration de la membrane du tympan. Par. 8vo.

1823 *Meiner, L.* Die krankheiten des ohrs und
gehörs. Leips. 8vo.

1823 *Saissy, J. A.* Memoria sulle malattie dell'
orecchio interno. Pisa, 8vo.

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surgery. Lond. 8vo.

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organs. Leips. 8vo.

1827 *Saissy, J. A.* Essai sur les maladies de
l'oreille interne. Par. 8vo.

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of the organ of hearing. Lond. 8vo.

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ritisme de la trompe d'Eustache. Par. 8vo.

1830 *Cooper, S.* Surgical Dictionary (art. *Ear*)
6th ed. Lond.

1834 *Burne, Cyc.* of Pract. Med. (art. *Otalgia*
and *Otitis*) vol. iii. Lond.

ECTHYMA.

DERIV. Gr. *εκθυμα*, an eruption on the skin, a
blister or pustule, from *εκθωω*, to break out: th.
εκ and *θωω*, to rush.

NOS. SYN. *Τερμινθος, Θερμινθος, Επιφυκτις*: Hipp.
Gal. *Terminthus*: Wisemann, Lorry, Turner,
Plenck, Vog. *Epinyctis*: Sauv. Vog. Sag. *Ec-
thymata*: Vog. Swed. *Ecthyma*: Willan, Bate-
man, Rayer. *Ecpyesis ecthyma*: Good. *Phlysis*
ecthyma: Young. *Psoris crustacea*: Alibert. *Me-
lasma*: Plenck, Linn. Vog.

VERN. SYN. Arab. Albotin, albotes, schera,
botsor. Eng. Scall, tetter, papulous scall, ulce-
rated tetter. Ger. Erbsenblattern, eiternde flechte,
schälblasen, blattern. Dut. Puisten. Fr. Am-
poules, boutons, pustule.

(For the Literature, see SKIN, DISEASES OF.)

ECZEMA.

DERIV. Gr. *εξζυμα*, that which is thrown up
by boiling—a pustule; from *εξζωω*, to boil up, to
break out.

NOS. SYN. *Eczema*: Auct.-Græc. Willan, Bate-
man, Rayer. *Ecphlysis eczema*: Good. *Cytisma*
eczema: Young. *Hidroa*: Sauv. Vog. *Ecze-
sis, Eczesma, Eczesmus*: Auct.

VERN. SYN. Eng. Heat eruption, heats. Ger.
Schweitblattern, hitzblätterchen. Dut. Vuurige
puisten. Fr. Echauboulure, ampoule ardente,
poussée, dartre vive.

(For Literature, see SKIN, DISEASES OF.)

EDUCATION, PHYSICAL.

1544 *Phayre, T.* The regiment of life, with the
booke of children. Lond. 12mo.

- 1559 *Alexandrinus, Jul.* Pædотrophia, carmen. Tiguri, 8vo.
- 1565 *Vallambert, Sim. de*, De la manière de nourrir et gouverner les enfans dès leur naissance. Poitiers, 4to.
- 1593 *Trunconius, Jac.* De custodienda puorum sanitate, &c. Florent. 4to.
- 1611 *Mercatus, Ludov.* De puerorum educatione et custodia. Pincæ, fol.
- 1693 *Locke, John*, Thoughts concerning the education of children. Lond. 8vo.
- 1720 *Gagliardi, D.* Educazione de' figliuoli morale e medica. Roma, 8vo.
- 1733 Anon. The art of nursing, or the method of bringing up young children. Lond. 8vo.
- 1748 *Cadogan, Will.* On the nursing and management of children. Lond. 8vo.
- 1750 *Birmingham, Mich.* Manière de bien nourrir et soigner les enfans nouveaux nés. Par. 4to.
- 1752 *Krüger, J. G.* Gedanken von der bildung der kinder. Hal. 8vo.
- 1753 *Nelson, James*, An essay on the government of children, under three heads—health, manners, and education. Lond. 8vo.
- 1754 *Brouzet*, Essai sur l'éducation médicinale des enfans (2 vols.) Par. 4to.
- 1756 *Vandermonde, C. A.* Essai sur la manière de perfectionner l'espèce humaine. Par. 12mo.
- 1759 *Nudov, H.* Sur l'éducation physique. Danzig. 8vo.
- 1760 *Desessartz, J. C.* Traité de l'éducation corporelle des enfans en bas âge. Par. 12mo.
- 1762 *Ballexserd, Jac.* Dissertation sur l'éducation physique des enfans. Par. 8vo.
- 1762 *Rousseau, J. J.* Emile, ou de l'éducation (4 vol.) Franc. 8vo.
- 1762 *Rousseau, J. J.* Emilius and Sophia, or a new system of education (trans.) 4 vol. Lond. 12mo.
- 1763 *Beaurieu, G. G. de*, L'Elève de la nature. Par. 12mo.
- 1764 Anon. Discorsi due academici sopra le fascie dei bambini. Parma, 8vo.
- 1768 *Raulin, Jos.* De la conservation des enfans, &c. Par. 12mo.
- 1769 *De Meza, T. S.* De l'éducation des enfans, tant physique que morale. Copenh. 8vo.
- 1770 *Rebours, Mad. de*, Avis aux mères, qui veulent nourrir leurs enfans. Par. 12mo. (1799. 8vo.)
- 1773 *Salchow, U. E.* Kurze anweisung zur natürlichen und sittlichen erziehung der kinder. Hamb. 8vo.
- 1774 *Fourcroy, A. F.* Les enfans élevés dans l'ordre de la nature. Par. 12mo.
- 1774 *Smith, H. M. D.* Letters to married women on nursing and the management of children. Lond. 8vo.
- 1775 *Ballexserd, Jac.* Dissertation sur cette question : quelles sont les causes principales de la mort d'un assez grand nombre d'enfans, &c. Genève, 8vo.
- 1776 *Ballexserd, J.* Von den hauptursachen warum so viele kinder sterben und von den mitteln sie zu erhalten. Strasb. 8vo.
- 1776 *Venel, G. F.* Essai sur la santé et sur l'éducation médicinale des filles. Yverdon, 8vo.
- 1778 *Webel*, Epistola de vi et auctoritate præceptorum medicorum in educatione liberorum medica. Lips.
- 1781 *Landois*, Dissertation sur les avantages de l'allaitement des enfans par leurs mères. Genev. 8vo.
- 1781 *Moss, Will.* On the management and nursing of children in the earlier periods of infancy. Lond. 8vo.
- 1781 *Salzmann, C. G.* Anweisung zu einer—erziehung der kinder. Erf. 8vo.
- 1782 *Beaurieu, G. G. de*, De l'allaitement, et de la première éducation des enfans. Par. 12mo.
- 1784 *Baldini, Fil.* Il metodo di allattar i bambini. Nap. 8vo.
- 1784 *Brinckmann, J. P.* Vergleichung der erziehung der alten mit der heutigen, &c. Leips. 8vo.
- 1784 *Moss, Wm.* An essay on the management, nursing, and diseases of children. Lond. 8vo.
- 1785 Anon. Anweisung, wie man kinder erziehen soll dass sie gesund bleiben. Wien. 8vo.
- 1786 *Schosulan, J. N.* Über die schädlichkeit des einwickelns der kinder und der schnürbrüste. Wien. 8vo.
- 1787 *Mantell, T.* Short directions for the management of infants. Lond. 12mo.
- 1788 *Josephi, W.* Über die ehe und physische erziehung. Gott. 8vo.
- 1788 *Rostizky, C. E.* Vom schaden des einwickelns der kinder und der schnürbrüste. Erlang. 8vo.
- 1788 *Weber, A. G.* Vermischte abhandlungen aus der arzneiwissenschaft (ueber die zulässigkeit der abhärtenden erziehungsmethode und den werth der gymnastischen uebungen für unsere zeiten) Leipz. 8vo.
- 1789 Anon. Educazione fisica della figliuolanza. Torin. 8vo.
- 1790 *Almeida de, J.* Tratado de educação fisica dos meninos. Lib. 8vo.
- 1790 *Iberti, Jos.* Metodo artificial de criar a los reciénnacidos y darles una buena educacion fisica. Madr. 8vo.
- 1791 *Lara, Benj.* An essay on the injurious custom of mothers not suckling their own children. Lond. 8vo.
- 1794 *Busch, J. D.* Anführung des landvolks zu der körperlichen erziehung der kinder. Marburg. 8vo.
- 1794 *Careno, L.* Saggio sulla maniera di allevare i bambini a mano. Par. 8vo.
- 1794 *Faust, B. C.* Gesundheit's catechismus zum gebrauch in den schulen, &c. Buckeburg, 8vo.
- 1794 *Frank, J. P.* Abhandlung über eine gesunde kindererziehung. Leips. 8vo.
- 1794 *Kintanner, C.* Abhandlung über die krankheiten der kinder und über die physische erziehung der selber. Berlin, 8vo.
- 1796 *Caillaud, Jean Marie*, Avis aux mères de famille sur l'éducation physique, morale, et les maladies des enfans, &c. Bord. 12mo.
- 1796 *Crusius, G.* Von den mitteln, kinder zu gesunden menschen zu erziehen. Leipz. 8vo.
- 1796 *Wurzer, F.* Versuch ueber die physische erziehung der kinder. Bonn. 8vo.
- 1797–8 *Caillaud, Jean Marie*, Journal des mères, &c. Bord. 8vo.
- 1797 *Darwin, E. M. D.* Plan for the conduct of female education in boarding schools. Derby, 4to.
- 1797 *Saucerotte, Nic.* De la conservation des enfans pendant la grossesse et de leur éducation physique, &c. Par. 16mo.
- 1797 *Struve, C. A.* Noth- und hilfstaffel kindergesund zu erhalten. Hannov. fol.
- 1797 *Tytler, H. W. M. D.* Pædотrophia, or the art of nursing and rearing children, a poem from the Latin of St. Marthe. Lond. 8vo.

1797 *Würzer, F.* Ueber die physische erziehung der kinder für aeltern und erzieher. *Frankf.* 8vo.

1798 *Struve, C. A.* Ueber die erziehung der kinder in den ersten lebensjahr. *Hannov.* 8vo.

1798 *Struve, C. A.* Erklärung Deutschen sprichwörter in rüksicht auf erziehung der kinder. *Glogau.* 8vo.

1799 *Amiet, F. M.* Essai sur les différences constantes et accidentelles résultantes de l'organisation et de l'éducation, &c. *Par.* 8vo.

1799 *Frank, J. P.* Traité sur la manière d'élever sainement les enfans (traduite de l'Allemand par Böhler) *Par.* 8vo.

1799 *Hufeland, C. W.* Guter rath an mutter über den physischen erziehung, &c. *Berl.* 8vo.

1799 *Macquart, L. C. H.* Dictionnaire de la conservation de l'homme et de l'éducation physique. *Par.* 8vo.

1800 *Fielitz, F. G. H.* Die hauptquelle der fehler unserer physischen und moralischen kindererziehung. *Leips.* 8vo.

1801 *Millot, J. A.* L'art d'améliorer et de perfectionner les hommes, &c. *Par.* 8vo.

1801 *Willich, A. F. M. M.D.* A familiar treatise on the physical education of children (transl. of Struve) *Lond.* 8vo.

1802 *Bizius, C. A.* Ueber die physische erziehung der kinder. *Bern.* 8vo.

1803 *Buchan, W. M.D.* Advice to mothers on their own health and on the means of promoting the health, &c. of their offspring. *Lond.* 8vo.

1803 *Flamme, S. B.* Essai sur l'avantage de l'allaitement maternel. *Par.* 8vo.

1803 *Fleisch, C. B.* Handbuch über die krankheiten der kinder, &c. *Leips.* 8vo.

1803 *Leroy, Alf.* Médecine maternelle, ou l'art d'élever et de conserver les enfans. *Par.* 8vo.

1803 *Rosenmüller, J. C.* Die kinderstube, von ihrer physischen seite dargestellt. *Leips.* 8vo.

1804 *Herdman, J. M.D.* Discourses on the management of infants. *Edin.* 8vo.

1804 *Löbenstein-Löbel, E.* Hygieine für frauen und kinder. *Leipz.* 8vo.

1804 *Reymondon, C. A.* Considérations sur quelques époques de l'éducation physique. *Par.* 4to.

1807-10 *Herdmann, J.* Discourses on the management of infants and the treatment of their diseases. *Lond.* 8vo.

1808 *Krause, C. F.* Physische erziehungskunde für lehrer und erzieher. *Lips.* 8vo.

1810 *Henke, A.* Taschenbuch für mütter über die physische erziehung der kinder. *Frankf.* 8vo.

1813 *Prévot-Leygonie, P.* Essai sur l'éducation physique des enfans. *Par.* 8vo.

1814 *Carpenter, Lant.* Systematic education (2 vol.) *Lond.* 8vo.

1817 *Wakefield, Priscilla.* Reflexions on the present condition of the female sex (2d ed.) *Lond.* 12mo.

1819 *Kastler, R. M.* Abhandlungen und gedanken zur heutigen physischen erziehung der kinder. *Wien.* 8vo.

1819 Anon. Hints for the improvement of early education. *Lond.* 12mo.

1820 Anon. A practical view of Christian education in its early stages (5th ed.) *Lond.* 12mo.

1821 Anon. Letters to a mother on the management of infants and children, &c. by a physician. *Lond.* 8vo.

1821 *Ladevèze, M. J.* Mémoire sur l'éducation physique des enfans. *Bord.* 8vo.

1821 *Ratier, F. S.* Essai sur l'éducation physique des enfans. *Par.* 8vo.

1821 *Spurzheim, J. G. M.D.* A view of the elementary principles of education. *Edin.* 12mo.

1822 *Palin, R. M.D.* Observations on the influence of habits and manners on health, particularly that of English females. *Lond.* 8vo.

1823 Anon. Advice to young mothers on the physical education of children, by a grandmother. *Lond.* 12mo.

1823 *Gölis, L. A.* Vorschläge zur verbesserung der körperlichen kindererziehung. *Wien.* 8vo.

1825 *Kennedy, J. M.D.* Instructions to mothers and nurses on the management of children. *Glasg.* 12mo.

1829 *Duffin, E. W.* On the influence of physical education on deformity. *Lond.* 8vo.

1830 *Darvall, J. M.D.* Plain instructions for the management of infants, &c. *Birm.* 12mo.

1833 *Barlow, Cyc.* of Pract. Med. (art. Education, Physical) vol. i. *Lond.*

(See CHILDREN, DISEASES OF, and HYGIENE, or HEALTH, PRESERVATION OF.)

ELECTRICITY.

DERIV. From the Greek *ηλεκτρον*, Latin *electricum*, amber, from its attractive quality when rubbed.

VERN. SYN. *Modern Latin*, Electricitas. *Eng.* Electricity. *Ger.* Electricität. *Dut.* Electriciteit, brandsteenkracht. *Fr.* Electricité. *Ital.* Elettricità. *Span.* Electricidad.

ELECTRICITY AND GALVANISM, (MEDICAL.)

1645 *Krazenstein, C. G.* Abhandlung vom nutzen der electricitaet in der arzneywissenschaft. *Halle.*

1747 *Louis, Ant.* Observations sur l'électricité et sur ses effets sur l'économie animale. *Par.* 12mo.

1747 *Pivati, G. Fra.* Lettere della elettricità medica. *Venez.* 12mo.

1748 *Veratti, J. J.* Osservazioni fisico-mediche intorno alla elettricità. *Bologna.* 8vo.

1749 *Pivati, G. F.* Riflessioni sopra la medicina elettrica. *Ven.*

1749 *Sauvages, F. B.* Mémoire sur les effets de l'électricité dans la cure des rhumatismes. *Montp.* 4to.

1750 *Bianchini, F.* Recueil d'expériences faites à Venise sur la médecine électrique. *Par.* 8vo.

1753 *Quelmalz, S. T.* De viribus electricis medicis (Haller D. ad M. i.) *Lips.* 4to.

1754 *Linnaeus & Zetzell.* Consectaria electrico-medica (Haller D. ad M. i.) *Upsal.* 4to.

1760 *Lovett, R.* Electricity rendered useful, &c. Appendix to reviewers reviewed. *Lond.* 8vo.

1760 *Wesley, J.* Desideratum, or electricity made plain and useful. *Lond.* 8vo.

1762 *Schaeffer, J. G.* Die kraft und wirkung der electricität, &c. *Regensb.*

1764 *Wilson, Benj.* A letter on electricity. *Lond.* 4to.

1767 *Priestley, Jos.* The history and present state of electricity. *Lond.* 4to.

1768 *Gardane, J. J.* Conjectures sur l'électricité médicale. *Par.* 12mo.

1770 *Hartmann, J. F.* Die angewandte electricitaet bey krankheiten. *Hannov.* 8vo.

1770 *Priestley, Jos.* Additions to "the history and present state of electricity." *Lond.* 4to.

1771 *Symes, R.* Fire analyzed, and the manner of making electricity medicinal. *Lond.* 8vo.

1772 *Sans, L'Abbé,* Guérison de la paralysie par l'électricité. *Par.* 12mo.

1779 *Birch, J.* Observations on the efficacy of electricity in removing female obstructions. *Lond.* 8vo.

1779 *Mauduyt, P. J. E. de la V.* Extraits des journaux tenus pour 82 malades qui ont été électrisés. *Par.* 4to.

1780 *Cavallo, T.* An essay on the theory and practice of medical electricity. *Lond.* 8vo.

1782 *Bonnefoy, J. B.* De l'application de l'électricité à l'art de guérir. *Lyon.* 12mo.

1782 *Masars, De Cazeles,* Mémoires sur l'électricité médicinale (2 vol.) *Par.* 12mo.

1782 *Nicolas,* Avis sur l'électricité comme remède dans certaines maladies. *Nancy.* 8vo.

1784 *Marat, J. P.* Recherches sur l'électricité médicale. *Par.* 8vo.

1784 *Mauduyt, P. J. E. de la V.* Mémoire sur les différentes manières d'administrer l'électricité, et sur les effets, &c. *Par.* 8vo.

1784 *Vivenzio, G.* Teoria e pratica dell' elettricità medica (trad. Cavallo e Birch) *Napoli,* 8vo.

1785 *Kuehn, K. G.* Geschichte der medicinischen, &c. electricität. *Leips.* 8vo.

1786 *Böckmann, J. L.* Ueber anwendung der electricität bey kranken. *Durlach.* 8vo.

1787 *Barnereldt, W.* Medicinische electricitaet. *Leipz.* 8vo.

1787 *Lowndes, F.* Observations on medical electricity. *Lond.* 8vo.

1791 *Boeckh, J. G.* Beytraege zur anwendung der electricitaet, &c. *Erlang.* 8vo.

1791 *Lowndes, F.* The utility of medical electricity illustrated. *Lond.* 8vo.

1792 *Birch, J.* A letter on the subject of medical electricity, &c. *Lond.* 8vo.

1793 *Deiman, J. R.* Von den guten wirkungen der electricitaet in verschiedenen krankheiten. *Kopenh.* 8vo.

1794 *Faulwetter, C. A.* Kurze grundsætze der electricitaet. *Nurn.* 8vo.

1796 *Domin, J. E.* Ars electricitatis ægris tuto adhibendi. *Pert.* 8vo.

1796 *Kuehn, K. G.* Die neuesten entdeckungen in der physichen und medicinischen electricität. *Leipz.* 8vo.

1799 *Wilkinson, C. H. M.D.* An essay on medical electricity. *Lond.* 8vo.

1801 *Augustin, F. L.* Vom Galvanismus und dessen medicinischen anwendung. *Berl.* 8vo.

1801 *Bischoff, C. H. E.* De usu galvanismi in arte medica. *Jena,* 8vo.

1801 *Grapengiesser, C. J. C.* Versuch ueber den galvanismus zur heilung einiger krankheiten, &c. *Berl.* 8vo.

1802 *Geiger, C. F.* Dissertation sur le galvanisme et son application à la médecine. *Par.* 8vo.

1802 *Hellwag, C. F.* Erfahrungen ueber die heilkräfte des galvanismus, &c. *Hamb.* 8vo.

1802 *Struve, C. A.* System der medicinischen electricitätslehre. *Leips.* 8vo.

1803 *Augustin, F. L.* Versuch einer vollständigen systematischen geschichte der galvanischen electricität und ihren anwendung. *Berl.* 8vo.

1803 *Birch, J.* An essay on the medical application of electricity. *Lond.* 8vo.

1803 *Carpue, J. C.* An introduction to electricity and galvanism, with their effects in diseases. *Lond.* 8vo.

1803 *Kelch, W. G.* Ueber die wirkung der galvanischen electricität im menschlichen körper. *Konigsb.* 8vo.

1803 *Martens, F. H.* Anweisung zur therapeutischen anwendung des galvanismus. *Weissenfels.* 8vo.

1803 *Nongiardini, G. A.* Dell' applicazione del galvanismo alla medicina. *Genova,* 8vo.

1803 *Saxtorph, H.* Electricitätslehre, &c. *Kopenhag.* 8vo.

1803 *Thillaye, J. B. J.* Essai sur l'emploi médicale de l'électricité et du galvanisme. *Par.* 8vo.

1803 *Walther, P. F.* Ueber die therapeutische indication des galvanischen operation. *Wien.* 8vo.

1804 *Wilkinson, C. H. M.D.* Elements of galvanism in theory and practice (2 vol.) *Lond.* 8vo.

1805 *Kuehn, K. G.* Neue erfahrungen ueber die wirkung der electricität, &c. *Leips.* 8vo.

1805 *Meade, W. M.D.* Outline of the origin, &c. of galvanism, with its application to medicine. *Dub.* 8vo.

1805 *Ritter, J. W.* Beitrage zur kenntniss des galvanismus, fuer aertze, &c. b. ii. *Jena,* 8vo.

1810 *Maurice, J. B. P. F.* L'électricité médicale. *Par.* 12mo.

1811 *Yatman, M.* Letter on Mr. Davy's galvanic girdle as a topical branch of medicine. *Lond.* 8vo.

1814 *Yatman, M.* Professor Davy's inquiries on galvanism illustrated in the removal of topical complaints. *Lond.* 8vo.

1815 *Hallé & Nysten,* Dict. des Sc. Méd. (art. Electricité) t. ii. *Par.*

1816 *Darbefeulle, D. M.* De l'électricité médicale. *Nantes,* 8vo.

1816 *Hallé & Nysten,* Dict. des Sc. Méd. (art. Galvanisme) t. xvii. *Par.*

1817 *Phillip, A. P. W. M.D.* On the effects of galvanism in restoring the action of the lungs (Phil. Trans.) *Lond.*

1819 *Aldini, J.* General views on the application of galvanism to medical purposes. *Lond.* 8vo.

1822 *Sundelin, K.* Anleitung zur medizinischen anwendung der electricität und des galvanismus. *Berl.* 8vo.

1823 *Girardin, J.* De l'application de l'électricité au traitement des maladies. *Par.* 8vo.

1823 *Most, G. F.* Ueber die grossen heilkräfte des galvanismus. *Lüneb.* 8vo.

1824 *Andrieux, E.* Mémoire sur l'application du galvanisme au traitement des maladies. *Par.* 8vo.

1824 *Rostan,* Dict. de Méd. (art. Galvanisme) t. x. *Par.*

1826 *La Beaume,* On galvanism, and its medical efficacy in chronic diseases. *Lond.* 8vo.

1831 *Andral & Ratier,* Dict. de Méd. Prat. (art. Electricité) t. vii. *Par.*

1833 *Apjohn, Cyc.* of Pract. Med. (art. Electricity) vol. i. *Lond.*

1833 *Apjohn, Cyc.* of Pract. Med. (art. Galvanism) vol. ii. *Lond.*

1834 *Osann,* Encycl. Wörterb. (art. Electricität) b. x. *Berl.*

ELEPHANTIASIS, ARABUM ET GRÆCORUM.

DERIV. Gr. ελεφαντιασις, from ελεφας, -αντος, the elephant, so named from the supposed resemblance of the skin of leprous persons to that of the elephant; or from the mishapen leg in the Arabian leprosy being supposed to resemble that of the elephant.*

Nos. SYN. Ελεφας: Dioscor. Ελεφαντιασις: Aret. Cels. Σατυριασμος: Gal. Λεοντιασις: Aret. Aet. Impetigo, Vitiligo: Cels. Cancer universus, Ulcus universale: Paul.-Ægin. Elephantiasis: Sag. Cull. Sauv. Vog. Swed. Elephantia Arabum: Vog. Elephantiasis Indica, Phlegmatia Malabarica: Sauv. Elephantopus: Swed. Lepidosis lepriasis: Good. Lepra squamosa: Frank. Morbus glandularis Barbadosensis: Hillary, Hendy. Malum Lazari, Malum Hierosolymitanum, Morbus Heracleus, Morbus Phenicius, Lepra Asturiensis, L. Græcorum, L. Arabum, L. Egyptiaca, L. Syriaca, L. Americana, L. nigra, L. tuberculosa, L. ichthyosis, Impetigo excorticativa, Leon-tiasis: Auct.

VERN. SYN. Gr. Ελεφαντιασις, ελεφαντιασμος, ελεφας, λεοντιασις. Lat. Lepra, elephantia, elephantiasis, elephas. Arab. Iudam, iusam, daul Asad, dal fil. Eng. Leprosy, black leprosy, Barbados leg, Cochin leg, yam-leg, elephant leg. Ger. Todtenbruch, oelschenkel, scap-pige aussatz, knollige aussatz, drusenkrank-heit. Dut. Lazery, olifants ziekte, melaatsheid. Dan. Spedalskhed. Swed. Spitelska. Fr. Mal mort, leprosie. Ital. Lebbra, lepra, elefantiasi. Span. Mal de la rosa, lepra.

1541 *Constantinus Africanus*, De humana natura et de elephantia. Basil. fol.

1546 *Fracastorius*, H. De sympathia lib. i. De contagiosis morbis lib. iii. (lib. ii. c. 13. de elephantia) Venet. 4to.

1557 *Fumanellus*, Ant. Sermo de lepra et elephant morbo (Opp.) Fig. fol.

1604 *Rondelet*, Guil. De hydropse et elephantiasi. Lond. fol.

1607 *Hoffmann*, C. De morbo illo maximo, lepra, quæ est elephantiasis Græcis. Basil.

1640 *Varandæus*, J. Tractatus de elephantiasi, seu lepra, &c. Monspel. 8vo.

1673 *Niesius*, Benj. De elephantiasi seu lepra Arabum. Argent. 4to.

1683 *Mentzelius*, J. C. Dissertatio de elephantia Javæ nova. Franc. 4to.

1726 *Towne*, R. M.D. Treatise on diseases most frequent in the West Indies. Lond. 8vo.

1750 *Hughes*, G. Natural history of Barbadoes. Lond. fol.

1753 *Curzio*, C. Discussione di un raro morbo cutaneo. Napol. 8vo.

1757 *Joannis*, M. D. Account of the leprosy in Martignes in Provence (Med. Obs. and Inq. i.) Lond.

* I have included under one term the two very different diseases, *E. Arabum* and *E. Græcorum*, because they have been so confounded by the greater number of authors.

1757 *Peyssonnel*, J. A. M.D. Account of a visitation of the leprous persons in Guadaloupe (Phil. Trans. vol. i.) Lond.

1759 *Hillary*, W. M.D. On the changes of the air in Barbadoes, &c. Lond. 8vo.

1763 *Hales*, Ch. Salivation not necessary, &c. with two extraordinary cases of leprosy. Lond. 8vo.

1764 *Rougnon*, N. F. Dissertatio de lepra Græcorum et nostratum. Vesunt. 4to.

1767 *Raymond*, F. Histoire de l'éléphantiasis, &c. Lausan. 8vo.

1768 *Heberden*, Th. M.D. Of the elephantiasis of Madeira (Med. Trans. i.) Lond.

1775 *Hendy*, J. M.D. Essay on glandular secretion. Lond. 8vo.

1776 *Schilling*, G. G. De lepra commentationes (Baldinger Syll. iii.) Traj. ad Rhen. 8vo.

1777 *Bajon*, M. Mémoires pour servir à l'histoire naturelle de Cayenne, &c. (mal rouge) Par. 8vo.

1777 *Lorry*, A. C. M.D. Tractatus de morbis cutaneis. Par. 4to.

1783 *Coquerneau*, C. J. L. M.D. & *Chamsern*, Sur l'état actuel de la lèpre en Europe (Mém. de la Soc. Roy. de Méd.) Par.

1783 *Vidal*, De la lèpre de Martignes (Mém. de la Soc. Roy. de Méd.) Par.

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EMPHYSEMA (GENERAL AND PULMONARY).

DERIV. Gr. *εμφυσμα*, that which is blown in, hence its use as a medical term, from *εμφυσαι*, to blow into; from *εν* and *φυσαι*, to breathe or blow.

NOS. SYN. *Εμφυσμα*: Hipp. Gal. Dioscor. *Εμπνευματωσις*: Coel.-Aurel. *Emphysema*: Sauv. Linn. Vog. Mach. Swed. *Emphysema cellulare*: Young, Good. *Emphysema pneumatosis*: Parr. *Pneumatosis*: Sauv. Cull. Vog. Sag. *Leucophlegmatia*: Linn. *Sarcites flatuosus*: Smetius. *Tympanites universalis*: Schenk. *Tumor flatulentus*: Auct.

VERN. SYN. Gr. *Πνευματωσις*, *εμφυσμα*. Lat. *Inflatio*. Eng. Wind-dropsy, emphysema. Ger. Windige wassersucht, windgeschwulst, luftgeschwulst. Dut. Opblaazing, windgezwel. Dan. Luftbyld. Swed. Vädersvulst. Polon. Nadetosc. Fr. Emphysème, boursofflure, bouffissure, pneumatose. Ital. Emfisema. Span. Emfisema.

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EMPHYEMA.

DERIV. *Gr.* ἐμπτυημα, an internal abscess, more particularly of the lungs; from ἐμπτύειν, to have a purulent expectoration, from ἐν, within, and πύειν, pus.

Nos. SYN. *Gr.* ἐμπτυημα: *Hipp.* Gal. Aet. Emphyema: *Sauv.* Linn. Vog. Sag. Macb. Cull. Emphyema thoracis: *Swed.* Apostema empyema: *Young*, Good. Pyothorax: *Auct.* Hydrops pectoris purulentus: *Auct.*

VERN. SYN. *Gr.* ἐμπτυημα, ἐκπτυημα, ἐκπύσις. *Lat.* Emphyema, collectio in pectore, collectio puris in pectore. *Eng.* Matter in the chest. *Ger.* Eiterbrust, empyem, brustgeschwür. *Dut.* Etterborst, borstzweer. *Dan.* Brystbyld. *Swed.* Bröstböld. *Fr.* Emphyème, apostème dans la poitrine, épanchement de pus dans la poitrine. *Ital.* Empiema. *Span.* Empiema.

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ENDEMICS. (ENDEMIAL OR ENDEMIC DISEASE.)

DERIV. *Gr.* ἐνδημιος, adj. domestic, native, endemic: ἐνδημιος νόσος, an endemial or endemic disease; from ἐνδημιέω, to be at home, from ἐν, in, and δῆμος, people or territory.

VERN. SYN. *Gr.* ἐνδημιος νόσος. *Lat.* Morbus endemius, morbus regioni alicui familiaris, morbus vernaculus. *Eng.* An endemic or endemial disease, a country disease. *Ger.* Landkrankheit. *Dut.* Landziekte. *Fr.* Maladie endémique, mal du pays. *Ital.* Morbo endemico. *Span.* Endemico mal, enfermedad endemica.

EPIDEMICS. (EPIDEMIAL OR EPIDEMIC DISEASE.)

DERIV. *Gr.* ἐπιδημιος or ἐπιδημος, adj. popular, prevailing, but not native; epidemial, epidemic: ἐπιδημιος νόσος, an epidemial or epidemic disease, from ἐπιδημιέω (from ἐπι and δῆμος), to be among, over, or upon the people, as if having its origin from above,—ἐπι, supra, in contradistinction to ἐν, in.

VERN. SYN. Νόσος ἐπιδημιος, ἐπιδημιον νόσημα, ἐπιδημσις, ἐπιδημία. *Lat.* Morbus epidemus, morbus epidemicus, epidemius. *Eng.* Epidemic, epidemic disease, epidemy. *Ger.* Eine herrschende seuche, epidemische krankheit. *Dut.* Eene doorgans in zwang gaande ziekte, doorgaande ziekte. *Dan.* Omgangssyge, alfarsyge. *Swed.* Farsot. *Fr.* Maladie épidémique. *Ital.* Influenza, malattia epidemica. *Span.* Epidemia, mal epidemico, enfermedad epidemica. *Port.* Andaçõ.

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1833 *Hancock, Cyc. of Pract. Med. (art. Epidemics and Epidemics)* vol. ii. *Lond.*

1835 *Hecker, I. F. C. M.D.* The epidemics of the middle ages (transl. by B. G. Babington, M.D.) *Lond.* 12mo.

ENTERITIS.

DERIV. A term compounded from *εντερον*, a bowel, plur, *εντερα*, and the nosological sign of

inflammation, *itis*; from *εντος*, within: *τα εντος*, the intestines.

NOS. SYN. *κορδαφος*; Gal. Aret. Coel.-Aurel. Cels. *Febris intestinorum inflammatoria*; Hoffm. *Intestinorum inflammatio*; Boerh. *Enteritis*; Sauv. Linn. Vog. Sag. Cull. Darw. Crich. Pin. Swed. *Empresma enteritis*; Good. *Cauma enteritis*; Young. *Volvulus, Ileus, Passio iliaca, Miserere*; Auct.

VERN. SYN. Gr. *Είλεος, ίλεος, χορδαφος*. Lat. *Intestinorum inflammatio*. Eng. *Inflammation of the bowels*. Ger. *Entzündung der gedärme, entzündung der darmen, gedärmentzündung*. Fr. *Inflammation des boyaux*. Ital. *Enterite, infiammazione d'intestini*. Span. *Enteritis, inflamacion de las tripas*.

1647 *Petrone, V. de*, Duellum literarium inter medicos Salernitanos et Neapolitanos de phlegmone intestinorum. *Venet.* 4to.

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1720 *Kupfer, M. J.* De volvulo sanguineo (Hall. D. ad M. iii.) *Regiom.* 4to.

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1815 *Renauldin, Dict. des Sc. Méd. (art. Entérite) t. xii. Par.*

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1825 *Broussais, Car.* Sur la duodénite chronique. Par. 4to.

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1826 *Gendrin, A. N.* Histoire anatomique des inflammations. Par. 8vo.

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1829 *Bretonneau, P.* Sur la dothinentérite (Archiv. Gén. de Méd. Sep.) Par. 8vo.

1829 *Louis, P. C. A.* Recherches sur la gastro-entérite. Par. 8vo.

1831 *Roche, Dict. de Méd. Prat. (art. Entérite) t. vii.*

1833 *Stokes, Cyc. of Pract. Med. (art. Enteritis) vol. ii. Lond.*

EPHELIS.

DERIV. Gr. ἐφελίς, from ἐπι, and ἥλιος, the sun; a sun-mark, a freckle.

Nos. SYN. α κος: Hipp. *Ephelis*: Sauv. Linn. Vog. Sag. Plenck. *Ephelis lentigo*: Sauv. Alib. *Lenticula*: Auct. *Macula fusca*, *Macula solares*: Plenck. *Lentigo*: Lorry. *Lentigo ephelis*: Frank. *Macula hepatica*: Sennert. *Vitiligo hepatica*: Sauv. *Kelis fulvescens*: Swed. *Chloasma*: Frank. *Ephelides*: Auct.

VERN. SYN. Gr. φακός. Lat. *Lentigo*, *lentacula*. Eng. *Freckles*, *sunburns*. Scot. *Ferntikles*. Ger. *Sommersprossen*, *sonnensprossen*, *sommerflecken*, *leberflecke*. Dut. *Sproeten*, *zomersproeten*. Swed. *Sommarfläckar*, *solbränna*. Dan. *Sommerpletter*, *soelfregner*. Fr. *Hale*, *taches hépatiques*, *rousseurs*, *lentilles*. Ital. *Macchie solare*, *caldure*. Span. *Pecas*, *tostadura de sol*. Port. *Manchas do rosto*, *sardas*.

(For Literature, see SKIN, DISEASES OF.)

EPIDEMIC DISEASES, See ENDEMIC DISEASES.

EPILEPSY.

DERIV. Gr. ἐπιληψία, ἐπιληψίς, an attack, especially of the falling sickness; from ἐπιλαμβάναι, fut. ἐπιληψω, to seize upon.

Nos. SYN. Επιληψία: Hipp. Gal. Alex. Trall. Αισχυρος νοσος: Gal. *Divinus morbus*: Plato. *Comitialis morbus*: Cels. Plin. *Morbus major*: Cels. *Deifica lues*: Apuleius. *Convivalis morbus*: Lang. *Morbus caducus*, *Morbus astralis*, *Vitriolatus morbus*: Paracels. *Cadux passio*: Alex. Iatrosoph. *Eclampsis*, *Eclampsia*: Gorrœus. *Analempsia*, *Analepsia*, *Epilensia*, *Epilensis*, *Epilepticus morbus*, *Epilepticus morbus*, *Epilepticus morbus*, *Epileptica passio*, *Puerilis morbus*, *Inspuitatus morbus*, *Sancti Johannis morbus*, *Lunaticus morbus*, *Mater puerorum*, *Peditio*, *Sacer morbus*, *Heracleus morbus*, *Scelestus morbus*, *Sideratus morbus*, *Sonticus morbus*, *Sancti Valentini morbus*, *Codiva gutta*: Auct. *Epilepsia*: Sauv. Linn. Vog. Sag. Macb. Cull. Darw. Crich. Pin. Swed. *Clonos epilepsia*: Parr, Young. *Syspasia epilepsia*: Good.

VERN. SYN. Gr. Επιληψία. Lat. *Epilepsia*, *morbus comitialis*, *morbus major*, *morbus sacer*. Arab. *Alferetia*, *kabat*, *kabal*. Eng. *Epilepsy*, *falling sickness*. Ger. *Epilepsie*, *fallsucht*, *fallende sucht*, *schwere krankheit*, *schwere noth*, *böse wesen*, *böse fehl*. Dut. *Fallende ziekte*, *valziek*. Swed. *Hjärtsprång*, *fallende sot*, *fallsjuka*. Dan. *Faldende syge*, *faldsot*, *slemmesyge*, *fang*, *slag*. Fr. *Epilepsie*, *mal caduc*, *mal de St. Jean*, *haut-mal*. Ital. *Mal caduco*, *la bruta*, *epilessia*, *malmaestro*. Span. *Gota coral*, *morbo caduco*, *mal de corazon*, *alferecia*.

1561 *Gabuccini Fanestrini, H.* De comitali morbo lib. iii. Venet. 4to.

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1601 *Hoffmann, Pet.* Freysambüchlein: von der præservation und curation des freysams oder epilepsie an kleinen kindern. Coburg. 8vo.

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1615 Anon. A collection of English medicines against the jaundice, falling sickness, &c. Lond.

1616 *Untzer, M.* Ἱεροσοφία chymiatrica, i. e. epilepsia descriptio, &c. Hal. 4to.

1617 *Alsarius a Cruce, V.* De morbis capitis

frequentioribus—catarrho, phrenitide, lethargo, et epilepsia, lib. viii. *Romæ*, 4to.

1617 *Carterius, Melch.* Exercitationes in epilepsiam. *Tolosæ*, 12mo.

1634 *Bouche, Hon.* De morbo scelesto, in quo causa, signa, et curatio explanantur. *Avenionæ*, 8vo.

1634 *Serna, J. G. de la*, Liber de calculo et epilepsia in pueris (Opp.) *Lugd. Bat.* fol.

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1723 *Colbatch, J.* Dissertation concerning misleto. *Lond.* 8vo.

1724 *Boretius & Arnoldt*, De epilepsia ex depresso cranio (Hall. Disp. i.) *Regiom.* 4to.

1742 *Brescon, Pierre*, Traité de l'épilepsie. *Bourd.* 8vo.

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1810 *Wenzel, Jos. & Carl.* Beobachtungen ueber den hirnanhang fallsüchtiger personen. *Mainz.* 4to.

1812 *Friche, J. C. G.* Geschichte einer durch den lebensmagnetismus geheilten epilepsie. *Halle*, 8vo.

1815 *Esquirol, Dict. des Sc. Méd.* (art. *Epilepsie*) t. xii. *Par.*

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1830 *Hatin, F.* De l'épilepsie. *Par.* 8vo.

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1831 *Foville, Dict. de Méd. et de Chir. Prat.* (art. *Epilepsie*) t. vii. *Par.*

1833 *Cheyne, Cyc.* of Pract. Med. (art. *Epilepsy*) vol. ii. *Lond.*

EPISTAXIS.

DERIV. Gr. ἐπιστάξις, from ἐπιστάζω, fut. ἀξω, to drop down, to distil; from ἐπι, and στάζω, to drop.

Nos. SYN. Επιστάξις: Hipp. *Hæmorrhagia*: Plin. Sauv. Linn. Sag. *Epistaxis*: Vog. Cull. Crich. Pin. Parr. *Rhinorrhagia*: Ploucq. *Hæmorrhæa narium*: Swed. *Hæmorrhagia narium*: Hoffm. Junck. Good, Darw. Swed. *Rhinorrhæa sanguinea*: Auct.

VERN. SYN. Gr. Επιστάξις. Lat. *Hæmorrhagia*, sanguinis fluxus per nares, ex naribus. Eng. Bleeding at the nose. Ger. Nasenbluten.

Dut. Bloeden uit den neus. *Dan.* Næsebløden. *Swed.* Näsblödning. *Fr.* Hémorrhagie du nez, saignement de nez. *Ital.* Flusse di sangue dal naso. *Span.* Flujo de sangre de la nariz. *Port.* Sangue dos narizes.

1670 *Brugis, Th.* Vade mecum; with a treatise on bleeding at the nose. *Lond.* 12mo.

1680 *Braschius, Geo.* Disputationes medicæ duæ de hæmorrhagia narium. *Kilon.* 4to.

1680 *Sartorius, J. G.* Admiranda narium hæmorrhagia, &c. *Altd.* 4to.

1721 *Flato, J. F.* De narium fabrica, usu, et morbis. *Lugd. Bat.* 4to.

1779 *Onofrius, Ernest.* De narium hæmorrhagia commentarius.

1800 *Frank, J. P.* De curandis hominum morbis, lib. v. p. ii. *Viennæ,* 8vo.

1804 *Deschamps, J. F. L.* Traité des maladies des fosses nasales. *Par.* 8vo.

1808 *Vignes, P.* Dissertation sur les epistaxis spontanées, &c. *Par.* 4to.

1811 *Fournée, A.* Dissertation de l'epistaxis ou hémorrhagie nasale. *Par.* 4to.

1815 *Esquirol, Dict.* des Sc. Méd. (art. *Epistaxis*) t. xii. *Par.*

1821 *Cloquet, Hipp.* Osphrésiologie, ou traité des odeurs, &c. avec l'histoire des maladies du nez et des fosses nasales. *Par.* 8vo.

1822 *Frank, J.* Præcos medicinæ universæ, t. v. p. ii. p. 442. *Taurin.* 8vo.

1823 *Rochoux, Dict.* de Méd. (art. *Epistaxis*) t. viii. *Par.*

1826 *Howison, W.* On epistaxis. *Edin.* 8vo.

1831 *Blandin, Dict.* de Méd. Prat. (art. *Epistaxis*) t. vii. *Par.*

1833 *Kerr, Cyc. of Pract. Med.* (art. *Epistaxis*) vol. ii. *Lond.* 8vo.

(See HÆMORRHAGE.)

ERETHISMUS.

DERIV. Gr. *ερεθισμος, ερεθισμα*, irritation, excitement; from *ερεθίζω*, to excite or irritate. *Erethismus mercurialis*, a peculiar state of irritation produced by mercury.

ERYSIPELAS.

DERIV. Gr. *ερυσιπελας*. The derivation of this word is unknown, although many attempts have been made by lexicographers and nosologists to explain it. The most ordinary derivation is from *ερύω*, to draw, and *πελας*, near; but this is very fanciful and improbable. It is much more likely that *ερυθρος*, red, is the source.

Nos. SYN. *Ερυσιπελας*: Hipp. Gal. *Επιφλογισμα*: Hipp. *Ignis sacer*: Cels. *Febris erysipelacea*: Hoffm. Vog. *Febris erysipelatos*: Sydenh. Mach. Rosa: Sennert. *Erysipelas*: Sauv. Linn. Cull. Sag. Young, Swed. *Emphylysis erysipelas*: Good. *Ignis Sancti Antonii*: Auct.

VERN. SYN. Gr. *Ερυσιπελας*. Lat. *Ignis sacer*. Eng. Erysipelas, the rose, St. Anthony's fire. Scot. A blast. Ger. Rose, rothlauf. Dut. Roos, St. Anthoni's vuur. Dan. Rosen. Swed. Rosen, helig eld, gamla. Polon. Roza. Fr. Erysipèle, feu de St. Antoine, la rose. Ital. Risipola, fuoco di S. Antonio. Span. Erisipela, rosa.

1560 *Ellinger, And.* De erysipelate. *Lips.* 8vo.

1771 *Schroeder, P. G.* De febribus erysipelatosi. *Goett.* 4to. (Opusc. Nürnb. 1778. 8vo. 2 vol.)

1777 *Bureau, Jas.* On the erysipelas or St. Anthony's fire. *Lond.* 12mo.

1780 *Richter, G. G.* Dissertatio de erysipelate — Opuscula Med. vol. i. (3 vol.) *Frankft.* 4to.

1781 *Dale, T. M. D.* Dissertatio de erysipelate (Webster Coll. i.) *Edin.* 8vo.

1782 *Aerts, J. J.* Dissertatio de erysipelate (Coll. Lovan. ii.) *Lovan.* 8vo.

1793 *Harmand de Montgarny, J. B.* Précis des maladies éruptives connues sous le nom de la rose épidémique. *Verdun.* 4to.

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1794 *Hunter, J.* A treatise on the blood, inflammation, &c. *Lond.* 8vo.

1799 *Walshman, T. M. D.* On a particular species of erysipelas (Mem. Med. v.) *Lond.* 8vo.

1800 *Wells, W. C. M. D.* Observations on erysipelas (Trans. Med. and Chir. ii.) *Lond.* 8vo.

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1802 *Reddellien, J. C. L.* Sammlung kleiner abhandlungen ueber die rose neugebohrner kinder, &c. *Lubeck.* 8vo.

1802 *Renauldin, L. J.* Dissertation sur l'érysipèle. *Par.* 8vo.

1804 *Lecourt-Contilly, J. E.* Essai sur l'érythème et l'érysipèle. *Par.* 4to.

1805 *Caillaud, J. M.* Essai sur l'endurcissement du tissu cellulaire chez les enfans. *Bord.* 8vo.

1807 *Terrion, L.* Essai sur l'érysipèle dans les fièvres adynamiques. *Par.* 4to.

1808 *Pearson, J.* Principles of surgery. *Lond.* 8vo.

1809 *Closier, E. V.* Dissertation sur l'érysipèle, ses variétés, et son traitement. *Par.* 4to.

1810 *Kutsch, W. W.* De erysipelate neonatorum et induratione telæ cellulose. *Grön.* 8vo.

1813 *Sourisseau, J. R.* Dissertation sur la nature et le traitement de l'érysipèle bilieux, &c. *Par.* 4to.

1813 *Thomson, J. M. D.* Lectures on inflammation. *Edin.* 8vo.

1814 *Hutchinson, A. C.* On the treatment of erysipelas by incision (Med. Chir. Trans. v.) *Lond.* 8vo.

1815 *Patissier, P.* Essai sur l'érysipèle phlegmoneux. *Par.* 4to.

1815 *Renauldin, Dict.* des Sc. Méd. (art. *Erysipèle*) t. xiii. *Par.*

1819 *Weatherhead, G. H. M. D.* Essay on the diagnosis of erysipelas, phlegmon, and erythema. *Lond.* 8vo.

1821 *James, J. H.* Treatise on inflammation. *Lond.* 8vo.

1821 *Schmidt, F. A.* De erysipelate neonatorum. *Lips.* 8vo.

1823 *Carminati, B.* Sull' induramento cellulare de' neonati. *Milan.* 8vo.

1823 *Ruyer, Dict.* de Méd. (art. *Erysipèle*) t. viii.) *Par.* 8vo.

1824 *Duncan, And. jun.* M. D. Cases of diffuse inflammation (Ed. Med. Chir. Trans. vol. i.) *Edin.* 8vo.

1825 *Butter, J. M. D.* Remarks on the irritative fever, &c. *Devonport.* 8vo.

1826 *Denis, P. S.* Sur la phlegmasie entéro-cellulaire. *Commercy.* 8vo.

1826 *Gendrin, A. N.* Histoire anatomique des inflammations. *Par.* 8vo.

1826 *Higginbottom, John.* Essay on the use of nitrate of silver in inflammation. *Lond.* 8vo.

1828 *Billard, C.* Traité des maladies des enfans nouveau-nés. *Par.* 8vo.

1828 *Lawrence, W.* On the nature and treatment of erysipelas (Med. Chir. Trans. xiv.) *Lond.*

1831 *Rayer, Dict. de Méd. Prat. (art. Erysipèle) t. vii. Par.*

1833 *Tweedie, Cyc. of Pract. Med. (art. Erysipelas) vol. ii. Lond.*

(See INFLAMMATION.)

ERYTHEMA.

DERIV. *Gr.* ερυθμα, redness, a blush; also, an inflammatory blush, or erysipelas; from the same root as ερυσιπελας.

NOS. SYN. *Gr.* Ερυθμα: *Hipp.* Erythema: *Sauv.* Sag. *Swed.* Good. *Erysipelas*: *Auct. Hieropyr*: *Vog.* Phlogosis erythema: *Cull.* Inflammatio erythema, Cauma erythematicum: *Young.*

VERN. SYN. *Gr.* Ερυθμα. *Lat.* Rubor, inflammatio. *Eng.* Rash, blush, the rose. *Ger.* Hitze, flugfeuer, rothlaufgeschwulst. *Dut.* Roodvonk. *Swed.* Rödska. *Fr.* Erythème, feu volage. *Ital.* Riscaldamento, rubore, eritema. *Span.* Fuego.

(For Literature, see INFLAMMATION.)

EXANTHEMA—EXANTHEMATA.

DERIV. *Gr.* εξανθημα, (plur. εξανθηματα,) a blossom, a blister or eruption; from εξανθω, to effloresce, to break out: *Th.* εἶ, and ανθος, a bud or blossom.

NOS. SYN. Εξανθημα, Εξανθησις: *Hipp.* Phlegmasiæ exanthematicæ: *Sauv.* Exanthemata: *Sag.* *Cull.* *Parr.* *Swed.* *Frank.* Exanthematica: *Good.* Morbi exanthematici: *Linn.* Febres exanthematicæ: *Vog.* *Ludwig.* Phlegmasiæ cutaneæ: *Pinel.* Epiphymata: *Young.*

VERN. SYN. Εξανθημα, εξανθηματα. *Lat.* Eruptiones. *Eng.* Eruptions, eruptive diseases, rash. *Ger.* Ausschlag. *Dut.* Uitslag. *Dan.* Udslag, udslæt. *Swed.* Utslag. *Fr.* Exanthème, efflorescence. *Ital.* Esantemi. *Span.* Escupiduras, exantemas.

(For Literature, see the individual diseases.)

FAVUS.

DERIV. *Lat.* favus, a honey-comb, applied by metonymy to the eruption so called.

NOS. SYN. Κηριον: *Auct. Græc.* Favus: *Vog.* Tinea favosa: *Astruc, Sauv.* Scabies capitis favosa: *Plenck.* Porrigo favosa: *Batem.* Porrigo, Achor: *Auct. Var.*

(For Literature, see SKIN, DISEASES OF.)

FEIGNED AND FACTITIOUS DISEASES.

VERN. SYN. *Gr.* Νοσὶ πλαστοί, υποποιετοί. *Lat.* Morbi ficti, simulati. *Eng.* Feigned diseases. *Ger.* Erdichteten krankheiten. *Dut.* Geveinsde ziekten. *Fr.* Maladies feintes, simulées. *Ital.* Malattie finte, simulate. *Span.* Enfermedades fingidas.

N.B. The practice of feigning disease is technically termed in the British navy skulking, and in the army malingering.

1538 *Galenus, Libellus quomodo morbum simulantes sint deprehendendi (Opp. Om.) Bas.* fol.

1582 *Paré, Ambrose, Opera, l. xxiv. c. 18.* (impositions of mendicants) *Par.* fol.

1594 *Silvaticus, Jo. Bapt.* De iis qui morbum simulat deprehendendis liber. *Mediol.* 4to.

1606 *Pigray, P.* Epitome des préceptes de médecine et chirurgie. *Par.* 8vo.

1612 *Pigray, P.* Epitome præceptorum medicinæ et chirurgiæ (p. 508.) *Par.* 8vo.

1646 *Severinus, Marc. Aur.* De efficaci medicina (lib. ii. c. 139.) *Frankf.* fol.

1677 *Cellarius, Hen.* Von vermeinter mutterschwermung. *Halberst.* 12mo.

1687 *Fabricius ab Aquapendente, (Hier.) Opera omnia (cap. 139.) Leips.* fol.

1689 *Bohn, J.* De officio medici duplici (p. 165.) *Lips.* 4to.

1728 *Boeckler, J.* Occasione fraudulentæ metreticis scripta epistola (Hall. Disp. ad Morb. iv.) *Argentor.* 4to.

1728 *Luther, C. F.* Dissertatio de morbis simulatis ac dissimulatis. *Kiel.* 4to.

1740 *Roncillus, R.* Diss. iv. de de acubus in corpore repertis. *Brixia,* 4to.

1769 *Vogel, R. A.* Dissertatio de morbis simulatis. *Goett.* 4to.

1774 *Baldinger, E. G.* Dissertatio de morbis simulatis. *Goett.* 4to.

1783 *Pyl, J. T.* Aufsaetze und beobachtungen aus der gerichtlichen arzneywissenschaft (i. p. 190. bones from the vagina) *Berl.* 8vo.

1788 *Neumann,* Dissertatio de morborum simulatione. *Witt.* 4to.

1794 *Schneider,* Dissertatio de morborum fictione. *Frankf.* 4to.

1802 *Mahon, P. A. O.* Médecine légale et police médicale. *Par.* 8vo.

1803 *Gruner, K. A. C.* Dissertatio de voracitate nimia culturvorationis parente et nutrice. *Jenæ,* 8vo.

1805 *Gruner, K. A. C.* Historia culturvorum morbi simulati et dissimulati, &c. *Par.* 8vo.

1809 *Parr, Medical Dictionary (art. Medicina forensis—Morbi simulati) vol. ii. Lond.* 4to.

1810 *Souville, M.* Examen des infirmités qui peuvent exempter du service militaire. *Par.* 8vo.

1813 *Fodéré, F. E.* Traité de médecine légale (8 vol. vol. ii.) *Par.* 8vo.

1821 *Percy & Laurent, Dict. des Sc. Méd. (art. Simulation des maladies) t. li. Par.*

1822 *Herholdt, J. D. M.D.* Observatio de affectibus morboris virginis Havniensis, cui plurimæ acus excisæ sunt. *Havnia,* 8vo.

1823 *Marc, Dict. de Méd. (art. Déception) t. vi. Par.*

1825 *Beck, T. R.* Elements of medical jurisprudence (by Dunlop) *Lond.* 8vo.

1826 *Hutchinson, A. C.* Practical observations in surgery (2nd edit.) *Lond.* 8vo.

1827 *Cheyne, J. M.D.* On the feigned diseases of soldiers (Dubl. Hosp. Rep. vol. iv.) *Dub.* 8vo.

1828 *Marshall, Hen.* Hints to young medical officers in the army, &c. *Lond.* 8vo.

1832 *Marshall, Hen.* On the enlisting, the discharging, and pensioning of soldiers. *Lond.* 8vo.

1832 *Forbes, Scott, & Marshall, Cyc. of Pract. Med. (art. Feigned Diseases) vol. i. Lond.*

1833 *Dunglisson, New medical Dictionary (art. Feigned Diseases) vol. i. Boston,* 8vo.

FEVER.

DERIV. Lat. *febris*, from *ferveo* or *ferbeo*, to be hot; from which last form of the verb comes *ferbis*, and by an easy metathesis, *febris*.*

I. FEVER IN GENERAL.

NOS. SYN. Πυρετος, πυρεξις (the disease): Auct. Græc. *Febris* (the disease): Auct. Lat. *Pyrexia* (the class): Cull. Parr. Young. *Febres* (the class): Sauv. Vog. Sag. Mach. Cull. Crich. Pin. Swed. *Pyrectica* (the class): Good. *Morbi febiles* (the class): Linn.

VERN. SYN. Gr. Πυρετος, πυρεξις, πυρετικον νοσημα. Lat. *Febris*. Eng. *Fever*. Ger. *Fieber*. Dut. *Koorts*. Dan. *Feber*. Swed. *Feber*. Fr. *Fièvre*. Ital. *Febbre*. Span. *Fiebre*, *calentura*.

II. THE CONTINUED FEVER OF TEMPERATE CLIMATES.

NOS. SYN. Συνοχος, τυφος, καυσος, πυρετος τυφωδης, πυρετικον: Auct. Græc. *Febris continens*, *Febris ardens*, *Febricula*, *Ephemera*: Auct. Lat. *Febris continens*, *F. pestilens*, *F. putrida*, *F. continua*, *F. contagiosa*, *F. nervosa*, *F. petechialis*, *F. lenta*, *F. maligna*, *F. ardens*, *F. acuta*, *F. cererum*, *F. diaria*, *F. septenaria*, *F. castrorum*, *F. lypeiria*, *F. pituitosa*, *F. nosocomialis*, *F. inflammatoria*, *F. Hungarica*, *F. irritativa*, *F. sthenica*, *F. asthenica*, *F. imputris*, *Synocha*, *Synochus*, *Ephemera*, *Typhus*, *Typhodes*, *Morbus mucosus*, *Cauma*, *Causus*: Auct.

VERN. SYN. Gr. Πυρετος συνεχης, συνοχος. Lat. *Febris ardens*, *f. continens*, *f. lenta*, *f. acuta*, *f. mala*. Eng. *Continued fever*, *malignant f.*, *putrid f.*, *jail f.*, *jail distemper*, *simple f.*, *inflammatory f.*, *nervous f.*, *adynamic f.*, *ardent f.*, *epidemic f.*, *infectious f.*, *contagious f.* Ger. *Anhaltendes fieber*, *bosartige fieber*, *kerkerfieber*, *lägerfieber*, *entzündliche fieber*, *nervenfieber*, *gallenfieber*, *schleimfieber*, *hitziges fieber*, *gefässfieber*, *eintägige fieber*, *faulfieber*, *entzündungsfieber*. Dut. *Geduuunge koorts*, *kwaadartige koorts*, *brandende koorts*. Fr. *Fièvre continue*, *f. continuelle*, *f. putride*, *f. nerveuse*, *f. muqueuse*, *f. adynamique*, *f. asthenique*, *f. ataxique*, *f. d'hôpital*. Ital. *Febbre continua*, *tifo*, *febbre putrida*. Span. *Fiebre continua*, *calentura continua*, *efemera*, *causon*, *sinoca*, *calentura putrida*, *tabardillo*, *tifo*.

III. FEVERS OF TYPE: REMITTING AND INTERMITTING FEVERS.

A. Intermittent fever generally.

NOS. SYN. Διαλειπων πυρετος: Hipp. *Febres periodice*: Plin. *Febres intermittentes*: Sauv. Vog. Linn. Sag. Cull. Crich. Swed. *Febres remittentes*: Auct. *Febris intermittens*: Mach. Parr. *Anetus*: Good, Young. *Dialeipyra*: Swed.

* "Appellamus a calendo calorem, a fervore febrim." Varr. apud Non. c. i. n. 225.

VERN. SYN. Gr. Διαλειπων πυρετος. Lat. *Febris periodica*. Eng. *Ague*, *intermittent fever*, *marsh fever*, *fen fever*. Ger. *Wechselfieber*, *kaltesfieber*. Dut. *Gaande en komende koorts*, *verpoozende koorts*. Dan. *Vexelfeber*, *koldfeber*. Swed. *Vexelfeber*, *frossfeber*, *frossa skälftva*. Fr. *Fièvre d'accès*, *fièvre intermittente*. Ital. *Febbre intermittente*. Span. *Calentura intermitente*.

B. Remittent fever generally.

NOS. SYN. *Febres remittentes*: Sauv. Sag. Linn. *Febres intermittentes*: Cull. *Febris remittens*: Mach. *Febres exacerbatantes*: Linn. *Epanetus*: Good. *Helopyra*: Swed. *Febres continuæ remittentes*: Boerh. Swed. *Febres periodica*: Sennert. *Febres proportionatæ*: Torti. *Febres continentes*: Morton. *Amphemerina*, *Tritæophya*, *Tetartophya*, *Tritæus*, *Hemitritæa*: Sauv. Linn. Vog. Crich.

VERN. SYN. Lat. *Febris consistens*. Eng. *Remitting fever*. Ger. *Nachlassendes fieber*, *remittirendes fieber*. Fr. *Fièvre rémittente*. Ital. *Febbre remittente*. Span. *Calentura remittente*.

C. Quotidian intermittent.

NOS. SYN. Αμφημερινος πυρετος: Hipp. *Febris quotidiana*: Cels. Sauv. Linn. Vog. Sag. Cull. *Anetus quotidianus*: Good. *Anetus quotidiana*: Young. *Dialeipyra quotidiana*: Swed. *Amphemerina*: Sauv. Linn. Sag. *Quotidiana continua* (remitting, or imperfectly intermitting): Vog.

VERN. SYN. Gr. Πυρετος αμφημερινος, πυρετος καθημερινος. Lat. *Febris quotidiana*. Eng. *Quotidian ague*, *quotidian*. Ger. *Tägliche fieber*, *alltägliche fieber*. Dut. *Alledaagsche koorts*, *dagelyksche koorts*. Fr. *Fièvre quotidienne*. Ital. *Febbre quotidiana*. Span. *Calentura cotidiana*.

D. Tertian intermittent.

NOS. SYN. Τριταιος πυρετος: Hipp. *Febris tertiana*: Cels. Sauv. Linn. Vog. Sag. Cull. *Tritæophya*: Sauv. *Tritæus*: Linn. *Anetus tertianus*: Good. *Anetus tertiana*: Young. *Dialeipyra tertiana*: Swed.

VERN. SYN. Gr. Πυρετος τριταιος. Lat. *Febris tertiana*. Eng. *Tertian ague*, *tertian*, *tertian fever*. Ger. *Dreitägige fieber*, *dritt-tägige fieber*. Dut. *Anderandaagsche koorts*. Fr. *Fièvre tierce*. Ital. *Febbre terzana*, *terzana*. Span. *Calentura terciaria*, *terciana*.

E. Quartan intermittent.

NOS. SYN. Τεταρταιος πυρετος: Hipp. *Febris quartana*: Cels. Sauv. Linn. Vog. Sag. Hoffm. Junck. Cull. *Anetus quartanus*: Good. *Anetus quartana*: Young. *Dialeipyra quartana*: Swed.

VERN. SYN. Gr. Πυρετος τεταρταιος. Lat. *Febris quartana*. Eng. *Quartan ague*, *quartan*. Ger. *Viertägige fieber*, *quartan fieber*. Dut. *Derdendaagsche koorts*. Fr. *Quartaine*, *fièvre*

quarte. *Ital.* Febbre quartana, quartana. *Span.* Calentura cuartana, cuartana.

F. Yellow fever.

Nos. SYN. *Καυρός?* Hipp. *Typhus icterodes*: Sauv. Cull. *Triteaophya Americana*: Sauv. *Febris flava*: Auct. plur. *Epanetus malignus flavus*: Good. *Febris remittens icterodes*: Parr. *Synochus icterodes*: Young. *Ochropyra*: Swed. *Causus*: Moseley. *Febris flava Americanorum*: Frank.

VERN. SYN. *Gr.* *Καυρός?* *Lat.* *Febris ardens*. *Eng.* Yellow fever, black vomit, bilious remitting fever, Bulam fever. *Ger.* Gelbes fieber, schwartzes erbrechen, Westindisches fieber. *Fr.* Fièvre jaune, fièvre gastro-adyamique, typhus jaune, fièvre matelotte, mal de Siam. *Ital.* Febbre gialla. *Span.* Fiebre amarilla, vomito negro, vomito prieto.

G. Hectic fever.

Nos. SYN. *Επτικός πυρετός*: Hipp. *Febris hectica*: Sauv. Linn. Vog. Sag. Cull. Macb. *Hecticopyretos*: Auct. *Epanetus hectica*: Good. *Febris lenta*: Junc. Hoffm. *Amphemerina hectica*: Crich. *Hectica*: Young. *Marasmopyra*, *Hecticopyra*: Swed.

VERN. SYN. *Gr.* *Επτικός πυρετός*. *Lat.* *Febris longa*, tabes, atrophica. *Eng.* Hectic fever, hectic. *Ger.* Hektisches fieber, schleichendes fieber, zehrungsieber. *Dut.* Uitteerende koorts, uitdroogende koorts, teeringkoorts. *Dan.* Tærende feber. *Swed.* Tränfeber. *Fr.* Fièvre étique, fièvre hecticque. *Ital.* Etica febbre, etica. *Span.* Etica, calentura hetica.

H. Puerperal fever.

Nos. SYN. *Febris puerperalis*: Auct. *Synochus puerperarum*: Good. *Dystocia febrilis*: Young. *Peritonitis*, *Metritis*, *Hysteritis*: Auct.

VERN. SYN. *Eng.* Childbed fever, puerperal fever. *Ger.* Kindbettfeber. *Dut.* Kinderbedkoorts, kraambetkoorts. *Fr.* Fièvre puerpérale, péritonite puerpérale. *Ital.* Febbre puerperale. *Span.* Calentura puerperale.

I. FEVER IN GENERAL.

CONTINUED FEVER (MALIGNANT, PUTRID, TYPHOUS, &c.)

1514 *Marsilius*, *De Sancta Sophia*, De febribus, tractatus, &c. *Venet.* fol.
1529 *Phrysius*, *Laur.* Sudoris Anglici causa, præservatio, et cura. *Argent.* 4to.
1556 *Caius*, *Joh.* De ephemera Britannica liber unus. *Lovan.* 8vo.
1564 *Bulleyn*, *W.* Dialogue of the regiment against the fever, &c. *Lond.* 8vo.
1581 *Wittich*, *J.* Von der herzbräune so ein giftig und befleekend fieber ist. *Erf.* 4to. †
1594 *Fernelius*, *Joan.* Medici antiqui qui de febribus scripserunt. *Ven.* fol.
1596 *Fonseca*, *Rod. a.* Opusculum de febribus. *Florent.* 4to.
1615 *Fonseca*, *Rod. a.* Methodus curandarum febrium. *Pisis*, 4to.

1623 *Fonseca*, *Ant.* De epidemia febrili in exercitu reginæ Catharinæ anno 1620-1. *Meckl.* 4to.

1654 *Mariotti*, *Car.* De universarum febrium generibus. *Napol.* 4to.

1660 *Willis*, *Th. M.D.* Diatribæ duæ de fermentatione et de febribus. *Lond.* 12mo.

1678 *Simpson*, *W.* History and cure of fevers, particularly of the new autumnal fever. *Lond.* 12mo.

1683 *Bontekoe*, *Corn.* Diatriba de febribus. *Hagæ*, 8vo.

1691 *Brown*, *And.* A new cure of fevers. *Edin.* 12mo.

1694 *Forrest*, *Jas.* A brief defence of the old method of curing continued fevers. *Edin.* 8vo.

1694 *Morton*, *Rich.* M.D. Exercitatio de febribus inflammatoriis. *Lond.* 8vo.

1695 *Raynaud*, *Fr. M.D.* Traité des fièvres malignes et pourprées. *Brusselle*, 12mo.

1698 *Maynwaringe*, *Ev.* M.D. Ignota febris, or fevers mistaken, &c. *Lond.* 8vo.

1699 *Oliphant*, *Chas.* A short discourse on vomiting in fevers. *Edin.* 8vo.

1701 *Pascoli*, *Aless.* Delle febbri, secondo il nuovo sistema. *Venez.* 4to.

1704 *Oliver*, *W.* A practical essay on fevers, with remarks on the hot and cold methods, &c. *Lond.* 12mo.

1709 *Bates*, *Thos.* An enchriridion of fevers incident to seamen, during summer, in the Mediterranean. *Lond.* 8vo.

1716 *Strother*, *Ed. M.D.* Criticon febrium, or a critical essay on fevers. *Lond.* 8vo.

1718 *Carrère*, *J.* De febribus. *Perpin.* 4to.

1729 *Strother*, *Ed. M.D.* Practical observations on the epidemical fever, &c. *Lond.* 8vo.

1732 *Turner*, *Dan. M.D.* Discourse concerning fever. *Lond.* 8vo.

1734 *Lobb*, *Theoph. M.D.* Rational method of curing fevers, deduced from the structure of the human body (2nd edit. sub tit. Medical practice in curing fevers, 1735.) *Lond.* 8vo.

1735 *Clutton*, *Jos.* Certain method of curing continued fevers. *Lond.* 8vo.

1739 *Huxham*, *J. M.D.* An essay on fevers, &c. *Lond.* 8vo.

1742 *Cox*, *Dan.* Observations on the epidemic fever of the year 1741. *Lond.* 8vo.

1742 *Glass*, *Th.* Commentarii xii. de febribus. *Lond.* 8vo.

1749 *James*, *Rob. M.D.* Dissertation on fevers and inflammatory distempers. *Lond.* 12mo.

1750 *Bianchini*, *Gio. F.* Lettere delle febbri maligne. *Venez.* 12mo.

1750 *Pringle*, *Sir J. M.D.* Observations on the nature and cure of jail fevers. *Lond.* 8vo.

1751 Anon. Cure of the miliary fever by a subject to Mithridates, king of Pontus. *Lond.* 8vo.

1751 *Fracassini*, *Ant.* Tractatus theoretico-practicus de febribus. *Veron.* 4to.

1751 *Piquer*, *And.* Tratado de las calenturas, segun la observacion, &c. *Valenc.* 8vo.

1753 *Quesnay*, *F.* Traité des fièvres continues (2 vol.) *Par.* 12mo.

1758 *Ball*, *John*, M.D. A treatise on fevers. *Lond.* 8vo.

1758 *Johnstone*, *J. M.D.* Historical dissertation concerning the malignant epidemical fever of 1756. *Lond.* 8vo.

1758 *Tissot*, *S. A. D.* De febribus biliosis. *Lausan.* 8vo.

1761 *Valcairenghi*, *P.* De præcipuis febribus specimen practicum. *Cremón.* 4to.

- 1763 *Lind, J. M.D.* Two papers on fevers and infection. *Edin.* 8vo.
- 1764 *Hawkrigge, J.* A treatise on fevers in general, their nature and treatment. *Lond.* 8vo.
- 1767 *Kirkland, Th. M.D.* Essay on the cure of diseases which are the cause of fevers. *Lond.* 8vo.
- 1768 *Chalmers, Lionel, M.D.* An essay on fevers. *Lond.* 8vo.
- 1769 *Gibson, John, M.D.* A treatise on fevers. *Lond.* 8vo.
- 1769 *Senac, Jo.* De recondita febrium natura, &c. *Genev.* 8vo.
- 1771 *Drummond, A. Monro,* De febribus ardentis et discutiendis commentarius. *Amstel.* 8vo.
- 1771 *Grant, W. M.D.* Inquiry into the nature, &c. of the fevers of London. *Lond.* 8vo.
- 1771 *Lysons, Dan. M.D.* Essay on camphire and calomel in fevers. *Lond.* 8vo.
- 1772 *Lettsom, J. C.* Reflexions on the treatment and cure of fever. *Lond.* 8vo.
- 1772 *Radicefani, F. M.* Trattado delle febbri maligne. *Perug.* 8vo.
- 1772 *Quarin, Jos.* Methodus medendarum febrium. *Vien.* 8vo.
- 1774 *Gilchrist, Joh.* De febre anomala inter Dumfriensienses epidemica. *Edin.* 8vo.
- 1775 *Grant, W. M.D.* Essay on the pestilential fever of Sydenham. *Lond.* 8vo.
- 1777 *White, Rob. M.D.* Observations on fever. *Lond.* 8vo.
- 1778 *Carrère, J. B. F.* Dissertation sur l'usage des rafraichissans et des échauffans dans les fièvres exanthématiques. *Amst. et Par.* 8vo.
- 1780 *Clark, John, M.D.* Observations on fevers. *Lond.* 8vo.
- 1781 *Quarin, Jos.* Commentatio de curandis febribus et inflammationibus. *Vienæ.* 8vo.
- 1781 *Berlinghieri, F. V.* Sulle febbri dette putride. *Lucca.* 8vo.
- 1781 *Giannelli, Nic.* Memorie della febbre maligna del Real convitto de' donzelli di Napoli dell' anno 1780. *Nap.* 8vo.
- 1781 *Roberts, J.* Observations on fevers. *Lond.* 8vo.
- 1782 *Heysham, J. M.D.* Account of the jail fever of Carlisle in 1781. *Lond.* 8vo.
- 1783 *Ræderer, J. G. & Wagler, C. G.* Tractatus de morbo mucoso, &c. *Gott.* 8vo.
- 1784 *Dickson, Caleb, M.D.* An inquiry into the nature and cause of fever. *Edin.* 8vo.
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- 1821 *Fernandez, Jos.* Ensayo analytico sobre la naturaleza, las causas, &c. de las calenturas llamadas amarillas. *Habana.* 4to.
- 1821 *Jackson, R. M.D.* Remarks on the yellow fever of the south coast of Spain since the year 1800. *Lond.* 8vo.
- 1821 *Jackson, Rob. M.D.* Remarks on the epidemic yellow fever of Spain. *Lond.* 8vo.
- 1821 *O'Halloran, T. M.D.* A brief view of the yellow fever of Andalusia in 1820. *Lond.* 8vo.
- 1821 *Salamanca, J. M.* Observaciones sobre el contagio de la fiebre amarilla. *Malaga.* 8vo.
- 1822 *Audouard, M. F. M.* Relation historique et médicale de la fièvre jaune de Barcelone. *Par.* 8vo.
- 1822 *Rochoux, J. A.* Recherches sur la fièvre jaune. *Par.* 8vo.
- 1822 *Larrey, Le Baron D. L.* Considérations sur la fièvre jaune. *Par.* 8vo.

1823 *Bally, François, & Pariset*, Histoire médicale de la fièvre jaune en Espagne. Par. 8vo.

1823 *Keraudren, P. F.* De la fièvre jaune observée aux Antilles. Par. 8vo.

1823 *O'Halloran, Th. M.D.* Remarks on the yellow fever of the south and east coasts of Spain. Lond. 8vo.

1824 *Baldissoni*, Manifesto sulla febbre di Barcelona dell' anno 1821. Gen. 8vo.

1824 *Burnett, Sir W. M.D.* Official report on the fever of H. M. S. Bann on the coast of Africa. Lond. 8vo.

1824 *Gendrin, A.N.* Recherches historiques sur les épidémies de la fièvre jaune à Malaga. Par. 8vo.

1824 *Palloni, D. G.* Se la febbre gialla sia o no un contagio? Livorno, 8vo.

1826 *Guerineau, J.* Essai sur les causes de la fièvre jaune. Par. 8vo.

1827 *Matthæi, C. C.* Untersuchung uber das gelbe fieber. Hamm. 8vo.

1827 *Wilson, John, M.D.* Memoirs of West Indian fever. Lond. 8vo.

1828 *Reider, J. N. Ed. von.* Abhandlung über das gelbe fieber. Wien. 8vo.

1830 *Heastie, Alex.* Treatise on the nature and causes of the yellow fever. Edin. 8vo.

1833 *Gillkrest, Cyc. of Pract. Med.* (art. *Fever, Yellow*) vol. ii. Lond.

IV. PUERPERAL FEVER.

See (in lit. P) PUERPERAL FEVER.

FUNGUS HÆMATODES.

DERIV. A nosological term, compounded of a Latin noun and Greek adjective. Lat. *fungus*, a mushroom, a morbid excrescence on trees; also the morbid growth of granulations in ulcers, termed in English *proud flesh*: Gr. *αιματώδης*, *αιματοειδής*, bloodlike, from *αιμα*, blood, and *ειδος*, form or appearance.

Nos. SYN. *Fungus hæmatodes*: Hey, Wardrop. *Spongoid inflammation*: Burns. *Sarcoma medullare*: Abernethy. *Carcinus spongiosus*: Good. *Carcinoma spongiosum*: Young. *Fungus medullaris*: Gunther. *Soft cancer*: Wardrop. *Milk-like tumour*: Monro. *Encephaloïde*, *Tumeur encéphaloïde*, *Tumeur cérébriforme*, *Cancer mou*, *Matière encéphaloïde*, *Matière cérébriforme*: Laennec, Auct. Gall. *Blutschwamm*: Germ.

1800 *Burns, J.* Dissertations on inflammation, vol. 2. Glasg. 8vo.

1803 *Hey, W.* Practical observations on surgery. Lond. 8vo.

1809 *Wardrop, Jas.* Observations on fungus hæmatodes or soft cancer. Edin. 8vo.

1815 *Laennec*, Dict. des Sc. Méd. (art. *Encephaloïdes*) t. xii. Par.

1819 *Laennec*, Traité de l'auscultation médiate (chap. *Encephaloïdes du poulmon*) Par. 8vo.

1820 *Mainoir, J. P.* Mémoire sur les fungus medullaire et hématoïde. Par. 8vo.

1821 *Bartley, C. F. E.* Observations singuliers fungi medullaris in corde. Halle, 8vo.

1830 *Begin*, Dict. de Méd. Prat. (art. *Cancer*) t. iv. Par.

1833 *Kerr, Cyc. of Pract. Med.* (art. *Fungus hæmatodes*) vol. ii. Lond.

(See SCIRRHUS.)

GALVANISM.

DERIV. From *Galvani*, the name of its discoverer.

(For the Literature, see ELECTRICITY.)

GASTRALGIA AND GASTRODYNIA,

See CARDIALGIA.

GASTRITIS.

DERIV. Gr. *γαστήρ*, the stomach, and the nosological termination indicating inflammation.

Nos. SYN. *Ventriculi inflammatio*: Boerh. *Gastritis*: Sauv. Linn. Vog. Sag. Cull. Mach. Parr, Darw. Crich. Pin. Swed. *Febris stomachica inflammatoria*: Hoffm. *Cardialgia inflammatoria*: Tralles. *Cauma gastritis*: Young. *Empresma gastritis*: Good.

VERN. SYN. Lat. *Inflammatio ventriculi*. Eng. Inflammation of the stomach. Ger. Entzündung des magens, magenentzündung. Dut. Maagbrand. Fr. Inflammation de l'estomac, gastrite. Ital. Inflammazion di stomaco, gastrite. Span. Inflamacion d'estomago.

GASTRO-ENTERITIS.

DERIV. A nosological compound, formed from *γαστήρ*, the stomach, *εντέρα*, the intestines, and the terminal particle *itis*: inflammation of the stomach and bowels. *Gastro-entérite*, Broussais.

1706 *Hoffmann, Fr.* Dissertatio de inflammatione ventriculi frequentissima (Opp. t. vi.) Hal.

1779 *Hayman, S. M.D.* De gastritide (Webster i.) Edin.

1781 *Henning, W.* Beschreibung der kennezeichen und cur der enzündung des magens und der gedärme. Kopenh. 8vo.

1788 *Ræderer & Wagler*, De morbo mucoso. Goett. 8vo.

1790 *Engelhart, J.* Dissertatio de gastritide. Lund. 4to.

1792 *Frank, J. P.* De curandis hominum morbis lib. ii. (*Gastritis*) Ticino, 8vo.

1802 *Pujol, A.* Essais sur les inflammations chroniques des viscères (Œuv. de Méd. t. i.) Castres, 8vo.

1803 *Petit, A. Serres, E. R. A.* Traité de la fièvre entéro-mésentérique. Par. 8vo.

1804 *Prost, P. A.* La médecine éclairée, &c. (2 vol.) Par. 8vo.

1808 *Broussais, F. J. V.* Histoire des phlegmasies chroniques (tom. ii.) Par. 8vo.

1809-23 Dissertations inaugurales sur le gastrite à Paris—Tanzon, 1809; Quincieux, 1811; Perard, 1814; Rouse, 1816; Butin, 1819; Deschaken, 1821; Chaigneau, 1823.

1811 *Tanzin, B.* Dissertation sur la gastrite ou inflammation de l'estomac. Par. 4to.

1816 *Guersent*, Dict. des Sc. Méd. (art. *Gastrite*) t. xvii. Par.

1821 *Chauvin*, Considérations sur la gastro-entérite. Montp. 4to.

1821 *Court, H. J.* Dissertation sur la gastro-entérite. Par. 8vo.

1821 *Leclercq*, De la gastro-entérite des enfans. Par. 4to.

1822 *Scoutteten, H.* De l'anatomie pathologique de l'appareil digestif. Par.

1822 *Soudan*, Sur l'inflammation de la membrane muqueuse du gros intestin. *Par.* 8vo.

1823 *Andral*, Clinique médicale (*Fèvres*) vol. i. *Par.*

1823 *Boisseau*, F. G. Pyrétologie physiologique. *Par.* 8vo.

1823 *Caignou & Quemont*, Leçons du Docteur Broussais sur les phlegmasies gastriques. *Par.* 8vo.

1823 *Chaigneau*, Dissertation sur la gastrite chronique. *Par.* 4to.

1824 *Chomel*, Dict. de Méd. (art. *Gastrite*) t. x. *Par.*

1824 *Rayer*, Dict. de Méd. (art. *Gastro-entérite*) t. x. *Par.*

1825 *Billard*, C. De la membrane muqueuse gastro-intestinale dans l'état sain et dans l'état inflammatoire. *Par.* 8vo.

1825 *Gibert*, C. M. Mémoire Existe-t-il toujours des traces d'inflammation dans les viscères abdominaux après les fièvres putrides? *Par.* 8vo.

1825 *Louis*, P. C. A. Du ramollissement, &c. de la membrane muqueuse de l'estomac. *Par.* 8vo.

1826 *Broussais*, F. J. V. Examen de la doctrine médicale, &c. *Par.* (1821, 2 vols. 1826, 3 vols.)

1829 *Louis*, P. C. A. Recherches sur la maladie connue sous le nom de gastro-entérite (2 vols.) *Par.* 8vo.

1830 *Carswell*, R. M.D. Recherches sur la dissolution chimique des parois de l'estomac après mort (Journ. Hebdom. de Méd. t. vii.) *Par.*

1830 *Carswell*, R. M.D. Edin. Med. and Surg. Journ. vol. xxxiv. *Edin.*

1833 *Roche*, Dict. de Méd. Prat. (arts. *Gastrite* and *Gastro-entérite*) t. ix. *Par.*

1833 *Stokes*, Cyc. of Pract. Med. (arts. *Gastritis* and *Gastro-enteritis*) *Lond.* 8vo.

GLOSSITIS.

DERIV. From Gr. *γλωσσα*, the tongue, and the terminal particle *itis*, indicating inflammation: inflammation of the tongue.

NOS. SYN. *Glossagra*, (from *γλωσσα*, and *αγρα*, prey, quasi, *tongue-caught*): Auct. *Linguae extumescencia*: Gal. *Glossalgia* (*γλωσσαλγία*, from *γλωσσα*, and *αλγειν*, to pain, *pain in the tongue*): Auct. *Glossitis*: Elsner, Gunther, Frank, Crich. et Auct. rec. *Glossocela*: Vog. Gaub. *Paraglosse*, *Glossomegistus*: Sauv. *Glossoncus acutus*: Swed.

VERN. SYN. Gr. *Γλωσσαλγία*. Lat. *Inflammatio linguae*, *tumor linguae*. Eng. *Inflammation of the tongue*, *swelled tongue*. Ger. *Entzündung der zunge*. Fr. *Gonflement de la langue*, *glossite*, *inflammation de la langue*. Ital. *Inflammazion della lingua*, *glossite*. Span. *Inflamacion de lengua*.

1765 *Lassus*, P. *Dissertatio de linguae morbis*. *Par.* 4to.

1774 *De Lamalle*, Sur le gonflement de la langue (Mém. de l'Acad. Roy. de Chir. t. v.) *Par.*

1774 *Louis*, Sur les maladies de la langue (Mém. de l'Acad. Roy. de Chir. t. v.) *Par.*

1788 *Elsner*, *Dissertatio de glossitide*. *Reiom.*

1789 *Hayes*, Th. *Memoirs of the Medical Society of London*, ii. 185. *Lond.*

1791 *Beireis*, *Dissertatio de glossitide*. *Helmst.* (Salzb. Med. Chir. Zeit. iv. 1801.)

1791 *Breidenstein*, J. C. *De morbis linguae*. *Erl.* 8vo.

1795 *Bloedau*, *Dissertatio de glossitide*, &c. *Jena.*

1797 *Carron*, J. *Sedillot Journ. de Méd.* t. xxviii. p. 284. *Par.*

1797 *Double*, *Sedillot Journ. de Méd.* t. xxviii. p. 258. *Par.*

1803 *Otto*, *Dissertatio de glossitide*. *Frankof.*

1810 *Ajardi*, A. M. *Dissertatio de glossitide*. *Genue*, 4to.

1811 *Raggi*, G. *Sulla glossitide*. *Pavia*, 4to.

1815 *Marcoul*, J. P. *Dissertation sur la glossite*. *Strasb.* 4to.

1815 *Viollaud*, P. A. *Essai sur la glossite*. *Par.* 8vo.

1817 *Breschet & Finot*, Dict. des Sc. Méd. (art. *Glossite*) t. xviii. *Par.*

1824 *Marjolin*, Dict. de Méd. (art. *Glossite*) t. x. *Par.*

1833 *Begin*, Dict. de Méd. et de Chir. Prat. (art. *Glossite*) t. ix. *Par.*

1833 *Kerr*, Cyc. of Pract. Med. (art. *Glossitis*) vol. ii. *Lond.*

GOUT, (PODAGRA, ARTHRITIS.)

DERIV. *Gout*. From the French *goutte*, a drop, itself from the Latin *gutta*, signifying the same, applied to the disease from the theoretical notion of the old pathologists, of a morbid drop being the cause.

Podagra. Gr. *ποδαγρα*, from *πους*, the foot, and *αγρα*, prey that is caught, *quasi* foot-prey, foot-game, by a clever and natural metonymy applied to the disease termed gout.

Arthritis. Gr. *αρθριτις*, pain in the joints, from *αρθρον*, a joint, applied both to gout and rheumatism by the ancients.

NOS. SYN. *Αρθριτις*, *Ποδαγρα*, *Ποδαλγία*: Auct. Græc. *Morbus articularis*: Plin. *Gutta*: Bartholin, et Auct. Lat. rec. *Arthritis*: Sauv. Linn. Vog. Sag. Macb. *Podagra*: Boerh. Vog. Cull. Pin. Swed. *Arthrosia podagra*: Good. *Arthritis podagra*: Parr. *Febris podagrica*: Vog. *Podagra arthritis*, *Cauma podagricum*: Young. *Arthroncus podagricus*, *Arthrodynia podagrica*: Swed.

VERN. SYN. Gr. *Ποδαγρα*, *αρθριτις*, *αρθριση* or *αρθριτις* *νοσος*. Lat. *Podagra*, *chiragra*, *arthritis*, *morbus articularis*. Eng. The gout. Scot. The gut. Ger. *Zipperlein*, *gicht*, *gliedersucht*, *podagra*, *gichtschmerzen*, *gliederverweh*, *fussgicht*. Dut. *Voeteuvel*, *voet-flecercyn*, *jigt*, *gigt*, *pootjes*, *ledenzucht*. Dan. *Gigt*, *leddepine*, *fodgigt*. Swed. *Gickt*, *ledvärk*, *fotsjuka*. Fr. *Goutte*, *arthrite*. Ital. *Gotta*, *podagra*. Span. *Gota*, *arthritis*.

1544 *Lobera de Avila*, *Ludov.* Libro de las quatro enfermedades cortesanias, che son catarr, gota, mal de piedra y maf de bubas. *Tolet.*

1558 *Demetrius Pepagomenos*, De podagra liber, quem ab eo petitit imperator Michael Palæologos. *Par.*

1569 *Gubuccini*, Hier. De podagra commentarium. *Venet.* 4to.

- 1577 Anon. Souveraine approved remedies, &c. for goutes and other griefes, &c. *Lond.* 4to.
- 1577 *Balista, C.* The overthrow of the goute, written in Latin verse, translated by B. C. *Lond.* 8vo.
- 1581 *Greisel, J. G.* Tractatus medicus de cura lactis in arthritide. *Bud.* 12mo.
- 1582 *Douynet, Jaq.* Apologia—de arthritidis causa ejusque curatione. *Par.* 8vo.
- 1600 *India, Franc.* De gutta podagrica, chirurgica, et arthritica lib. ii. *Verona.* 4to.
- 1609 *Carpinetti, Targ.* Tractatus de gutta sive juncturarum dolore. *Pav.* 4to.
- 1617 *Eff, Will. A.M.* The praise of the gout, translated from the Latin of Bilibaldus Prickheimerus. *Lond.* 4to.
- 1620 *Aubry, J.* Abrégé ou l'on voit que les goutes sont des maladies curables. *Par.* 8vo.
- 1621 *Mojerus, Mich.* Civitas corporis humani a tyrannide arthritica vindicata. *Francof.* 12mo.
- 1630 *Hering, Honor.* Syntagma medicum de arthritide in genere et podagra in specie. *Brem.* 12mo.
- 1633 *Planer, Mich.* Consilium antipodagricum. *Stetten.* 8vo.
- 1643 *Cneuffelius, And.* De podagra curata. *Amst.* 12mo.
- 1653 *Heyden, Herm. Vander,* Synopsis discursuum de usu seri lactis et aquæ frigidæ in dolore podagræ. *Lond.* 12mo.
- 1653 *Teuber, J.* Arthritis, seu de natura, ortu, &c. podagræ. *Prag.* 4to.
- 1660 *Culpepper, Nic.* Two treatises—one on gout. *Lond.* fol.
- 1663 *Mollenbroccius, V. A.* De varis seu arthritide vaga scorbutica. *Lips.* 8vo.
- 1664 *Bartholin, Th.* De gutta seu morbo articulari. *Hafnæ.*
- 1664 *Stisser, J. A.* Solamen arthriticorum; hoc est, de podagra. *Helms.* 4to.
- 1665 *Barbatus, Hier.* De arthritide lib. ii. *Venet.* 4to.
- 1666 *Hemsterhuys, S. T.* Historia et analysis arthritidis vagæ. *Leuward.* 12mo.
- 1669 *Welles, Benj.* A treatise of the gout or joint-evil. *Lond.* 18mo.
- 1676 *Busschop, Herman,* Two treatises, one medical, of the gout, (transl. from the Dutch) *Lond.* 12mo.
- 1676 *Mayerne, Sir Th.* Treatise on the gout, from the French by T. Shirley. *Lond.* 12mo.
- 1677 *Mayerne, Theod. T. de,* Tractatus de arthritide. *Lond.* 12mo.
- 1679 *Borrichius, O.* De podagra. *Hafnæ.*
- 1683 *Rhyn, Wilh. Ten,* De arthritide mantissa schematica. *Lond.* 8vo.
- 1683 *Sydenham, Thos. M.D.* Tractatus de podagra. *Lond.* 8vo.
- 1684 *Ghyles, Thomas,* Treatise of the joint sickness or gout. *Lond.* 12mo.
- 1686 *Cleerus, And.* Meditationes de podagra. *Lugd. Bat.* 12mo.
- 1691 *Greenfield, or Groenvelt, John, M.D.* Arthritology, or a discourse of the gout. *Lond.* 8vo.
- 1693 *Feltmannus, Gerh.* De dea podagra liber singularis. *Bremæ.* 8vo.
- 1694 *Atkins, Will.* A discourse showing the nature of the gout. *Lond.* 12mo.
- 1696 *Floyer, Sir J. M.D.* Preternatural state of animal bodies described, &c. &c. *Lond.* 8vo.
- 1697 *Colbatch, John,* On the causes, nature, and cure of gout. *Lond.* 8vo.
- 1697 *Hoffmann, Fr.* Dissertatio de remedio doloris podagrici. De podagra retrocedente (Opp.) *Halæ.* 4to.
- 1698 *Heinsius, Nic.* Verhandeligen van het podagra en het gemeene gigt. *Amst.* 8vo.
- 1699 *Misiateris, Philand.* (an assumed name) The honour of the gout, proving that the gout is one of the greatest blessings which can befall mortal man. *Lond.* 8vo.
- 1703 *Bisanee, Sieur de,* La goutte curable par le remède Turc. *Par.* 8vo.
- 1703 *Musgrave, Gul. M.D.* De arthritide symptomatice dissertatio. *Oxon.* 8vo.
- 1704 *Adamus,* De materia calcaria post arthritidem per vias urinarias educta (Hall. Coll. Diss. vii.) *Lausan.* 4to.
- 1704 *Stahl, G. E. Tieffenbach, J. C.* De podagræ nova pathologia (Hall. D. ad M. vi.) *Hal.* 4to.
- 1707 *Aignan, Franc.* Traité de la goutte dans son état naturelle. *Par.* 8vo.
- 1709 *Musgrave, Gul.* De arthritide anomala. *Oxonæ.* 8vo.
- 1713 *Martin, John,* The Attila of the gout. *Lond.* 8vo.
- 1714 *Wintringham, Clifton,* De podagra. *Ebor.* 8vo.
- 1715 *Boulton, Rich.* Physico-chirurgical treatises of gout, &c. *Lond.* 8vo.
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- 1726 *Blackmore, Sir R. M.D.* Discourses on the gout, &c. *Lond.* 8vo.
- 1728 *Nelson, Gibb.* On the nature, cause, and symptoms of the gout. *Lond.* 8vo.
- 1728 *Nelson, Gibb.* A short account of some remedies used in the cure of the gout. *Lond.* 8vo.
- 1728 *Pinelli, Sig. Mich.* On the causes of the gout (Phil. Trans.) *Lond.*
- 1729 *Garlick, T.* Essay on gout, &c. *Lond.* 8vo.
- 1732 Anon. Letter to Sir Hans Sloane on the cure of the gout. *Lond.* 8vo.
- 1732 *Bauer, J. F. Otto, J. M.* Descarificatione certo remedio antipodagrico (Hall. D. ad M. vi.) *Lips.* 4to.
- 1732 *Stephens, W. M.D.* Dolæus on the cure of gout by milk, &c. *Lond.* 8vo.
- 1734 *Bennet, Thos.* Essay on the gout, with a new method of cure. *Lond.* 8vo.
- 1734 *Pinelli, Mich.* Nuovo sistema dell' origine della podagra e suo remedio. *Rom.* 4to.
- 1734 *Stukeley, W. M.D.* Of the gout in two parts. *Lond.* 8vo.
- 1735 *Desault, Pierre,* Dissertations de médecine (3 tom. tom. i. sur la goutte) *Par.* 12mo.
- 1737 *Cheyne, Geo. M.D.* Essay of the true nature and due treatment of gout. *Lond.* 8vo.
- 1737 *Lister, Mart. M.D.* Tractatus de morbis chronicis—de arthritide. *Genev.* 4to.
- 1737 *Martin, John,* The dishonour of the gout, or an answer to a pamphlet entitled "The honour of the gout." *Lond.* 8vo.
- 1738 *Hunmelius, J. M.D.* Commentatio de arthritide tam tartarea quam scorbutica. *Buding.*
- 1738 *Kinneir, D. Bayne,* A new essay on the nerves, with dissertations on the gout and digestion. *Lond.* 8vo.
- 1738 *Zelst, T. van,* Libellus de podagra. *Amst.* 12mo.
- 1739 *Lobb, Theoph. M.D.* Treatise on solvents of the stone, and on curing the stone and gout by aliments. *Lond.*
- 1740 *Stukeley, W. M.D.* An abstract of a treatise on the cause and cure of the gout. *Lond.* 8vo.
- 1741 *Douglas, John,* A short dissertation on gout. *Lond.* 8vo.

- 1742 *Thompson, Thos. M.D.* Historical and critical treatise on the gout. *Lond.* 4to.
- 1743 *Ingram, Dale*, An essay on the cause and seat of the gout. *Reading*, 8vo.
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- 1747 *Cheshire, John, M.B.* The gouty man's companion. *Nottingh.* 8vo.
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- 1755 *Robinson, Nic. M.D.* An essay on the gout and all gouty affections. *Lond.* 8vo.
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- 1757 *Loubet, J. A.* Lettres sur la maladie de la goutte. *Par.* 12mo.
- 1758 *Crine, Geo. M.D.* The management of the gout, with the virtues of an English plant, bardana, safe and effectual in alleviating that disease. *Lond.* 8vo.
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- 1764 *Cadogan, W. M.D.* A dissertation on the gout, &c. *Lond.* 8vo.
- 1766 *Flower, Henry*, Observations on gout and rheumatism. *Lond.* 8vo. (quack.)
- 1767 *Ingram, Rich.* The gout: extraordinary cases, &c. *Lond.* 8vo.
- 1768 *Schleiss, B. J.* Abhandlung vom podagra (3 parts) *Nurnb.* 8vo.
- 1768 *Warner, Ferd. LL.D.* A full and plain account of the gout. *Lond.* 8vo.
- 1769 *Anon.* Remarks on Dr. Warner's Account of the gout. *Lond.* 8vo.
- 1769 *Caverhill, J. M.D.* Treatise on the cause and cure of gout. *Lond.* 8vo.
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- 1771 *Anon.* Some remarks on Dr. Cadogan's Dissertation on the gout. *Lond.* 8vo.
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- 1772 *Falconer, W. M.D.* Observations on Dr. Cadogan's Dissertation on gout. *Lond.* and *Bath*, 8vo.
- 1772 *Grey, Sir W. de*, Reflexions on the gout, with observations on Dr. Cadogan. *Lond.* 8vo.
- 1772 *Jay, Sir J. M.D.* Reflections and observations on the gout. *Lond.* 8vo.
- 1772 *Pietsch, J. G.* Wahre quelle des podagra und aller gichtischen krankheiten. *Hal.* 8vo.
- 1772 *Smith, Dan. M.D.* A letter to Dr. Cadogan on gout. *Edin.* 8vo.
- 1773 *Armstrong, John, M.D.* Medical essays (on gout, &c.) *Lond.* 4to.
- 1774 *Dawson, Th. M.D.* Cases in the acute rheumatism and gout. *Lond.* 8vo.
- 1774 *Smith, Dan. M.D.* Observations on Dr. Williams's treatise on gout. *Lond.* 8vo.
- 1774 *Vivignis, P. de, M.D.* Description of the four situations of a gouty person. *Lond.* 8vo.
- 1774 *Williams, John, M.D.* Advice to people afflicted with the gout. *Lond.* 8vo.
- 1775 *Micheli, Ant.* Discorso teorico sopra un caso particolare d'artrite. *Gorice*, 8vo.
- 1775 *Wood, Sam.* Strictures on the gout, with advice to gouty people. *Lond.* 8vo.
- 1776 *Musgrave, Gul. M.D.* De arthritide primigenia et regulari. *Lond.* 8vo.
- 1777 *Guthrie, W. M.D.* Of Rhododendron as a remedy for gout (Ed. Med. Comm. v.) *Edin.*
- 1778 *Buzaglio, A.* A treatise on the gout. *Lond.* 8vo.
- 1778 *Gruner, C. G.* De specifico antipodagrico nuperrime celebrato (Baldinger Syll. iv.) *Jen.*
- 1778 *Hardy, Jas. M.D.* A candid examination, &c. on the colic of Devonshire, with remarks, &c. on the true cause of gout. *Lond.* 8vo.
- 1778 *Hulme, Nat. M.D.* A safe and easy remedy for stone, gout, &c. *Lond.* 4to.
- 1778 *Riollay, Fr. M.B.* Letter to Dr. Hardy on the origin of the gout. *Lond.* 8vo.
- 1779 *Scott, John, M.D.* An inquiry into the origin of the gout. *Lond.* 8vo.
- 1779 *Stevenson, W. M.D.* A successful method of treating the gout by blistering. *Bath*, 8vo.
- 1780 *Grant, W. M.D.* Some observations on the origin and treatment of the atrabilious temperament and gout. *Lond.* 8vo. (published in several parts.)
- 1780 *Rowley, W. M.D.* The gout and rheumatism cured or alleviated. *Lond.* 8vo.
- 1780 *Scott, John, M.D.* History of gouty, bilious, and nervous cases. *Lond.* 8vo.
- 1781 *Rymer, James*, A tract upon indigestion, &c. and atonic gout. *Lond.* 8vo.
- 1782 *Anon.* A medical and philosophical essay on the theory of gout. *Lond.* 8vo.
- 1782 *Lee, John, M.D.* Narrative of a singular gouty case. *Lond.* 8vo.
- 1782 *Stevenson, W. M.D.* Candid animadversions on Dr. Lee's gouty case. *Newark*, 8vo.
- 1784 *Mann, M. l'Abbé*, The extraordinary cure of the gout by hemlock and wolfsbane in his own case. *Lond.* 8vo.
- 1784 *Rymer, Jas.* A short essay on the nature and symptoms of gout. *Lond.* 12mo.
- 1784 *Small, Alex.* On emetics in the cure of gout (Med. Obs. and Inq. vi.) *Lond.*

- 1785 *Barret, Onslow*, A treatise on the gout, with the recommendation of a new medicine. *Lond.* 8vo.
- 1785 *Thickness, Phil.* A further account of L'Abbé Mann's case. *Lond.* 8vo.
- 1786 *Baylis, E. M.D.* An address to persons afflicted with the gout. *Lond.* 12mo.
- 1787 *Acrel, J. G.* De nutrimento corporis superfluo, ut vera arthritidis causa. *Upsal.* 4to.
- 1787 *Anon.* A treatise upon gout, in which the primitive cause is ascertained, &c. *Lond.* 8vo.
- 1787 *Kentish, R. M.D.* Advice to gouty persons. *Lond.* 8vo.
- 1788 *Szöots, A.* Dissertatio de arthritide (Stoll. Diss. ad Morb. Chron. vol. i.) *Viennæ.* 8vo.
- 1790 *Pichler, W. (Stoll)* De podagra (Eyrell Diss. iii.) *Viennæ.* 8vo.
- 1792 *Gardiner, J.* An inquiry into the nature of gout and of some of the diseases with which it is connected. *Lond.* 8vo.
- 1792 *Rowley, W. M.D.* Treatise on the regular, irregular, and atonic gout. *Lond.* 8vo.
- 1793 *Forbes, Murray*, A treatise on the gravel and gout. *Lond.* 8vo.
- 1793 *Jeans, Th. M.D.* A treatise on the gout, with a new idea of its cause, &c. *Lond.* 8vo.
- 1793 *Jones, J.* A treatise on the regular and irregular gout. *Lond.* 8vo.
- 1795 *Carli, Gian. Rin.* Lettere sulla podagra. *Rovereto.* 8vo.
- 1796 *Latham, John, M.D.* A letter on rheumatism and gout. *Lond.* 8vo.
- 1797 *Rush, Benj. M.D.* Observations on the nature and cure of gout and hydrophobia. *Philad.* 8vo.
- 1798 *Wallis, Geo. M.D.* An essay on the gout. *Lond.* 8vo.
- 1799 *Kolpin, A. B.* Ueber den gebrauch der Sibirischen schnee-rose in gichtkrankheiten. *Berl.* 8vo.
- 1800 *Landré-Beauvais, A. J.* Doit-on admettre une espèce de goutte asthénique ou primitive? *Par.*
- 1800 *Whyte, W. Pet.* Observations on the gout and rheumatism, &c. *Stourbridge.* 8vo.
- 1802 *Barthez, P. J.* Traité des maladies gouteuses (2 tom.) *Par.* 8vo.
- 1802 *Trinder, W. Mart. M.D.* The English olive-tree, or a treatise on the use of oil and the air-bath, with remarks on gout, &c. *Lond.* 8vo.
- 1803 *Anon.* An account of the discovery and operation of a new medicine for gout. *Lond.* 8vo.
- 1803 *Bardel, F. G.* Recherches sur le rhumatisme et la goutte. *Par.* 8vo.
- 1803 *Blegborough, Ralph, M.D.* Facts, &c. respecting the air-pump vapour-bath in gout, &c. *Lond.* 8vo.
- 1803 *Faure, C. F.* Recherches sur une maladie appelée rhumatisme gouteux. *Par.* 8vo.
- 1803 *Ford, John, M.D.* Three letters on medical subjects (1. on aloes in gout) *Lond.* 8vo.
- 1803 *Gibbes, Sir G. M.D.* A second treatise on the Bath waters—in dyspepsia, gout, &c. *Lond.* 8vo.
- 1804 *Kinglake, Rob. M.D.* A dissertation on the gout, with a new view of that disease. *Lond.* 8vo.
- 1804 *Edlin, A.* Account of two cases of gout fatal from the external use of cold water. *Uxbridge.* 12mo.
- 1804 *Hume, Gust.* Observations on angina pectoris, gout, &c. *Dub.* 8vo.
- 1804 *Kinglake, Rob. M.D.* A reply to Mr. Edlin's two cases of gout. *Taunton.* 8vo.
- 1804 *Thaden, G. L.* Von rhumatismus und das gicht. *Erl.* 8vo.
- 1804 *Welles, A.* Account of a new medicine for gout. *Lond.* (quack)
- 1805 *Hunt, John*, Salutory cautions respecting gout. *Lond.* 8vo.
- 1805 *Parkinson, Jas.* Observations on the nature and cure of the gout, &c. *Lond.* 8vo.
- 1806 *Freake, A.* Observations on the humulus lupulus, with its use in gout, &c. *Lond.* 8vo.
- 1806 *Hamilton, Rob. M.D.* Letters on the cause and treatment of the gout. *Lynn.* 8vo.
- 1806 *Ring, John*, An answer to Dr. Kinglake, showing the danger of his cooling treatment in gout. *Lond.* 8vo.
- 1807 *Kinglake, Rob. M.D.* Additional cases of gout in proof of the salutary effects of cooling treatment. *Taunton.* 8vo.
- 1807 *Kinglake, Rob. M.D.* Strictures on Mr. Parkinson's observations on gout. *Taunt.* 8vo.
- 1807 *Trotter, Thos. M.D.* A view of the nervous temperament, on gout, &c. *Lond.* 8vo.
- 1809 *Moore, James*, On gouty concretions (Med. Chir. Trans. i.) *Lond.*
- 1810 *Hallé, M.* Rapport sur les effets d'un remède pour la goutte. *Par.* 8vo.
- 1810 *Jones, Edwin God. M.D.* An account of the effects of the eau médicinale in gout. *Lond.* 8vo.
- 1810 *Reece, Rich. M.D.* A treatise on the causes, &c. of gout. *Lond.* 8vo. (quack)
- 1810 *Metternich, A. F.* Ueber die gute wirkung der Sibirischen schnee-rose in gichtkrankheiten. *Mainz.* 8vo.
- 1810 *Sternberg, J. H.* Gichtbuchlein. *Leipz.* 8vo.
- 1811 *Freake, A.* Additional cases, &c. on the use of humulus in gout, &c. *Lond.* 8vo.
- 1811 *Ring, John*, A treatise on the gout. *Lond.* 8vo.
- 1813 *Haygarth, J. M.D.* On the discrimination of gout from rheumatism, &c. (Med. Trans. iv.)
- 1813 *Ofterdinger, G. L.* Ueber das podagra und seine heilung. *Ulm.* 8vo.
- 1813 *Sutton, T. M.D.* Tracts on delirium tremens, gout, &c. *Lond.* 8vo.
- 1815 *Lalouette, A.* Réflexions sur la nature de la goutte, &c. *Par.* 8vo.
- 1816 *Balfour, W. M.D.* Observations, with cases of a new method of curing gout. *Edin.* 8vo.
- 1816 *Marie de Saint Ursin, P. J.* Etiologie et thérapeutique de l'arthritide et du calcul, ou opinion nouvelle sur la cause, &c. *Par.* 8vo.
- 1816 *Moore, Jas.* Letter to Dr. Jones on the eau médicinale d'Husson. *Lond.* 8vo.
- 1816 *Norman, W.* Observations on Dr. Kinglake's hypothesis concerning gout. *Bath.* 8vo.
- 1816 *Scavini, G. M.* Sulla gotta e sui gottosi. *Torin.* 8vo.
- 1817 *Anon.* An account of the means by which Admiral Henry has cured the rheumatism, a tendency to gout, &c. *Lond.* 8vo.
- 1817 *Buer, J. S.* Abhandlung ueber rheumatalgie und arthralgie. *Prag.* 8vo.
- 1817 *Guibert, J. N. M.D.* De la goutte et des maladies gouteuses. *Par.* 8vo.
- 1817 *Guibert, Dict. des Sc. Méd. (art. Goutte)* t. xix. *Par.*
- 1817 *Scudamore, C. M.D.* A treatise on the nature and cure of gout. *Lond.* 8vo.
- 1818 *Johnson, Jas. M.D.* Practical researches

on gout (from the French of Guilbert) *Lond.* 8vo.

1820 Meyer, C. A. Versuch einer neuen darstellung des unterschiedes zwischen gicht und rheumatismus. *Hann.* 8vo.

1822 Barlow, E. M.D. On the Bath waters, on gout, &c. *Bath.*

1822 Schellenberg, J. P. Ueber die gicht, die ursachen ihrer entstehung, &c. *Halb.* 8vo.

1823 Wilson, C. M.D. Observations on gout and rheumatism, with an account of an effectual remedy. *Lond.* 8vo.

1824 Cadet-de-Vaux, A. A. De la goutte et du rhumatisme. *Par.* 12mo.

1824 Ferrus, Dict. de Méd. (art. *Goutte*) t. x. *Par.*

1825 Rennie, A. Observations on gout, critical and pathological. *Lond.* 8vo.

1828 Rennie, A. Treatise on gout, apoplexy, paralysis, &c. *Lond.* 8vo.

1829 Roche, Dict. de Méd. et de Chir. Prat. (art. *Arthrite*) t. iii. *Par.*

1833 Barlow, Cyc. of Pract. Med. (art. *Gout*) vol. ii. *Lond.*

HÆMATEMESIS.

DERIV. From *αιμα* (gen. *αιματος*), blood, and *εμεσις*, vomiting; vomiting of blood.

NOS. SYN. *Hæmatemesis*: Sauv. Linn. Vog. Sag. Crich. Pin. Good. *Vomitus cruentus*: Stahl et Auct. Lat. rec. *Vomitus sanguinis*: Auct. *Hæmorrhæa ventriculi*: Swed. *Gastrorrhagia*, *Œsophagorrhagia*: Auct.

VERN. SYN. Gr. *εμεσια αιματωδης*. Lat. *Sanguinis vomitus*, *vomitio sanguinis*. Eng. Vomiting of blood. Ger. Blutbrechen. Dut. Bloedbraaking. Fr. Vomissement de sang, hématemèse. Ital. Vomito di sangue, ematemesi. Span. Vomito de sangre, ematemesis.

1594 Forestus, P. De ventriculi adfectibus (Opp. t. ii.) *Leid.* 8vo.

1709 Sachs, J. J. De vomitu cruento. *Argent.* 4to.

1729 Hoffmann, Fr. De vomitu cruento sine et cum secessu nigro (Opp. t. ii. de hæmorrhagiis cap. iii.) *Hal.* 4to.

1731 Michelotti, P. A. M.D. *Hæmatemesis* cured by cold drink (Phil. Trans. xxxvii.) *Lond.*

1788 Loli, L. Del morbo nero, ossia del flusso gastrico sanguigno. *Siena.* 8vo.

1793 Zacchirolli, M. Della melena, ossia morbo nero d'Ippocrate. *Fermo.* 8vo.

1794 Frank, J. P. De curandis hominum morbis (lib. v. de hæmatemesi) *Ticini.* 8vo.

1803 Dulché, P. S. J. Essai sur l'embarras gastrique et le vomissement du sang. *Par.* 4to.

1805 Hamilton, J. M.D. On the utility of purgative medicines (chap. viii. on vomiting of blood) *Edin.* 8vo.

1809 Simon, C. M. Dissertation sur l'hématémèse. *Par.* 4to.

1812 Lemonnier, B. Dissertation sur l'hématémèse. *Par.* 4to.

1817 Pinel, Dict. des Sc. Méd. (art. *Hématémèse*) t. xx. *Par.*

1824 Chomel, Dict. de Méd. (art. *Hématémèse*) t. x. *Par.*

1833 Goldie, Cyc. of Pract. Med. (art. *Hæmatemesis*) vol. ii. *Lond.*

1833 Martin-Solon, Dict. de Méd. Prat. (art. *Hématémèse*) t. ix. *Par.*

HÆMATURIA.

DERIV. From *αιμα*, blood, and *ουρα*, to make water.

NOS. SYN. *ουρον αιματωδες*: Hipp. Gal. *Sanguis in urina*: Cels. *Hæmaturia*: Sauv. Linn. Vog. Sag. Good, Frank. *Cystirrhagia*: Vog. *Mictus cruentus*: Sydenh. Junck. Hoffm. *Mictus sanguineus*: Moron. *Hæmorrhæa viarum urinarum*: Hoffm. Swed.

VERN. SYN. Eng. Bloody urine. Ger. Blutharnen. Dut. Bloedpissen. Fr. Pissement de sang. Ital. Orina di sangue, ematuria. Span. Hematuria.

1568 Arcella, Giust. De ardore urinæ et de mictu sanguinis. *Pata.* 8vo.

1590 Polhammer, J. De sanguinis mictu consilium. *Bamb.* 4to.

1680 Hoffmann, Fr. Dissertatio de hæmorrhagia viarum urinarum (Opp. ii. 237.) *Hal.*

1683 Bertuch, J. M. De ægro mictu cruento laborante. *Jenæ.* 4to.

1740 Brunck, F. A. De mictu cruento. *Argent.* 4to.

1768 Hasselmann, Dissertatio de hæmaturia nephritica. *Lugd. Bat.* 8vo.

1782 Byl, Ger. De hæmaturia (Diss. Lovan. ii.) *Lov.* 8vo.

1784 Belen, M. Van der, Dissertatio de hæmaturia. *Lovan.* 4to.

1794 Frank, J. P. De curandis hominum morbis (lib. v. pars ii. de hæmaturia) *Ticin.* 8vo.

1810 Latourette, H. Essai sur l'hématurie. *Par.* 4to.

1811 Aran, Essai sur l'hématurie dans les militaires à cheval. *Par.*

1814 Laroche, J. B. Dissertation sur l'hématurie. *Par.*

1817 Pinel, Dict. des Sc. Méd. (art. *Hématurie*) t. xx. *Par.*

1824 Raige-Delorme, Dict. de Méd. (art. *Hématurie*) t. x. *Par.*

1833 Goldie, Cyc. of Pract. Med. (art. *Hæmaturia*) vol. ii. *Lond.*

1833 Bégin & Lallemant, Dict. de Méd. Prat. (art. *Hématurie*) t. ix. *Par.*

(See URINARY ORGANS, DISEASES OF.)

HÆMOPTYSIS.

DERIV. From *αιμα*, blood, and *πτυσις*, a spitting: *αιμοπτυσις*, a spitting of blood.

NOS. SYN. *αιμοπτυσις* (*hæmoptysi laborans*): Gal. *Sputum sanguinis*: Cels. *Emoptoe*: Gordon. *Emoptoys*, *Emoptoica passio*: Gilbert. *Hæmoptysis*: Sauv. Linn. Vog. Sag. Cull. *Hæmoptoe*: Boerh. Vog. Darw. *Sanguinis fluxus ex pulmonibus*: Hoffm. *Pneumonorrhagia*: Frank. *Passio hæmoptoica*: Plater. *Hæmorrhagia pulmonum*, *Hæmorrhæa pulmonalis*: Swed. *Sputum cruentum*, *Cruenta expuitio*: Auct.

VERN. SYN. Lat. *Sputum sanguinis*. Eng. Spitting of blood, bursting of a bloodvessel. Ger. Blatspeien, lungenblutfluss, bluthusten. Dut. Bloedspuwen, bloedsouwwing. Dan. Blodspytning. Swed. Blodspottning. Fr. Crachement de sang, expectoration de sang, hémoptysie. Ital.

Sputo di sangue, emoptisi. *Span.* Hemotisis, salivacion de sangre, sangre por la boca.

1565 *Galli, Ant.* Fascis de peste, peripneumonia pestilentiali cum sputo sanguinis. *Bria.* fol.

1596 *Facio, Sylv.* Difesa intorno al sputo di sangue. *Firenze*, 4to.

1616 *Castellus, P. V.* Exercitationes ad thoracis affectus. *Tolos*, 4to.

1633 *Alsarius-a-Cruce, Vin.* De hæmoptysi seu sanguinis sputo. *Romæ*, 4to.

1664 *Diemerbroeck, J. de*, Disputationes practicae de morbis capitis, thoracis, &c. *Utrecht*, 12mo.

1695 *Spiewaczer, Mat.* Ægroti hæmoptoici consideratio. *Prag*, 8vo.

1716 *Herlin, J. H.* Hæmorrhoides in pectore, sive de præternaturali, &c. (*Obs. Anat. Pathol.*) *Altenb.* 8vo.

1742 *Wagner, J. G.* De hæmoptoes curatione (*Hall. D. ad M. ii.*) *Lipsiæ*, 4to.

1756 *Gerasil a Monte Felisco*, De usu aquæ frigidæ in hæmoptysi, &c. *Romæ*, 8vo.

1762 *Reinhard, Ch. T. E.* Abhandlung von dem lungenblutfluss. *Glogau*, 8vo.

1764 *Linnaeus, C.* Dissertatio de hæmoptysi (*Amœn. Acad.* vol. ix.) *Upsal*, 8vo.

1765 *Hoffmann, Fr.* De sanguinis fluxu ex pulmonibus (*Opp. ii. p. 207.*) *Hal.*

1766 *Schroeder, J. P.* De hæmoptysi in genere (*Opusc. Med. ii.*) *Norimb.* 8vo.

1767 *Grasberg, J. M.* Hæmoptysis (*Linn. Amœn. Acad.* vol. ix.) *Upsal*.

1769 *Brendel, J. G.* Dissertatio de hæmoptysi. *Gott.* 1747. (*Opp. ii. p. 112. Gott.* 1769, 4to.)

1780 *Caw, T.* De hæmoptoe (*Webster i.*) *Edin.* 8vo.

1780 *Leidenfrost, J. G.* Dissertatio de illa hæmoptysi quam phthisis sequitur (*Opusc. t. iv.*) *Duisb.* 4to.

1781 *Pierets, P. A.* De hæmoptysi (*Diss. Lovan. ii.*) *Lovan.* 8vo.

1782 *Krock*, Dissertatio de hæmoptysi (*Doering i.*) *Goett.*

1783 *Bonnaire*, Dissertatio de hæmoptoe (*Doering i.*) *Monsp.*

1794 *Frank, J. P.* De curandis hominum morbis (*t. v. p. ii. de pneumorrhagia*) *Ticin.* 8vo.

1799 *Bigeon, L. F. M.D.* Essai sur l'hémoptysie essentielle. *Par.* 8vo.

1800 *Vogel, S. G.* Handbuch zur kenntniss und heilung der blutflüsse. *Stend.*

1802 *Guillemant, J. J. P.* Dissertation sur l'hémoptysie. *Par.* 8vo.

1803 *Pignot, S.* Dissertation sur l'hémoptysie active. *Par.* 8vo.

1803 *Poncet, M.E.* Considérations sur le traitement de l'hémoptysie. *Par.* 8vo.

1806 *Noel, J. M. E.* Propositions générales sur l'hémoptysie. *Par.* 4to.

1807 *Bardet, A.* Dissertation sur l'hémoptysie active et ses différentes espèces. *Par.* 4to.

1813 *Rees, Geo. M.D.* A practical treatise on hæmoptysis or spitting of blood. *Lond.* 8vo.

1817 *Hohnbaum, Carl.* Ueber den lungen-schlagfluss, &c. *Erlang.* 8vo.

1817 *Pinel & Bricheteau*, Dict. des Sc. Méd. (*art. Hémoptysie*) t. xx. *Par.*

1819 *Laennec, R. T. H.* Traité de l'auscultation (*t. i.*) *Par.* 8vo.

1820 *Ware, J. M.D.* Medical dissertations on hæmoptysis, &c. *Boston*, 8vo.

1824 *Chomel*, Dict. de Méd. (*art. Hémoptysie*) t. ii. *Par.*

1833 *Law*, Cyc. of Pract. Med. (*art. Hemoptysis*) vol. ii. *Lond.*

1833 *Roche*, Dict. de Méd. et de Chir. Prat. (*art. Hémoptysie*) t. ix. *Par.*

(See DISEASES OF THE CHEST AND LUNGS.)

HÆMORRHAGE.

DERIV. *Gr.* αιμορραγία, from αιμα, blood, and ρρην, a rupture or bursting forth, from ρρηναι, to break, to burst forth. Αιμορροια and αιμορροε, from αιμα and ρρω, have the same meaning.

NOS. SYN. Αιμορραγία: *Auct. Græc.* (restricted by Hippocrates to epistaxis.) Αιμορροια: *Dioscor.* Αιμορροια: *Aristot.* Hæmorrhagia: *Sauv. Linn. Vog. Sag. Macb. Cull. Crich. Good, Swed. Sanguifluxus: Sauv. Sag. Cauma hæmorrhagicum, Profusio hæmorrhagica: Young. Profusio: Linn. Hæmorrhæa: Swed. Profluvium sanguinis: Auct.*

VERN. SYN. *Gr.* Αιμορραγία, αιμορροε, αιμορροια. *Lat.* Fluxus sanguinis, hæmorrhagia. *Eng.* Bleeding, hemorrhage, rupture of a bloodvessel. *Ger.* Bluten, blutfluss, blutsturz. *Dut.* Bloeding, bloedvloed. *Dan.* Blodflod. *Swed.* Blodflöd. *Fr.* Hémorrhagie, perte de sang, flux de sang, écoulement de sang. *Ital.* Emorragie, flusso di sangue, perdita di sangue. *Span.* Hemorragia, fluso de sangre.

1666 *Kozak, J. S.* Tractatus de hæmorrhagia. *Ulmae*, 12mo.

1697 *Helvetius, J. A.* Traité des pertes du sang. *Par.*

1697 *Hoffmann, Fr.* De hæmorrhagiarum origine et curatione. *Hal.*

1704 *Helvetius, J. A.* Dissertation sur les bons effets de l'alum. *Par.* 12mo.

1759 *Van Gobbelschray, G. J.* De hæmorrhagiis (*Diss. Lovan. i.*) *Lovan.* 8vo.

1763 *Olnhausen, Car. de, M.D.* De usu vitrioli ferri adversus hæmorrhagias (*Schlegel Thes. Med. ii.*) *Tubingæ*, 8vo.

1765 *Tessari, L.* Sanguinis fluxus multiplex. *Venet.* 8vo.

1766 *Pierce, Thos.* Styptic medicines for stopping bleedings, &c. *Lond.* 12mo. (quack?)

1768 *Koster, U. A.* Verhandelning over de bloedstorting. *Leid.* 8vo.

1772 *Heidenstam, E. ab.* Hæmorrhagiæ ex plethora (*Linn. Amœn. Acad. ix.*) *Upsal.* 8vo.

1776 *Griffith, Mos. M.D.* Practical observations on hectic fevers and hemorrhage. *Lond.* 8vo.

1776 *Steideler, J. R.* Abhandlung von blutflüssen. *Wien.* 8vo.

1777 *Krause, K. C.* De hæmorrhagiarum pathologia. *Lips.* 8vo.

1780 *Clapham, G.* De hæmorrhagiis (*Webster i.*) *Edin.* 8vo.

1783 *Krause, K. C.* Abhandlung von den blutflüssen. *Leips.* 8vo.

1783 *Ritter*, Hæmorrhagiarum pathologia, &c. (*Doering i.*) *Franc.*

1783 *Mayer, J. C. A.* Usus aquæ frigidæ in sistendis hæmorrhagiis (*Doering i.*) *Francf.*

1785 *Reynolds, H. R. M.D.* On the use of lead in hemorrhage (*Med. Trans. iii.*) *Lond.* 8vo.

1787 *Ruspini, Barth.* A concise relation of an extraordinary styptic, &c. *Lond.* 8vo.

1788 *Szkrochowski*, Dissertatio de hæmorrhagiis (*Eyerell Diss. Stoll i.*) *Viennæ*, 8vo.

1789 *Felix*, Epistola de hæmorrhagia, rarò pro critica evacuatione estimanda. *Viteb.* 8vo.

1792 *Van Oerstræuten*, P. De hæmorrhagia in genere (Diss. Lovan. iv.) *Lov.* 8vo.

1793 *Gmelin*, *Phil. F.* De usu vitrioli ferri adversus hæmorrhagias. *Lips.* 8vo.

1794 *Frank*, J. P. De curandis hominum morbis (l. v. p. ii. de profluvius cruentis) *Ticini*, 8vo.

1795 *Binns*, Jon. M.D. History of the treatment of hemorrhages (Mem. Med. iv.) *Lond.* 8vo.

1799 *Panzani*, J. Considerazioni patologiche intorno alle cause e fenomeni dell' emorragie. *Venez.* 8vo.

1799 *Wilson*, A. P. M.D. Treatise on fevers and hemorrhages. *Winchest.* 8vo.

1800 *Vogel*, S. G. Handbuch zur kenntniss und heilung der blutflüsse. *Stend.* 8vo.

1801 *Gibbons*, Th. M.D. Medical cases and remarks (part ii. on nitre in hemorrhages.) *Sudbury*, 1799. *Lond.* 1801, 8vo.

1803 *Chretien*, F. G. L. Essai sur les hémorrhagies actives. *Par.* 8vo.

1803 *Rey*, A. Th. Essai sur les hémorrhagies produites par les causes externes. *Par.* 8vo.

1804 *Meyer*, C. J. Systematisches handbuch zur erkenntniss und heilung der blutflüsse. *Wien.* 8vo.

1805 *Jones*, J. F. T. A treatise on the process employed by nature in suppressing the hemorrhages from divided arteries. *Lond.* 8vo.

1805 *Spangenberg*, G. A. Ueber die blutflüsse in medicinischer hinsicht. *Braunsch.* 8vo.

1805 *Wollkopf*, Balt. Untersuchungen ueber die erscheinung, &c. des blutflusses. *Leips.* 8vo.

1806 *Kelch*, W. G. Ueber das wesen der heilung der hæmorrhagien. *Kopenh.* 8vo.

1808 *Garnier*, F. Dissertation sur les hémorrhagies. *Par.* 8vo.

1808 *Legouas*, F. M. O. Essai sur les hémorrhagies. *Par.* 4to.

1808 *Lordat*, J. Traité des hémorrhagies. *Par.* 8vo.

1815 *Latour*, D. Histoire philosophique et médicale des hémorrhagies (2 tom.) *Orleans*, 8vo.

1816 *Rehm*, W. Momenta ad pathogeniam hæmorrhagiarum venosarum spectantia. *Marb.* 8vo.

1817 *Pinel & Bricheteau*, Dict. des Sc. Méd. (art. Hémorrhagie) t. xx. *Par.*

1823 *Roche*, Dict. de Méd. et de Chir. Prat. (art. Hémorrhagie) t. ix. *Par.*

1824 *Chomel*, Dict. de Méd. (art. Hémorrhagie) t. xi. *Par.*

1833 *Watson*, Cyc. of Pract. Med. (art. Hemorrhage) vol. ii. *Lond.*

HÆMORRHOIDS.

DERIV. Gr. *αιμαρροια*, Lat. hæmorrhoids, from *αιμα*, blood, and *ρροια*, a flowing or flux: literally hæmorrhage, and originally used for this in general.

Nos. SYN. *Αιμαρροια*: Hipp. Gal. Cels. Hæmorrhoids: Plin. Sauv. Linn. Sag. Cull. Hæmorrhoidalis fluxus: Hoffm. Hæmorrhoides: Junck. Proctalgia hæmorrhoidalis: Macb. Marisca: Sauv. Sag. Ploucq. Good. Leucorrhoids: Vog. Hæmorrhischesis: Ploucq. Ischæmia hæmorrhoidalis, Hæmorrhæa vasorum hæmorrhoidalium: Swed. Achorrhæa, Proctorrhæa: Auct.

VERN. SYN. Gr. *Αιμαρροια*. Lat. Hæmorrhoids. Eng. Piles. Ger. Goldene ader, goldaderfluss, hämorrhoiden, zacken. Dut. Speenen, ambeyen, daamen. Dan. Gyldenaare. Swed. Gyllenäder. Fr. Hémorrhoides, flux hémorrhoidal. Ital. Morice, morici, morene. Span. Almorranas, sangre de espaldas.

1536 *Barlandus*, Hubert, Epistola de aquarum distillatarum facultatibus, et de hæmorrhoidum generibus. *Antwerp.* 8vo.

1677 *Fromman*, J. C. De hæmorrhoidibus. *Noriberg.* 12mo.

1708 *Hoffmann*, Fr. Dissertatio de salubritate fluxus hæmorrhoidalis (Opp. Sup.) *Hal.*

1713 *Peschel*, Epistola de hæmorrhoidum laule circumcidenda. *Lips.*

1715 *Johrenius*, Dissertatio de Philistæorum plaga. *Franc.* 4to.

1722 *Albertus*, D. M. M.D. Tractatus de hæmorrhoidibus. *Halæ*, 4to.

1729 *Stahl*, G. E. Abhandlung von der goldenen ader. *Leipz.* 8vo.

1730 *Hoffmann*, Fr. Dissertatio de immoderata hæmorrhoidali fluxione (Med. Rat. Syst. t. iv. p. ii. 87.) *Hal.*

1733 *Gulich*, J. A. Meditationes de furore hæmorrhoidum internarum. *Lugd. Bat.* 8vo.

1735 *Hoffmann*, Fr. Dissertatio de cephalæa cum hæmorrhoidali fluxu. *Hal.*

1744 *Richter*, Censura nimie laudis hæmorrhoidum (Opusc. vol. iii.) *Goett.* 8vo.

1750 *Chomel & Morand*, Ergo tumidis hæmorrhoidibus hirudines (Hall. D. ad M. iv.) *Par.*

1751 *Kreutzer*, F. A. Ob die goldene ader zuträglich sey? *Königsb.* 4to.

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1761 *Neifeld*, E. J. Physicalische abhandlung von der goldenen ader. *Tull.* 8vo.

1764 *Reinhard*, C. T. E. Abhandlung von dem mastdarmblutfluss. *Glog.* 8vo.

1771 *Schaarschmidt*, A. Nachricht der krankheiten die auf die guldne ader, &c. *Berl.* 8vo.

1788 *Stunzer*, J. C. Ueber die goldene ader. *Wien.* 8vo.

1789 *Reitter*, J. B. (*Stoll*) De hæmorrhoidibus (Eyerell ii.) *Viennæ*, 8vo.

1790 *Molitor*, N. R. Abhandlung ueber die hæmorrhoidalkrankheit. *Leipz.* 8vo.

1794 *Bitzius*, K. Ant. Ursachen und behandlungsart der hæmorrhoiden. *Hamb.* 8vo.

1794 *Trnka*, W. de Kr. Historia hæmorrhoidum. *Wien.* 8vo.

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1798 *Ware*, James, Remarks on fistula lachrymalis and hæmorrhoids. *Lond.* 8vo.

1799 *Knebel*, J. G. Abhandlung ueber die hæmorrhoidalkrankheit. *Bresl.* 8vo.

1800 *Recamier*, J. C. A. Essai sur les hæmorrhoides. *Par.* 8vo.

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1804 *Conradi*, J. W. H. Von die hæmorrhoiden. *Marb.* 8vo.

1807 *Earle*, Sir J. Observations on hæmorrhoidal excrescences. *Lond.* 8vo.

1809 *Albrecht*, J. F. C. Die hæmorrhoiden, ihre behandlung, &c. *Hamb.* 8vo.

1810 *Copeland, Th.* Observations on the diseases of the rectum and anus. *Lond.* 8vo.

1812 *Brice de Larroque, Jos.* Traité des hémorrhoides. *Par.* 8vo.

1817 *Kirby, John,* Observations on the treatment of hemorrhoidal excrescences. *Lond.* 8vo.

1817 *Montegre, A. J. de,* Dict. des Sc. Méd. (art. *Hémorrhoides*) t. xx. *Par.*

1819 *Montegre, A. J. de,* Des hémorrhoides, traité analytique, &c. *Par.* 8vo.

1821 *Rau, G. M. M. L.* Ueber die erkenntniss, &c. der hémorrhoidalkrankheiten. *Giess.* 8vo.

1824 *Calvert, G.* A practical treatise on hemorrhoids, &c. *Lond.* 8vo.

1825 *Koch, C. J.* Die diät und lebensordnung für hämorrhoidalkranke. *Leipz.* 12mo.

1830 *Saucerotte, C.* Nouveau traité des hémorrhoides. *Par.* 8vo.

1832 *Mayo, H.* Observations on the diseases of the rectum and anus. *Lond.* 8vo.

1833 *Begün, Dict.* de Méd. et de Chir. Prat. (art. *Hémorrhoides*) t. ix. *Par.*

1835 *Burne, Cyc.* of Pract. Med. (art. *Hæmorrhoids*) vol. iv. Suppl. *Lond.*

HEADACH—HEAD, DISEASES OF.

DERIV. *Headach* or *headache*, an original English word from *head* and *ach*.

Cephalalgia, Gr. κεφαλαλγία, from κεφαλή, the head, and αλγέω, to pain or suffer pain.

Cephalæa, Gr. κεφαλαία, from κεφαλή.

Hemicrania, Gr. ημικρανία, from ημι (in comp. for ημισυς) half, and κρανιον, the skull.

Καρηβαρία, from καρη, the head, and βαρυς, heavy.

NOS. SYN. κεφαλαλγία: Hipp. κεφαλαία: Gal. *Cephalea*: Plin. Coel-Aurel. Sauv. Vog. Sag. Good. *Cephalalgia*: Plin. Sauv. Linn. Vog. Sag. Cricht. *Kephalalgia*: Swed. *Dolor cephalicus*: Hoffm. *Capipienium*: Baglivi. *Dolor capitis*: Sennert. *Gravedo capitis*, *Carebaria*: Gorreus. *Podagra capitis*, *Clavus*, *Clavus hystericus*: Auct.

VERN. SYN. Gr. κεφαλαία, κεφαλαλγία, ημικρανία, καρηβαρία. Lat. *Dolor capitis*, *cephalæa*, *cephalgia*. Eng. *Headach*, pain in the head, *megrin*. Scot. *Sair head*. Germ. *Hauptwehe*, *kopfweh*, *kopfschmerz*, *migräne*. Dut. *Hoofd-zeer*, *hoofdpyn*. Dan. *Hovedpine*, *hofedvee*. Swed. *Hufudvärk*. Fr. *Mal de tête*, *céphalalgie*, *migraine*, *douleur de tête*. Ital. *Mal di capo*, *cefalea*. Span. *Dolor de cabeza*, *cefalea*, *cefalalgia*.

1502 *Johnson, D.* Practica medicina: de ægritudinibus capitis. *Lond.* 4to.

1538 *Portius, Simon,* De capitis dolore. *Neapol.* 8vo.

1540 *Polydammus, Val.* Diatribe medica de capitis dolore, cum experimentis, &c. *Basil.* 8vo.

1551 *Porzio* or *Portius, Sim.* Encomion de capitis doloribus. *Flor.* 4to.

1572 *Avicenna,* De ægritudine capitis. *Par.* 8vo.

1590 *Forestus, P.* De capitis et ventri morbis. *Leyd.* 8vo.

1607 *Oltermann,* Disputationes pathologicae: i. de cephalalgia. *Rost.* 4to.

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1628 *Elianus, Phil.* De morbis capitis. *S. Ger-vasii.* 4to.

1636 *Horstius, G.* Dissertatio de cephalalgia (Opp. t. ii. 120, 334-8.) *Wittemb.* 4to.

1640 *Fabricius, Jac.* De novantiquo capitis morbo, &c. *Rost.*

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1784 *Fothergill, John, M.D.* On the sick head-ach (Med. Obs. and Inq. vi.) *Lond.*

1786 *Fowler, Thos. M.D.* Medical reports on the effects of arsenic in ague, periodic headachs, &c. *Lond.* 8vo.

1787 *Plouquet, G. G. & Baur,* De cephalalgia in species digesta (Ludwig. Script. Neurol. iii. 294.) *Tubing.* 8vo.

1787 *Plouquet, G. G.* Dissertatio de cephalalgia (Doering i. 145.) *Tubing.*

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1789 *Pilza, J. (Stoll)* De dolore capitis (Eyerell ii.) *Viennæ,* 8vo.

1802 Anon. Ueber kopf und zahnschmerzen. *Braunsch.* 8vo.

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1811 *Pariset, Dict.* des Sc. Méd. (art. *Cephalalgia*) t. iv. *Par.*

1811 *Ratta, Nic. della,* Memoria sul' male dell' emicrania sanguigna ed altri consimili mali della testa. *Napoli.* 8vo.

1813 *Müller, J. Val,* Praktische bemerkungen ueber die kur des halbseitiges kopfwehes. *Frankf.* 8vo.

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1822 *Farmer, James,* Observations on certain affections of the head commonly called headaches, &c. *Lond.* 12mo.

1822 *Georget, Dict.* de Méd. (art. *Céphalalgie*) t. iv. *Par.*

1825 *Vaughan, Walt. M.D.* Essay on headaches. *Lond.* 8vo.

1829 *Warren, Geo.* Commentary on disorders of the head. *Lond.* 8vo.

1830 *Jolly, Dict. de Méd. et de Chir. Prat. (art. Céphalalgie) t. v. Par.*

1833 *Burder, Cyc. of Pract. Med. (art. Head-ach) vol. ii. Lond.*

HEART, DISEASES OF, (IN GENERAL.)

VERN. SYN. (I. *Heart.*) Gr. *Καρδια, καρ.* Lat. Cor. Eng. Heart. Ger. Herz. Dut. Hart, hert. Fr. Cœur. Ital. Cuore. Span. Corazon.

(II. *Diseases of the heart.*) Gr. *Καρδιας νοσοι.* Lat. Cordis morbi. Eng. Diseases of the heart. Ger. Herzkrankheiten. Dut. Hertziekten. Fr. Maladies du cœur. Ital. Malattie del cuore. Span. Enfermedades de corazon.

1497 *Montagnana, Barth.* Consilia de ægritudinibus cordis (Opp. Select.) *Venet.* fol.

1564 *Vega, C. A.* De cordis et thoracis affectibus (De Arte Medendi) *Lugd. Bat.* fol.

1580 *Bruno, C.* De corde et ejus vitiis. *Basil.* 4to.

1584 *Ryff, N.* Dissertatio de affectibus cordis. *Basil.*

1600 *Rudius, Eustach.* De naturali atque morbosa cordis constitutione. *Venet.* 4to.

1618 *Albertini, Annibal,* De affectionibus cordis libri tres. *Venet.* 4to.

1628 *Harvey, W. M.D.* De motu cordis et sanguinis circulatione. *Franc.* 4to.

1656 *Tardy, C.* Traité de la monarchie du cœur en l'homme. *Par.* 4to.

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1666 *Smith, John, M.D.* King Solomon's portrait of old age. *Lond.* 8vo. (makes Solomon the discoverer of the circulation.)

1669 *Lover, Rich. M.D.* Tractatus de corde, item de motu et calore sanguinis. *Lond.* 8vo.

1694 *Alos, J.* Disquisitio de corde hominis physiologica anatomica (De transfusione — de pulsum differentiis, &c. (Hall. B. M. P. iii. 170.) *Barcinone.*

1698 *Chirac, Pet.* De motu cordis. *Montpel.* 12mo.

1706 *Vieussens, R. de,* Nouvelles découvertes sur le cœur. *Toulouse,* 12mo.

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1729 *Wood, W. M.D.* A mechanical essay upon the heart. *Lond.* 4to.

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1759 *Meckel, J. F.* Observations sur les maladies du cœur (Mém de l'Acad. de Berlin) *Berl.* 4to.

1761 *Matanus, Ant.* De aneurismaticis præcordiorum morbis. *Liburn.* 4to.

1763 *Juncker, C. F.* Dissertatio cordis morbos proprios in tabula exhibens. *Hal.* 4to.

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1812 *Wells, W. C. M.D.* On rheumatism of the heart (Trans. of a Soc. for the Improvement, &c. vol. iii.) *Lond.* 8vo.

1813 *Corvisart, J. N.* A treatise on the diseases of the heart, &c. (transl. by Hebb) *Lond.* 8vo.

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1814 *Farre, J.R. M.D.* Pathological researches (essay i. on malconformations of the human heart) *Lond.* 8vo.

1814 *Gorham, J.* On organic disease of the heart (New Eng. Journ. vol. iii.) *Boston.*

1814-17 *Kreysig, Fr. Lud.* Die krankheiten des herzens, &c. 4 bde. *Berlin,* 8vo.

1815 *Lukomski, L. P.* De statu militum morbis cordis gignendis idonea. *Wien.*

1817 *James, J. H.* Cases of disease of the

heart, &c. (Med. Chir. Trans. vol. viii.) *London*. 8vo.

1817 *Meckel, J. F.* Tabulæ anatomico-pathologicae (fasc. i. Cor.) *Lips.* fol.

1818 *Boeck, A. G. L.* De statu quodam cordis abdomini. *Berol.* 12mo.

1819 *Theinhardt, F. J.* Dissertatio de paralyti et paresi cordis. *Halle*, 8vo.

1819 *Mayer, A. M.* Berichte ueber organische fehler des herzens, &c. (Oestr. Med. jahrb. vol. v.) *Wien*. 8vo.

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1821 *Bartky, C. F. E.* Observatio singularis fungi medullaris in corde. *Halle*, 8vo.

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1822 *Beclard & Chomel*, Dict. de Méd. (art. Cœur) t. v. *Par.*

1822 *Kreysler, F. L.* Le maladie del cuore, &c. (traduzione di Giu. Ballarini, vol. vii.) *Pavia*, 12mo.

1824 *Abercrombie, J. M. D.* Contributions to the pathology of the heart (Trans. of Med. Chir. Soc. of Edin. vol. i.) *Edin.* 8vo.

1824 *Bertin, R. S. Bouillaud, J.* Traité des maladies du cœur. *Par.* 8vo.

1824 *Cox, Th. M. D.* Observations on acute rheumatism, and its metastasis to the heart. *London*. 8vo.

1825 *Bürger, H.* Diagnostik der hertzkrankheiten. *Berl.* 8vo.

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1826 *Hawkins, Fr. M. D.* Rheumatism and some diseases of the heart considered. *London*.

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1828 *Brown, J. M. D.* Medical essays on fever, diseases of the heart, &c. *London*. 8vo.

1829 *Andral, G.* Précis d'anatomie pathologique (vol. ii.) *Par.* 8vo.

1829 *Latham, P. M. M. D.* Pathological essays on some diseases of the heart (*London Med. Gaz.* vol. iii.) *London*. 8vo.

1830 *Bouillaud, Dict. de Méd. et Chir. Prat.* (art. Cœur) t. v. *Par.*

1830 *Elliotson, John, M. D.* On the recent improvements in distinguishing diseases of the heart. *London*. fol.

1832 *Hope, Jas. M. D.* Treatise on diseases of the heart, &c. *London*. 8vo.

1833 *Hope, Cyc. of Pract. Med.* (art. Heart, diseases of) vol. ii. *London*.

HEPATALGIA—HEPATITIS.—LIVER, DISEASES OF, INFLAMMATION OF.

HEPATALGIA.—I. Pain in the liver.

DERIV. From *ἥπαρ*, gen. *ἥπατος*, the liver, and *ἀλγέω*, to suffer pain: pain in the liver.

NOS. SYN. *Hepatalgia*: Sauv. Sag. Swed. *Hepatica*: Linn. Dolor hypochondrii dextri: Bonet.

VERN. SYN. Eng. Pain in the liver. Ger. Schmerzen der leber. Fr. Douleur du foie.

II. Swelling of the liver.

NOS. SYN. *Hepatalgia infarcta*: Sauv. *Hepa-*

talgia scirrhusa: Sauv. *Scirrhus hepatis*: Hall. *Hepatalgia sarcomatosa*: Manget. *Tumor hepatis*: Sennert. Darw. *Infarctus hepatis*: Junck. *Physconia hepatica*: Sauv. Cull. Parr. *Parabysma hepaticum*: Good. *Hepatoculus*: Swed.

VERN. SYN. Eng. Liver disease, the liver, enlarged liver. Ger. Riedtkuchen. Fr. Scirrhe au foie, obstruction du foie, excroissance du foie.

HEPATITIS.—Liver, inflammation of.

DERIV. *Hepatitis*. Gr. *ἥπατιτις*, from *ἥπαρ*, *ἥπατος*, the liver. The term is used by Galen in the present sense, but it is more usually employed adjectively, with the sense of *hepatic*. The Latin word *hepatitis* is only used, according to Pliny, as “gemmæ nomen a figura jecinoris.”

NOS. SYN. *ἥπατιτις*, *ἥπετος*, *ἡπεριωδης*. Gal. *Νοσος ἥπατις*: Græc. *Morbus jecinoris*, *Suppuratio in jecinore*, *Jecoris vomica*: Cels. *Inflammatio hepatis*: Sennert. Etmull. *Hepatitis*: Sauv. Linn. Vog. Sag. Boerh. Hoffm. Macb. Junck. Cull. Swed. *Hepatalgia apostematosa*: Sauv. *Empresma hepatitis*: Good. *Cauma hepatitis*: Young. *Hepatalgia*: Auct.

VERN. SYN. Gr. *ἥπατιτις*, *νουςος ἥπατις*. Lat. *Inflammatio jecinoris*, *morbus jecinoris*. Eng. *Hepatitis*, liver disease, the liver, liver complaint. Ger. Entzündung der leber, leberentzündung, leberkrankheit. Dut. Ontsteeking in de lever. Fr. Inflammation du foie, hépatite, la pièce. Ital. Inflammazion di fegato, epatite. Span. *Hepatitis*, inflamacion de higado.

1533 *Seitz, Alex.* Tabulæ ii. curationum morborum stomachi et hepatis. *Argent.* fol.

1620 *Varandæus, Jo.* Tractatus de elephantiasi et hepatitide. *Genev.* 8vo.

1647 *Rocci, Mich.* De hepatitis inflammatione duellum, in Petrone “Literarium duellum inter Salernitanos et Neapolitanos.” *Venet.* 4to.

1652 *Regius, Hen.* Meditatio duarum virginum inflammatione hepatis laborantium. *Ultraj.* 4to.

1654 *Glisson, Franc.* Anatomia hepatis. *London*. 8vo.

1662 *Deusingius, Ant.* Resurrectio hepatis; de officio hepatis, &c. *Gron.* 12mo.

1664 *Cramer, J. J.* Dissertatio de obstructione hepatis. *Strasb.* 4to.

1716 *Camerarius, R. J. Brunner, J.* Hepatite defunctorum extispicia (Hall. D. ad M. iii.) *Tub.* 4to.

1718 *Fischer & Kuberl*, De hepatitide epidemice grassante (Hall. D. ad M. v.) *Erf.*

1720 *Vater, A.* Hepar in hydrope sæpius insons (Hall. D. ad M. iii.) *Witteb.* 4to.

1721 *Hoffmann, Fr.* Dissertatio de hepatitis inflammatione rarissima, spuria frequentissima. *Hal.*

1722 *Wainwright, Jer. M. D.* Anatomical treatise of the liver, with the diseases incident to it. *London*. 8vo.

1725 *Bianchi, J. B.* Historia hepatica, seu theoria et praxis omnium morborum hepatis et bilis (2 vol. ed. 3.) *Genev.* 4to.

1726 *Hoffmann, Fr.* Dissertatio de morbis hepatis anatome detegendis (Opp. vi.) *Hal.* 4to.

1726 *Zimmermann, C. F.* De morbis ex hepatitis vitio. *Hal.* 4to.

1735 *Burt, Adam*, A tract on the biliary complaints of Europeans in hot climates. *London*. 8vo.

- 1740 *Tacconi, Cajet.* De rariss quibusdam hepatis affectibus. *Bonon.* 4to.
- 1741 *Walther, A. F.* De atra bile (Hall. D. ad M. iii.) *Lips.* 4to.
- 1748 *Bertrandi, J. A. M.* Dissertationes anatomicæ de hepate et oculo. *Turin.* 4to.
- 1772 *Crauford, John,* An essay on a disease of the liver hitherto but little known. *Lond.* 8vo.
- 1772 *Heberden, W. M.D.* On diseases of the liver (Med. Trans. ii.) *Lond.* 8vo.
- 1772 *Lysons, D. M.D.* Practical essays on fevers, diseases of the liver, &c. *Bath,* 8vo.
- 1777 *Bath, Rob.* A treatise on the nature and qualities of the diseases of the liver. *Lond.* 8vo.
- 1782 *Heeser, Chr.* De hepatis affectionibus. *Argent.* 4to.
- 1782 *Sibbons, A. H. J.* De hepatitide (Diss. Lov. ii.) *Lov.* 8vo.
- 1783 *Matthews, Steph.* Observations on hepatic diseases in the East Indies. *Lond.* 8vo.
- 1783 *Tournay, Dissertatio* de hepatitide (Doe-ring i.)
- 1784 *Frank, J. P.* De larvis morborum biliosis Gott. 4to. (Opusc. Med. Lips. 1790. 8vo.)
- 1786 *Chisholm, C. M.D.* History of a singular affection of the liver (Med. Comm. xi.) *Edin.* 8vo.
- 1786 *Walter, F. A.* Annotationes academicæ de hepate. *Berol.* 4to.
- 1786 *Weissenborn, J. F.* Von den eitergeschwüren der leber. *Erf.* 4to.
- 1787 *Girdlestone, Th. M.D.* Essays on the hepatitis, &c. of India. *Lond.* 8vo.
- 1787 *Reyland, B. J.* Tractatus medico-practicus de inflammationibus latentibus. *Ingoldst.* 8vo.
- 1787 *Weissenborn, J. F.* Erläuterung einer merkwürdigen geschichte eines lebergeschwures. *Erf.* 4to.
- 1788 *Andree, J.* Considerations on bilious and liver diseases. *Lond.* 8vo.
- 1788 *Haspius, J. G.* De abscessibus hepatis (Frank. Del. Op. v.) *Tic.* 8vo.
- 1790 *Durande, J. F.* Observations sur l'éther sulphurique et l'huile de térébenthine dans les coliques hépatiques. *Par.* 8vo.
- 1790 *Reyland, B. J.* Abhandlung von verborgenen und langwierigen entzündungen (trans.) *Wien.* 8vo.
- 1790-91 *Schroeder, T. W.* Commentatio de phthisi hepatica. *Rinteln.* 8vo.
- 1792 *Clark, John, M.D.* On diseases in long voyages (2 vol.) *Lond.* 8vo.
- 1792 *Iken, J. C.* De morbis hepatis. *Jenæ,* 4to.
- 1792 *Leake, John, M.D.* A practical essay on the diseases of the viscera. *Lond.* 8vo.
- 1793 *Saunders, W. M.D.* A treatise on the structure, economy, and diseases of the liver. *Lond.* 8vo.
- 1798 *Doemling, Jos.* Ist die leber reinigungsorgan? Eine physiol.-pathol.-abhandlung. *Wien.* 8vo.
- 1799 *Christie, Thos. M.D.* Letter on the hepatitis of India (Med. and Phys. Journ. ii.) *Lond.*
- 1800 *Powell, R. M.D.* Observations on the bile and its diseases, and on the economy of the liver, *Lond.* 8vo.
- 1803 *Rouly, J. L.* Dissertation sur les dépôts, qui ont lieu au foie, consécutivement aux blessures. *Par.* 8vo.
- 1806 *Stone, A. D. M.D.* A treatise on diseases of the stomach, liver, &c. *Lond.* 8vo.
- 1808 *White, Will.* A treatise on inflammation and other diseases of the liver. *Bath,* 8vo.
- 1809 *Curry, Jas. M.D.* Examination of the prejudices against mercury in liver complaints. *Lond.* 8vo.
- 1809 *Saunders, W. M.D.* Observations on the hepatitis of India. *Lond.* 8vo.
- 1809 *Campbell, H. M.D.* Objections to the opinions, &c. of Dr. Saunders in bilious and liver complaints. *Lond.* 8vo.
- 1811 *Mills, Th.* Observations on diseases of the liver. *Lond.* 8vo.
- 1812-15 *Farre, J. R. M.D.* Morbid anatomy of the liver (parts i. and ii.) *Lond.* 4to.
- 1813 *Portal, Ant. M.D.* Observations sur la nature et le traitement des maladies du foie. *Par.* 8vo.
- 1814 *Faithorn, John,* Facts and observations on liver complaints, &c. *Lond.* 8vo.
- 1816 *Griffith, Ch.* Essay on the common cause and prevention of hepatitis. *Lond.* 8vo.
- 1816 *Larrey, Dict. des Sc. Méd. (art. Foie)* t. xvi. *Par.*
- 1817 *Jourdan, Dict. des Sc. Méd. (art. Hépatite)* t. xxi. *Par.*
- 1819 *Mills, Th.* Enquiry into the effects on the brain, &c. by diseases of the liver. *Lond.* 8vo.
- 1820 *Johnson, Jas. M.D.* A treatise on derangements of the liver, &c. (3rd edit.) *Lond.* 8vo.
- 1820 *Regnault, J. B.* Mémoire sur les altérations et l'influence du foie, &c. *Par.* 8vo.
- 1821 *Ayre, Jos. M.D.* Practical observations on disorders of the liver and bilious complaints. *Lond.* 8vo.
- 1822 *Chisholm, C. M.D.* A manual of the climate and diseases of tropical countries. *Lond.* 8vo.
- 1822 *Wallace, Will.* Researches respecting the powers of chlorine in diseases of the liver. *Lond.* 8vo.
- 1824 *Ferrus, Dict. de Méd. (art. Foie)* t. ix. *Par.*
- 1828 *Bonnet, A.* Traité des maladies du foie. *Par.* 8vo.
- 1832 *Cruveilhier, Dict. de Méd. Prat. (art. Foie, Maladies de)* t. viii. *Par.*
- 1833 *Bell, G. H.* Treatise on diseases of the liver. *Edin.* 8vo.
- 1833 *Roche, Dict. de Méd. Prat. (art. Hépatite)* t. ix. *Par.*
- 1833 *Stokes, Cyc. of Pract. Med. (art. Liver, Inflammation of)* vol. iii. *Lond.*
- 1835 *Venables, Cyc. of Pract. Med. (art. Liver, Diseases of)* vol. iv. Supp. *Lond.*

HEREDITARY DISEASES.

- VERN. SYN. *Gr.* Νεστοι κληρονομικαι. *Lat.* Morbi hæreditarii. *Eng.* Hereditary diseases. *Ger.* Erbkrankheiten, erbliche krankheiten. *Fr.* Maladies héréditaires. *Ital.* Malattie ereditarie. *Span.* Enfermedades hereditarias.
- 1608 *Mercatus, Lud.* De morbis hæreditariis liber (Opp. ii. 669.) *Francf.* fol.
- 1619 *Meara, Derm. de,* Pathologia hæreditaria generalis. *Dub.* 12mo.
- 1643 *Lygonnet, Rob.* De morbis hæreditariis. *Lion.* 4to.
- 1688 *Fischer, J. A.* De morbis hæreditariis. *Erf.* 4to.
- 1699 *Hoffmann, Fr.* De adfectibus hæreditariis eorumque origine (Opp. Suppl. ii.) *Hal.*
- 1702 *Pre,* De morbis archealibus sive hæreditariis. *Erf.* 4to.
- 1706 *Stahl, G. E.* Dissertatio de hereditaria dispositione ad varios adfectus. *Hal.* 4to.
- 1720 *Schurig, Mart.* Spermatologia. *Franc.* 4to.
- 1749 *Louis, Ant.* Comment se fait la transmission des maladies héréditaires? *Par.* 12mo.

1753 *Juncker*, Dissertatio de liberis ab hæreditate parentum morbi causa excludendis. *Hal.* 4to.

1767 *Vogel*, Dissertatio de nonnullis parentum deliciis in morbos infantum degenerantibus. *Gott.*

1774 *Reiniger*, Dissertatio de prole parentum culpas luente. *Lips.* 4to.

1794 *Rougemont, J. Cl.* Abhandlung ueber die erblichen krankheiten. *Frank.* 8vo.

1794 *Mueller*, Dissertatio de dispositione ad morbos hæreditaria. *Goett.* 4to.

1800 *Henning, J. G. F.* Ideen ueber die erbkrankheiten. *Zerbst.* 8vo.

1808 *Portal, Ant.* Considérations sur la nature et le traitement de quelques maladies héréditaires. *Par.* 4to.

1814 *Adams, Jos. M.D.* A treatise on the hereditary property of diseases. *Lond.* 8vo.

1817 *Petit, A. secund.* Essai sur les maladies héréditaires. *Par.* 8vo.

1817 *Petit*, Dict. des Sc. Méd. (art. *Héréditaire*) t. xxi. *Par.*

1826 *Prichard, J. C. M.D.* Researches into the physical history of man (vol. ii. p. 536. 2d ed.) *Lond.* 8vo.

1832 *Brown*, Cyc. of Pract. Med. (art. *Hereditary Transmission of Disease*) vol. ii. *Lond.*

hick, hicket, yelking. *Scot.* Isk, yelsk. *Ger.* Schlucken, glucksen. *Dut.* Hik, snik, nok. *Dan.* Hikke. *Swed.* Hicka. *Fr.* Hoquet. *Ital.* Singhiozzo. *Span.* Hipo, sottozo.

1540 *Austrius, Sebast.* De puerorum morbis (cap. 38.) *Basil.* 8vo.

1738 *Alberti, S.* Dissertatio de singultu puerperarum. *Hal.* 4to.

1748 *Hoffmann, Fr.* Opera omnia (t. iii. de singultu) *Genev.* fol.

1758 *Bruning*, Dissertatio sistens singultum, morbum, symptoma, signum. *Ultraj.* 4to.

1761 *Morgagni, J. B.* De sedibus et causis morborum, &c. (epist. xxiv. de singultu, &c.) *Bassan.* 4to.

1767 *Tschudi*, Dissertatio de singultu (Baldinger i.) *Bas.* 8vo.

1817 *Renaudin*, Dict. des Sc. Méd. (art. *Hoquet*) t. xxi. *Par.*

1824 *Raige-Delorme*, Dict. de Méd. (art. *Hoquet*) t. xi. *Par.*

1832 *Ashe*, Cyc. of Pract. Med. (art. *Hiccup*) vol. ii. *Lond.*

1833 *Jolly*, Dict. de Méd. Prat. (art. *Hoquet*) t. x. *Par.*

HERPES.

DERIV. Gr. *ερπης*, from *ερπω*, to creep, from the progressive extension of the eruption: also *ερπιδων*, from the same root.

Nos. SYN. *Ερπης*: Galen. Dioscor. Cels. *Ερπιδων*: Nicand. *ζωστήρ* (literally a zone or belt, hence applied to the form of herpes termed shingles; *herpes zoster*): Plin. *Herpes*: Plin. Lucil. *Zona*: Scribon. Sag. Russel. *Ignis sacer*: Cels. *Formica*: Avicen. *Cytisma herpes*: Young. *Lepidosis herpes*, *Ecpchylis herpes*: Good. *Herpes*: Sauv. Linn. Willan. *Zona ignea*: Hoffm. Darw. *Herpes zoster*: Hoffm. Sauv. Batem. *Hioropyr*: Vog. *Erysipelas phlyctænodes*: Cull. *Erysipelas zoster*: Sauv. *Serpigo*: Auct.

VERN. SYN. Gr. *Ερπης*, *ερπιδων*, *ζωστήρ*. Lat. *Herpes*, *zona*, *ignis sacer*. Eng. *Herpes*, the shingles, the serpigo, tetter. Ger. *Zittermal*, *flechte*, *feuergürtel*, *der gürtel*. Dut. *Springend vuur*, *zeker zeer*. Fr. *Dartre*, *herpe*, *la jartière*, *ceinture dartreuse*. Ital. *Erpete*. Span. *Herpes*, *sarpullido*.

(For Literature, see SKIN, DISEASES OF.)

HICCUP—HICCOUGH—SINGULTUS.

DERIV. *Hiccup* and *hicough*, original English words, no doubt formed from resemblance to the sound characteristic of the affection. The same is true of the now obsolete English words *yex* and *yelk*, and the Greek and Latin synonyms *λυγξ* and *singultus*, as well as of the vernacular term in most languages.

Nos. SYN. *Λυγξ*, *λυγμος*, *λυγγος*: Hipp. et Auct. Græc. *Singultus*: Plin. Sauv. Linn. Vog. Sag. *Pneusis singultus*: Young. *Clonus singultus*: Good. *Lygmus*: Swed.

VERN. SYN. Gr. *Λυγξ*, *λυγμος*, *λυγγος*. Lat. *Singultus*. Eng. *Hiccup*, *hicough*, *yex*, *hocket*,

HOOPING-COUGH—CHINCOUGH—PERTUSSIS.

DERIV. Hooping or whooping-cough, a vernacular English term, derived from the verb *to whoop* or *hoop*, to call with a loud noise.

Chincough, perhaps more properly *kincough*, from *kincken*, to cough; (Johnson.)

Pertussis, from *per*, augment. and *tussis*, an intense cough.

Nos. SYN. *Θηριωδης βηξ*? Hipp. Gal. *Pertussis*: Sydenh. Huxh. Cull. Darw. Crich. Swed. *Tussis convulsiva*: Sauv. *Tussis ferina*: Hoffm. Swed. *Tussis clangosa*: Bourdelin. *Bex convulsiva*: Good. *Pneusis pertussis*: Young. *Bex theriodes* (*βηξ θηριωδης*): Auct. *Bronchitis epidemica*: Marcus. *Bronchis convulsiva*: Prunel. *Broncho-cephalitis*: Desruelles.

VERN. SYN. Gr. *Θηριωδης βηξ*. Lat. *Tussis convulsiva*. Eng. Whooping-cough, hooping-cough, chincough, chinecough, convulsive cough. Scot. Kinkhost. Ger. Keichhusten, starker husten, krampf Husten, kikhusten. Dut. Kinkhoest, klankhoest. Dan. Krampehoste, kighoste. Swed. Kramphosta, kikhosta. Fr. Coqueluche, tac, horion, catarrhe convulsif, bronchite convulsive. Ital. Pertosse, tosse convulsiva, tosse canina. Span. Romadizo maligno, tos convulsivo.

1732 *Hoffmann, Fr.* Dissertatio de tussi convulsiva (Opp. Suppl. ii. de tussi iii.) *Hal.*

1738 *Savoye, Al. (Stoll)* De tussi convulsiva (Eyerell ii.) *Vien.* 8vo.

1752 *Bourdelin, L. C. Basseville, J. B.* Ergo tussi clangosæ emesis (Hall. D. ad M. i.) *Par.*

1754 *Forbes, Theod.* De tussi convulsiva (Hall. D. ad M. ii.) *Edin.* 8vo.

1763 *Geller, C. G.* Scrutinium physico-medici de tussi convulsiva. *Rost.* 8vo.

1765 *Williams, John*, Histories of wounds of the head, with remarks on the convulsive cough. *Falmouth*, 8vo.

1767 *Fothergill, J. M.D.* Letter on the cure of the chincough (Med. Obs. and Inq. iii.) *London*. 8vo.

1769 *Millar, John, M.D.* Observations on the asthma and whooping-cough. *London*. 8vo.

1770 *Mellin, C. J.* Von dem keichhusten der kinder, &c. *Frankf.* 8vo.

1773 *Butter, W. M.D.* Treatise on the kink-cough. *London*. 8vo.

1774 *Kirkland, Thos.* Animadversions on the late treatise on chincough (anon.) *London*. 8vo.

1776 *Holdefreund, F. R. S.* Vom epidemischen stikhusten der kinder. *Helmst.* 8vo.

1777 *Aaskou, U. B. De Berger, J. J.* De tussi convulsiva (Act. Soc. Med. Hafn.) *Hav.* 4to.

1777 *Strack, Car.* De tussi convulsiva infantum (Frank. Syll. Opusc. iii.) *Tic.* 8vo.

1783 *Nürnberg, Dissertatio de pertussi* (Doering i.) *Witeb.*

1784 *Haberler, Dissertatio de tussi convulsiva epidemica* (Doering i.) *Marb.* 8vo.

1784 *Kachler, Epistola de tussi convulsiva et variolus* (Doering i.) *Erl.*

1785 *Metternich, A. F.* De tussi convulsiva infantum (Frank Del. Op. iii.) *Ticin.* 8vo.

1785 *Murray, A.* De cortice peruviano in tussi convulsiva (Opusc. 2 vol.) *Gött.* 8vo.

1785 *Strack, Car.* De tussi convulsiva infantum (Frank Del. Op. iii.) *Ticin.* 8vo.

1786 *Hayes, Thom.* A serious address on coughs, with observations on whooping-cough (3rd edit.) *London*. 8vo.

1789 *Hasler, Jos.* Abhandlung ueber den keichhusten. *Landrh.* 8vo.

1789 *Pohl, Programma de analogia inter morbillos et tussem convulsivam.* *Lips.*

1790 *Hartmann, Dissertatio de tussi convulsiva* (Doering i.) *Frankf.*

1790 *Savoye, Al.* Dissertatio de tussi convulsiva. *Vienne*. 8vo.

1791 *Dans, F. G.* Versuch einer allgemeinen geschichte des keichhustens. *Marb.* 8vo.

1791 *Metzer, F. C.* Abhandlung von dem keichhusten. *Petersb.* 8vo.

1792 Anon. Geneeskundige (*Prijs*) verhandeling over den kinkhoest. *Utrecht*. 8vo.

1792 *Klinge, J. H. W.* Etwas ueber den keichhusten. *Goett.* 8vo.

1794 *Jones, Gale,* Observations on the nature and treatment of whooping-cough. *London*. 8vo.

1798 *Burton, J. M. B. M.D.* A treatise on the non-naturals, with an essay on chincough. *York*. 8vo.

1798 *Hufeland, C. W.* Bemerkungen ueber blättern, verschiedene kinderkrankheiten, &c. *Berl.* 8vo.

1798 *Rosenstein, R. R. von,* Anweisung zur erkenntniss, &c. der kinderkrankheiten. *Goett.* 8vo.

1802 *Dans, F. G.* Abhandlung vom keichhusten der kinder (2nd edit.) *Marb.* 8vo.

1805 *Paldamus, V. H. L.* Der stikhusten nach neuern ansichten bearbeitet. *Halle*. 8vo.

1808 *Jahn, F.* Ueber den keichhusten. *Rudolst.* 8vo.

1809 *Lando, V.* Memoria sopra la tosse convulsiva in Genova nell' anno 1806. *Gen.* 8vo.

1809 *Pearson, R. M.D.* On the treatment of whooping-cough (Med. Chir. Trans. i.) *London*. 8vo.

1811 *Löbenstein-Löbel, E.* Erkenntniss und heilung der hautigen bräune, des keuchhustens, &c. *Leips.* 8vo.

1812 *Bourdet, P. E.* Dissertation sur la coqueluche, ou flux gastro-bronchique tussiculeux. *Par.* 4to.

1812 *Gallerand, Gab.* Essai sur la toux convulsive des enfans. *Par.* 4to.

1813 *Clossius, J.* Etwas ueber die quellen, &c. des keichhustens der kinder. *Hadamar*. 8vo.

1813 *Gardien, Dict. des Sc. Méd.* (art. *Coqueluche*) t. vi. *Par.*

1813 *Watt, Rob. M.D.* A treatise on chincough. *Glasgow*. 8vo.

1815 *Penada, Giac.* Memoria sulla tosse convulsiva. *Verona*. 8vo.

1816 *Marcus, A. F.* Der keichhusten, ueber seine erkenntniss, &c. *Lips.* 8vo.

1818 *Kochler, De sede et natura tussis convulsivae.* *Prag.*

1821 *Marcus, A. F.* Traité de la coqueluche ou bronchite épidémique (transl. by Jacques) *Par.* 8vo.

1822 *Waterhouse, B. M.D.* On tussis convulsiva or whooping-cough. *Boston*. 8vo.

1822 *Webster, J. M.D.* On the seat of whooping-cough (in the head) (Med. and Phys. Journ. Dec. 1822.) *London*.

1823 *Guersent, Dict. de Méd.* (art. *Coqueluche*) t. vi. *Par.*

1824 *Peirson, A. L.* Medical dissertation on chincough. *Salem*. 8vo.

1827 *Desruelles, H. M. J.* Traité de la coqueluche. *Par.* 8vo.

1830 *Duges, Dict. de Méd. et de Chir. Prat.* (art. *Coqueluche*) t. v. *Par.*

1833 *Johnson, Cyc. of Pract. Med.* (art. *Whooping-cough*) vol. ii. *London*.

HYDROCEPHALUS.

DERIV. Gr. *υδροκεφαλος*, or *υδροκεφαλον*, from *υδωρ*, water, and *κεφαλη*, the head.

Nos. SYN. *Υδροκεφαλον*: Aët. Paul.-Ægin. Cels. *Hydrocephalus*: Boerh. Sauv. Linn. Sag. Cull. Darw. Crich. Pin. *Hydrocephalum*: Vog. *Hydrencephalus*: Yeats. *Hydrops capitis*: Good, Young.

VERN. SYN. Gr. *Υδροκεφαλον*, *υδροκεφαλος*. Lat. *Hydrops capitis*, *hydrops cerebri*. Eng. *Hydrocephalus*, dropsy of the head, dropsy of the brain, water in the head. Ger. *Wasserkopf*, wassersucht des haupts, kopfwassersucht. Dut. *Waterhoofd*. Fr. *Hydrocéphale*. Ital. *Idrocephale*, *idropisia di cervello*. Span. *Idrocefalo*.

1645 *Ranchinus, F.* De morbis puerorum (sect. ii. c. 4.) *Lugd.* 8vo.

1741 *Pitschel, F. L.* Epistola de hydrocephalo interno (Hall. D. ad M. i.) *Lips.* 8vo.

1752 *Kaltschmid, De hydrocephalo interno raræ magnitudinis* (Hall. Diss. Pr. vii.) *Jen.*

1757 *Betbeder, J.* Histoire de l'hydrocéphale de Begle. *Bord.* 8vo.

1763 *Gaudelius, J. H.* De hydrocephalo (Sandiford Thes. i. 337.) *Goett.* 4to.

1763 *Ekmark, C.* Hydrocephalus internus anorum 45 (Sandiford Thes. ii.) *Upsal.* 4to.

1768 *Whytt, Rob. M.D.* Observations on the dropsy of the brain. *Edin.* 8vo.

1772 *Watson, Sir W. M.D.* Observations on hydrocephalus internus (Med. Obs. and Inq. iv.) *London*. 8vo.

1773 *Büttner, C. G.* Beschreibung des innern wasserkopfs 31 jährigen person. *Konigs.* 8vo.

1774 *Ludwig, C.* De hydrope cerebri puerorum (Baldinger Syll. v.) *Lips.*

- 1777 *Percival, Th. M.D.* Observations on hydrocephalus internus (Med. Comm. v.) *Edin.* 8vo.
- 1777 *Simmons, S. F. M.D.* Of hydrocephalus internus (Med. Comm. v.) *Edin.* 8vo.
- 1778 *Dawson, Ambrose, M.D.* Thoughts on the hydrocephalus internus. *Lond.* 8vo.
- 1778 *Quier, John*, Letters and essays on the diseases of the West Indies, with thoughts on hydrocephalus. *Lond.* 8vo.
- 1779 *Quin, W. C.* De hydrocephalo interno (Smellie Thes. iv.) *Edin.*
- 1785 *Campbell, A. M.D.* Treatment of hydrocephalus by mercurials (Med. Comm. ix.) *Edin.* 8vo.
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1833 *Joy, Cyc. of Pract. Med.* (art. *Hydrocephalus*) vol. ii. *Lond.*

(See BRAIN, DISEASES OF, and CHILDREN, DISEASES OF.)

HYDROMETRA, UTERINE DROPSY.

DERIV. From *υδωρ*, water, and *μετρα*, the womb.

NOS. SYN. *Hydrops uteri*: Sennert, Rod.-à-Cast. Good, Young. *Hydrometra*: Sauv. Sag. Boerh. Cull. *Hysteruncus hydropicus*: Swed.

VERN. SYN. *Eng.* Uterine dropsy, dropsy of the uterus. *Ger.* Mutterwassersucht, wassersucht der mutter. *Fr.* Hydropisie de la matrice. (For Literature, see UTERUS, DISEASES OF.)

HYDROPERICARDIUM.

DERIV. A nosological compound, from *υδωρ*, water, and *περικαρδιον*, pericardium: water in the pericardium.

NOS. SYN. *Hydropericardium*: Pin. Laennec. *Hydrops pericardii*: Zac.-Lusit. Crich. Young. *Hydrocardia*: Hildan. *Hydrothorax pericardii*: Sauv. *Hydrops thoracis*: Swed. *Hydropericardion*: Ploucq. *Hydropericardia*, *Hydrothorax, Urina cordis*: Auct.

VERN. SYN. *Lat.* *Hydrops pericardii*. *Eng.* Dropsy of the pericardium. *Ger.* Herzbeutelwassersucht. *Fr.* Hydropisie du péricarde. *Ital.* Idrope di pericardio. *Span.* Hidropesia de pericardio.

1815 *Romerus, Fran.* Observatio experimentis confirmata pro hydropce pectoris, hydropericardio, &c. cognoscendis, et nova methodus dictos morbos operandi. *Par.* 8vo.

(See DROPSY and PERICARDITIS.)

HYDROPHOBIA.

DERIV. Gr. ὑδροφοβία, from ὕδωρ, water, and φόβος, fear or dread: dread of water.

NOS. SYN. ὑδροφοβία, ὕδροφοβός, ὑδροφοβικὸν πάθος, λυσσα: Gal. Dioscor. Cels. *Hydrophobia*, *Hydrophobica passio*, *Pantophobia*, *Aquifuga*: Coel. Aurel. *Rabies*: Auct. *Hydrophobia*: Spreng. *Rabies canina*: Boerh. *Rabies contagiosa*: Parry. *Δυσκαταποσία*: Mead. *Hydrophobia*: Boerh. Sauv. Linn. Vog. Sag. Cull. Pin. Macb. Swed. *Erethismus hydrophobia*: Young. *Lyssa canina*: Good. *Clonus hydrophobia*: Parr. *Cynolyssa* (κυνολυσσα), *Phobodipsia* (φοβοδιψία), *Phrenitis latrans*: Auct.

VERN. SYN. Gr. ὑδροφοβία, λυσσα. Lat. *Hydrophobia*, *rabies*, *aquæ timor*, *aqua formidata* (Ovid.) Eng. Canine madness, *hydrophobia*, *hydrophoby*. Ger. *Hundtollheit*, *wasserscheu*, *hundswuth*. Dut. *Water-vrees*, *dolheid*. Dan. *Vandskræk*. Swed. *Vatterskräck*. Fr. *La rage*, *hydrophobie*. Ital. *Idrofobia*. Span. *Hidrofobia*, *mal de rabia*.

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HYDROTHORAX.

DERIV. A nosological compound from *υδωρ*, water, and *θώραξ*, the chest, formed on the same principle as most of the compounds of *υδωρ*, as *υδρογαστρωρ*, &c.

Nos. SYN. *τῆρας πνευμονος*: Hipp. *Hydrothorax*: Gorter, Willis, Boerh. Hoffm. Sauv. Vog. Sag. Macb. *Hydrops thoracis*: Swed. Good, Young. *Hydrops pectoris*, *Hydrops pulmonum*: Auct. Var.

VERN. SYN. Lat. *Hydrops pectoris*. Eng. Dropsy of the chest, water on the chest. Ger. Brustwassersucht. Dut. Borst-waterzucht, waterzugt op de borst. Fr. Hydropisie de poitrine. Ital. Idrope di petto, idrotorace. Span. Hidropesia de pecho.

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HYGIENE.

HYGEIENE, HYGIASTICS, HYGIOLOGY, PRESERVATION OF HEALTH.

DERIV. The word *health* is a modification of the original Saxon *hael*: it conveys only a part of the meaning conveyed by the Greek deriva-

vatives given above. The want of an English term to convey this meaning has been long felt, and is not yet quite satisfactorily supplied, although the first of the Greek derivatives above given, *hygiene*, or *hygieine*, (Gr. *υγιεινη*) adopted by us immediately from the French, seems now in a fair way to be naturalized. It is not, however, very *English* either in its form or sound; and but for its pretty general adoption by recent writers, one might be disposed to propose *hygiology* as a substitute of somewhat more vernacular aspect and sound. All these words are derived from the same root:—*υγιος*, healthy; *υγιεια* or *υγεια*, health; *υγιεινός*, *υγιειν*, relating to or conducive to health, wholesome; *υγιεινη*, *hygiene*, that part of medicine which regards the preservation of health.

VERN. SYN. Gr. *Τυγιεινη*. Eng. Preservation of health, *hygiene*. Ger. *Erhaltung der gesundheit*. Dut. *Bewaaring der gezondheid*. Fr. *Hygiène*.

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HYPOCHONDRIASIS, (cum HYSTERIA sparsim.)

DERIV. From Gr. *υποχονδριον*, *υποχονδρια*, (from *υπο*, under, and *χονδρος*, cartilage,) the hypochondres, the viscera that lie beneath the cartilages of the ribs: adj. *υποχονδριακος*, one who is diseased in the hypochondriac viscera.

NOS. SYN. *Hypochondriacismus*: Huxham. *Hypochondriasis*: Sauv. Linn. Vog. Sag. Cull. *Morb. hypochondriacus*: Fracastor. Boerh. *Malum hypochondriacum*: Galen. Hoffm. Junck. *Hallucinatio hypochondriasis*: Cricht. *Alusio hypochondrias*: Good. *Dyspepsia hypochondriasis*: Young. *Hyperkinesia gastrica*: Swed. *Hypochondriaca affectio*, *Hypochondriacus affectus*, *Hypochondriaca passio*, *Melancholia hypochondriaca*: Auct.

VERN. SYN. Gr. *υποχονδριακη μελαγχολια*. Eng. Hypochondrism, vapours, hyp, low spirits, blue devils. Ger. Grillenkopffheit, hypochondrie. Dut. Zwaarmoedigheid. Dan. Modsoet. Fr. Hypochondrie, maladie imaginaire. Ital. Ipochondria. Span. Pasion hipocondriaca, hipocondria.

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1760 Pomme, P. Essai sur les affections vaporeuses de deux sexes. *Par.* 8vo.

1761 Zeviani, G. V. Della rachitide, del flato ipochondriaco, &c. *Veron.* 4to.

- 1765 *Whytt, R. M.D.* Observations on nervous diseases. *Edin.* 8vo.
- 1766 *Bisset, C. M.D.* Medical essays. *New-cast.* 8vo.
- 1767 *Bilguer, J. U.* Nachrichten im absicht der hypochondrie. *Kopenh.*
- 1775 *Berkenhout, J. M.D.* A treatise on hysterical and hypochondriacal affections (from the French of Pomme) *Lond.* 8vo.
- 1776 *Triller, D. W.* De vino modico hypochondriacis salutari (Opusc. i.) *Franc.* 4to.
- 1776 *Wilson, And. M.D.* Medical researches (on hysteria and hypochondriasis, &c.) *Lond.* 8vo.
- 1777 *Oehme, J. A.* Ueber die hypochondrie. *Dresd.* 8vo.
- 1778 *Perfect, W. M.D.* Methods of cure in insanity, hypochondriasis, &c. *Rochest.* 8vo.
- 1779 *Revillon, Cl.* Recherches sur la cause des affections hypochondriacques. *Par.* 8vo.
- 1780 *Comparetti, And.* Occursus medici de vaga ægritudine infirmitatis nervorum. *Venet.* 8vo.
- 1781 *Perfect, W. M.D.* Cases of insanity, hypochondriasis, &c. *Lond.* 8vo.
- 1783 *Stunzer, J. C.* Ueber das betragen in nervenkrankheiten. *Wien.* 8vo.
- 1786 *Alsinet, J.* Nuevo metodo para curar flatos, hypochondria, &c. *Madr.* 8vo.
- 1786 *Platner, Ernst,* Ueber die hypochondrie (Append. ad Dufour) *Leipz.* 8vo.
- 1786 *Revillon, Claude,* Recherches sur les causes des affections hypochondriacques (éd. nouv.) *Par.* 8vo.
- 1789 *Etzel, A. A. (Stoll)* De hypochondriaco (Eyerell ii.) *Vien.* 8vo.
- 1789 *Freeman, S.* A letter to hypochondriac patients. *Lond.* 8vo.
- 1790 *Gattenhoff, G. M.* De hypochondriasi (Frank Del. Op. ix.) *Tic.* 8vo.
- 1793 *Tabor, H.* Anweisung für hypochondristen. *Duerkh.* 8vo.
- 1795 *Rymer, Jas.* On dyspepsia, hypochondriasis, and gout. *Lond.* 12mo.
- 1795 *Weber, F. A.* Morbi hypochondriaci signa ac diagnosis. *Rost.* 8vo.
- 1796 *Kaempf, J.* Abhandlung von einer neuen methode die hypochondrie zu heilen. *Leips.* 8vo.
- 1797 *Tode, J. C.* En kort afhandling om hypochondrie. *Kiøbenh.* 8vo.
- 1797 *Tode, J. C.* Nöthiger unterricht für hypochondristen, &c. *Kopenh.* 8vo.
- 1797 *Von Luce, J. W. L.* Versuch ueber die hypochondrie und hysterie. *Gotha,* 8vo.
- 1799 *Leuthner, J. N. A.* Heilungsversuche der milzdünste durch den gebrauch des gemeinen wassers. *Ulm.* 8vo.
- 1802 *Louyer-Villermay, L. C.* Recherches sur l'hypochondrie. *Par.* 8vo.
- 1803 *Becker, J. W.* Guter rath an meine freunde die hypochondristen. *Leips.* 8vo.
- 1804 *Emlden, E. S. V.* Versuch einer hypochondralgologie. *Bremen.* 8vo.
- 1805 *Liardet, Wilbr.* The hypochondriac, a poem. *Lond.* 8vo.
- 1805 *Storr, L.* Untersuchungen ueber den begriff, &c. der hypochondrie. *Stuttg.* 8vo.
- 1805 *Wessel, K.* Sieg ueber die hypochondrie. *Erf.* 8vo.
- 1816 *Hohnstock, J. W. L. von,* Ueber hypochondrie und hysterie und deren heilart. *Ilmenau.* 8vo.
- 1816 *Louyer-Villermay, L. C.* Traité des maladies nerveuses ou vapeurs (2 vol.) *Par.* 8vo.
- 1816 *Reid, John, M.D.* Essays on insanity, hypochondriasis, &c. *Lond.* 8vo.

- 1816 *Zimmermann, K. J.* Versuch ueber hypochondrie und hysterie. *Bamb.* 8vo.
- 1818 *Louyer-Villermay,* Dict. des Sc. Méd. (art. *Hypochondrie*) t. xxiii. *Par.*
- 1818 *Ricotti, M.* Storia d'una rara malattia nervosa. *Pavia,* 8vo.
- 1822 *Falret, J. P.* De l'hypochondrie et du suicide. *Par.* 8vo.
- 1824 *Georget, M.* De l'hypochondrie et de l'hystérie. *Par.* 8vo.
- 1824 *Georget,* Dict. de Méd. (art. *Hypochondrie*) t. xi. *Par.*
- 1833 *Foville,* Dict. de Méd. Prat. (art. *Hypochondrie*) t. x. *Par.*
- 1833 *Prichard,* Cyc. of Pract. Med. (art. *Hypochondriasis*) vol. ii. *Lond.*

HYSTERALGIA.

DERIV. Gr. *ὑστέρα*, uterus, and *ἀλγος*, to be pained.

NOS. SYN. *Hysteralgia*: Montalto, Sauv. Linn. Vog. Sag. Swed. *Hystalgia*, *Dolor uteri*, *Metrodynia*: Auct.

VERN. SYN. Lat. *Dolor uteri*. Eng. Pain in the womb. Ger. Mutterschmerz. Dut. Moederpyn. Fr. Douleur de la matrice, colique uterine.

(For Literature, see UTERUS, DISEASES OF.)

HYSTERIA, (cum HYPOCHONDRIASI sparsim.)

DERIV. From *ὑστέρα*, the womb: *παθὼ ὑστέρα*, a hysterical disease, hysteria.

NOS. SYN. *Suffocatio mulierum*, *Suffocatio*: Plin. *Affectio hysterica*: Willis, Sydenh. *Melancholia nervæ*: Lorry. *Malum hysterico-hypochondriacum*: Stahl. *Hysteria*: Sauv. Linn. Vog. Sag. Cull. *Clonus hysteria*: Young. *Sypspasia hysteria*: Good. *Hyperkinesia hysteria*: Swed. *Asthma uteri*: Van Helm. *Ascensus uteri*, *Strangulatio vulvæ*, *Hysterica passio*, *Suffocatio hypochondriaca*, *Suffocatio uterina*: Auct.

VERN. SYN. Gr. *Πιξ ὑστέριαν*, *παθὼ ὑστέρα*. Lat. *Suffocatio*, *passio hysterica*. Eng. Hysterics, vapours, hysteric fit, fits of the mother. Ger. Aufsteigen der mutter, mutterbeschwerden, mutterkrankheit, mutter. Dut. Moederziekte, moederpynen, moeder. Dan. Modersyge, moderdampe, dampesyge. Swed. Modersjuka, moderplågor, modern. Fr. Vapeurs, mal de mère, suffocation de la matrice, hystérie de la mère. Ital. Isterismo, mal di matrice. Span. Mal de madre, histerico.

1594 *Ronseus, Bald.* De hominis primordiis, hystericisque affectibus, &c. *Lugd. Bat.* 8vo.

1595 *Laurentius, And.* De hystericis affectionibus infantilibusque morbis. *Lion.* 8vo.

1603 *Jorden, Ed.* Briefe discourse of a disease called the suffocation of the mother. *Lond.* 4to.

1660 *Highmore, N. M.D.* Exercitationes duæ, quarum prior de passione hysterica. *Oxon.* 12mo.

1670 *Willis, Th. M.D.* Affectionum quæ dicuntur hystericæ, &c. pathologia vindicata. *Lond.* 4to.

1670 *Highmore, N. M.D.* Epistola ad Thomam Willis de passione hysterica, &c. *Lond.* 4to.

1678 Willis, Th. Affectionum quæ dicuntur hysterica et hypochondriacæ pathologia spasmodica vindicata. *Lond.* 12mo.

1701 Purcell, John, M.D. A treatise of vapours or hysteric fits. *Lond.* 8vo.

1716 Hunauld, P. Dissertations sur les vapeurs et les pertes du sang. *Par.* 12mo.

1725 Blackmore, Sir R. M.D. A treatise on the spleen and vapours, &c. *Lond.* 8vo.

1733 Hoffmann, Fr. De morbi hysterici vera indole, &c. *Hal.* 4to.

1733 Cheyne, G. M.D. The English malady, &c. *Lond.* 8vo.

1739 Büchner, A. E. Pathologia et therapeia passionis hysterici. *Erf.* 4to.

1746 Andree, John, Cases of epilepsy, hysteric fits, &c. *Lond.* 8vo.

1755 Perry, Ch. M.D. A mechanical account of the hysteric passion. *Lond.* 8vo.

1758 Raulin, J. Traité des affections vaporeuses du sexe. *Par.* 8vo.

1758 Hill, Sir J. M.D. The construction of the nerves, and causes of nervous disorders. *Lond.* 8vo.

1759 Ponticelli, Sil. Ant. Trattato di tre specie d'affezione isterica ed ipocondriaca. *Lucca,* 8vo.

1770 Pressavin, M. Nouveau traité des vapeurs. *Lyon.* 8vo.

1771 Goetz, A. J. Beytrag zur geschichte von den hysterischen krankheiten. *Meining.* 8vo.

1776 Wilson, And. M.D. Medical researches into the nature of hysterics, &c. *Lond.* 8vo.

1777 Pomme, Pierre, M.D. On hysteric and hypochondriac diseases (transl.) *Lond.* 8vo.

1778 Smith, Dan. M.D. A treatise on hysterical and nervous disorders. *Lond.* 8vo.

1781 Ducas, M. M.D. Traité des vapeurs. *Sens.* 12mo.

1789 Rowley, W. M.D. A treatise on female convulsions, &c. *Lond.* 8vo.

1794 Ackermann, J. K. H. Ueber blähungen und vapeurs. *Naumb.* 8vo.

1796 De Witte, A. L. De hysterica passioe (Diss. Lov. iv.) *Lovan.* 8vo.

1801 Ducernoy, G. L. Dissertation sur l'hystérie. *Par.* 8vo.

1803 Louyer-Villermay, L. C. Recherches sur l'hypochondrie et l'hystérie. *Par.* 8vo.

1806 Berends, K. A. W. De hysterica affectione epilepsiam simulante. *Franc.* 8vo.

1808 Petetin, J. H. D. L'électricité animale prouvée par la catalepsie hystérique. *Par.* 8vo.

1810 Maccary, A. Essai sur l'hystérie sthénique et asthénique. *Par.* 8vo.

1816 Zimmermann, K. J. Versuch ueber hypochondrie und hysterie. *Bamb.* 8vo.

1817 Louyer-Villermay, L. C. Traité des maladies nerveuses. *Par.* 8vo.

1818 Louyer-Villermay, Dict. des Sc. Méd. (art. *Hystérie*) t. xxiii. *Par.*

1822 Falret, J. P. De l'hypochondrie, &c. *Par.* 8vo.

1824 Georget, M. De l'hypochondrie et de l'hystérie. *Par.* 8vo.

1824 Georget, Dict. de Méd. (art. *Hystérie*) t. xi. *Par.*

1830 Tate, Geo. A treatise on hysteria. *Lond.* 8vo.

1832 Brachet, J. L. Recherches sur la nature et le siège de l'hystérie et de l'hypochondrie, &c. *Par.* 8vo.

1832 Dubois, E. F. Histoire philosophique de l'hypochondrie et de l'hystérie. *Par.* 8vo.

1832 Gerard, Ch. Mémoire sur les diverses opinions émises sur la nature, le siège, &c. &c.

de l'hystérie et de l'hypochondrie (Trans. Méd. par Gendrin, t. vii.) *Par.*

1833 Foville, Dict. de Méd. et Chir. Prat. (art. *Hystérie*) t. x. *Par.*

1833 Conolly, Cyc. of Pract. Med. (art. *Hysteria*) vol. ii. *Lond.*

ICHTHYOSIS.

DERIV. A nosological term formed from *ἰχθυς*, a fish. The termination *iasis*, adopted by Dr. Good, is more accordant with the analogy followed in the formation of similar names.

NOS. SYN. *Impetigo excorticativa*, Albaras nigra: Avicen. *Lepra ichthyosis*: Sauv. *Ichthyosis*: Will. *Lepidosis ichthyiasis*: Good. *Lepidosis ichthyosis*: Young.

VERN. SYN. *Eng.* Fish-skin. *Ger.* Fischschuppen.ausschlag, fischschuppen.aussatz. *Fr.* Ichthyose. *Ital.* Ictiosi. *Span.* Zapa.

(For Literature, see SKIN, DISEASES OF.)

IMPETIGO.

DERIV. Lat. *impetigo*, from *impeto*, to attack or infest.

NOS. SYN. *Αἰχμή*: Galen. *Impetigo*: Cels. Plin. Will. Batem. Vog. *Phlysis impetigo*: Young. *Ecpyesis impetigo*: Good. *Lepra squamosa*, *Herpes*, *Vitiligo*, *Lichen*, *Phlyctena*: Auct.

VERN. SYN. *Αἰχμή*, *αλφός*. Lat. *Impetigo*. *Eng.* Tetter, humid or running tetter. *Ger.* Zittermal, ringwurm. *Dut.* Schurftheid, ringworm. *Dan.* Ringorm. *Swed.* Ringorm. *Fr.* Dartre, dartre crustacée, tique. *Ital.* Impetigine. *Span.* Empeine.

(For Literature, see SKIN, DISEASES OF.)

INCONTINENCE OF URINE,

ENURESIS.

DERIV. *Enuresis*, from *ενουρεω*, to make water involuntarily; or from *εν*, and *ουρησις*, the act of making water.

NOS. SYN. *Περιρροια*: Hipp. *Παρεσις*: Aret. *Στραγγουρια*: Gal. *Incontinentia urinæ*: Plin. *Stillicidium urinæ*: Sennert. *Enuresis*: Sauv. Linn. Vog. Sag. Cull. *Hyperuresis*: Young. *Paruria incontiens*: Good. *Uraerasia*: Swed. *Uorrhæa*, *Uracratia*: Ploucq.

VERN. SYN. *Gr.* *Περιρροια*, *παρεσις*. Lat. *Incontinentia urinæ*. *Eng.* Incontinence of urine. *Ger.* Unwillkührlicher harnabgang, harnfluss. *Dut.* Pisontlooping. *Dan.* Urinflod. *Swed.* Pinkgång. *Fr.* Incontinence d'urine, flux d'urine. *Ital.* Incontinenza d'urina. *Span.* Incontinencia de orina.

(For Literature, see URINE, and URINARY ORGANS, DISEASES OF.)

INCUBUS, EPHALTES.

DERIV. Lat. *incubus*, from *incubo*, to lie upon, to brood.

NOS. SYN. *Πιγαλιών*: Themison. *Πιγμός ενυπ-*

νιος: Dioscor. Πυγαμεων: Paul.-Ægin. *Incubo*: Coel.-Aurel. Scrib.-Larg. *Epibole* (επιβολη): Coel.-Aurel. *Incubus*: Vog. Junck. Cricht. *Oneirodymia gravans*: Cull. *Ephialtes*: Linn. Sag. Sauv. Ploucq. *Ephialtes nocturnus*: Good. *Erethismus onirodymia*: Young. *Paigalion*: Swed. *Asthma nocturnum*, *Epilepsia nocturna*, *Succubus*: Auct.

VERN. SYN. Gr. Εφιάλτης, επιβολη, πνιγαλιον. Lat. Incubus, incubo, ephialtes, ludibria Fauni. Eng. Nightmare. Ger. Alp. nachtmännchen, alprücken. Dut. Nachmerrie, nachtdrukking, alp. Dan. Maren, mareriden. Swed. Mara. Fr. Cauchemar, cochemar, incube, cocheville. Ital. Pesarolo. Span. Pesadilla, mampesado, mampesadilla.

1751 Bond, J. De incubo (Smellie Thes. ii. 1.) Edin. 8vo.

1753 Bond, John, M.D. An essay on the incubus or night-mare. Lond. 8vo.

1782 Kok, P. S. De incubo (Diss. Lovan. ii.) Lovan. 8vo.

1816 Waller, John, A treatise on the incubus or night-mare. Lond. 12mo.

1818 M—P— Dict. des Sc. Méd. (art. Incube) t. xxiv. Par.

1822 Georget, Dict. de Méd. (art. Cauchemar) t. iv. Par.

1824 Wolf, E. Abhandlung von dem alprücken, &c. (transl. of Waller) Frankf. 8vo.

1828 Neumann, Encyc. Wörterb. (art. Alp) b. ii. Berl.

1830 Jolly, Dict. de Méd. Prat. (art. Cauchemar) t. v. Par.

1833 Williams, Cyc. of Pract. Med. (art. Incubus) vol. ii. Lond.

1833 Strahl, Der alp, seine heilung, &c. Berlin, 8vo.

INDIGESTION, See DYSPEPSIA.

INFANTICIDE.

DERIV. From the Lat. *infanticidium*, from *infans* and *cædo*.

SYN. Gr. Βρεφοκτονια (from βρεφος, an infant, and κτεινω, to kill.) Lat. Infanticidium. Eng. Child-murder, infanticide. Ger. Kindermord, kindermörder. Dut. Kinder-moord. Fr. Infanticide. Ital. Span. Infanticidio.

(For the Literature, see JURISPRUDENCE MEDICAL.)

INFECTION.

DERIV. From the Lat. *infectio*, (from *infectio*, to stain, to imbue,) although the word is not used classically in this sense.

SYN. See CONTAGION.

(For the Literature, see CONTAGION.)

INFLAMMATION.

DERIV. From Lat. *inflammatio*, burning, from *flamma*, a flame.

VERN. SYN. Gr. φλογωσις, φλεγμωνη, φλεγμανσις, φλεγμασια. Lat. Inflammatio, phlegmone. Eng.

Inflammation. Ger. Entzündung. Dut. Ontsteking, verhitting, brand. Dan. Betændelse. Swed. Brand. Fr. Inflammation, phlegmasie. Ital. Inflammatione. Span. Inflamacion.

1765 Brambilla, G. Al. Lettera critica—se l'inflammation e la gangrena se debbono abbandonar alla natura, &c. Milan. 8vo.

1765 Vacca, Fr. De inflammationis morbosae natura, causis, &c. Flor. 8vo.

1767 Fordyce, G. M.D. Elements of the practice of physic—p. i. fevers and inflammation. Lond. 8vo.

1767 Winterl, J. J. Dissertatio medica, inflammationis theoria nova, &c. Wien. 8vo.

1768 Mugenise, Dan. M.D. The doctrine of inflammations founded upon reason and experience. Lond. 8vo.

1774 Carrere, J. B. F. Traité théorique et pratique des maladies inflammatoires. Par. 8vo.

1774 Quarin, Jos. Methodus medendi inflammationibus. Wien. 8vo.

1783 Hamilton, R. M.D. On the treatment of inflammation by mercury and opium (Med. Commun. ix.) Lond.

1784 Fiorani, Alem. Saggio sula infiammazione (2 vol.) Pisa. 4to.

1785 Pujol, Alexis, Essai sur les inflammations chroniques des viscères. Par. 8vo.

1786 Bosch, H. van den, Versuch ueber entzündung und ihre ausgänge. Munst. 8vo.

1786 Brambilla, J. Al. Ueber die entzündungsgeschwulst und ihre ausgänge. Wien. 8vo.

1786 Nicolai, E. A. Theoretische und practische abhandlungen ueber die entzündungen. Jen. 8vo.

1789 Justamond, J. O. Surgical tracts (Essay on inflammation and abscess) Lond. 4to.

1790 Leigenhagen, J. G. Beyträge zur bericht der entzündungslehre. Strasb. 8vo.

1790 Reyland, B. J. Abhandlung von verborgenen und langwierigen entzündungen. Wien. 8vo.

1791 Wedekind, G. Allgemeine theorie der entzündungen. Leips. 8vo.

1792 Smyth, J. C. M.D. Medical communications, vol. ii. Lond. 8vo.

1794 Cox, J. R. An inaugural essay on inflammation. Philad. 8vo.

1794 Hunter, John, A treatise on the blood, inflammation, &c. Lond. 4to.

1799 Wilson, A. P. W. M.D. A treatise on febrile diseases and inflammations. Winch. 8vo.

1800 Burns, John, Dissertations on inflammation (2 vol.) Glasg. 8vo.

1802 Herdman, John, M.D. On white swellings and the doctrine of inflammation. Edin. 8vo.

1803 Perret, S. Aperçu sur les phénomènes de l'inflammation. Par. 8vo.

1804 Berlioz, A. Propositions sur l'inflammation, &c. Par. 8vo.

1804 Fegelein, G. M. Versuch einer nosologie und therapie der entzündungen. Bamb. 8vo.

1806 Hofrichter, B. Versuch ueber das entzündungsfieber und die entzündung. Brest. 8vo.

1808 Broussais, F. J. V. Histoire des phlegmasies chroniques. Par. 8vo.

1808 Chortet, J. F. Traité de l'inflammation et de ses terminaisons. Par. 8vo.

1809 Serny, J. B. M.D. A treatise on local inflammation, more particularly of the eye. Lond. 8vo.

1810 Harles, J. C. F. Practische bemerkun-

gen ueber innere entzündungen bey kindern. *Nürnb.* 4to.

1810 Meyer, Im. Ueber die natur der entzündung. *Berlin*. 8vo.

1811 Goeden, H. A. Die theorie der entzündung. *Berl.* 8vo.

1811 Scavini, J. M. Précis historique de la doctrine de l'inflammation depuis Hippocrate jusqu'à nos jours. *Turin*. 8vo.

1811 Stevens, A. H. Dissertation on the proximate cause of inflammation. *Philad.* 8vo.

1812 Meier, J. Versuch einer kritische geschichte der entzündungen. *Berl.* 8vo.

1813 Sutton, T. M.D. Tracts on inflammatory affections, &c. &c. *London*. 8vo.

1813 Thomson, John, M.D. Lectures on inflammation. *London*. 8vo.

1814 Dzondi, K. H. De inflammatione aphorismorum lib. i. *Hal.* 8vo.

1815 Wenzel, Carl. Ueber die induration und das geschwür. *Mainz*. 8vo.

1818 Brichteau, Dict. des Sc. Méd. (art. *Inflammation*) t. xxiv. (art. *Phlegmasie*) t. xli. *Par.*

1818 Cassin, F. V. Du caractère de l'inflammation, &c. pendant la vie et après la mort. *Par.* 8vo.

1819 Hofmann, C. R. Sententia de inflammationis natura. *Erl.* 8vo.

1819 Nietsch, K. F. Ueber verborgenes entzündung, &c. *Frankf. a. M.* 8vo.

1820 Hastings, C. M.D. A treatise on inflammation of the bronchia, with an inquiry respecting the nature of inflammation, &c. *London*. 8vo.

1820 Mantavoni, V. Lezioni di nosologia e terapia sulle infiammazione (vol. iii.) *Pavia*, 12mo.

1820 Tommasini, Giac. Dell'infiammazione e della febbre. *Pisa*. 8vo.

1821 Filippi, G. de, Nuovo saggio analitico sull'infiammazione. *Milano*. 8vo.

1821 James, J. H. Observations on the principles and treatment of inflammation. *London*. 8vo. (2d edit. 1832.)

1821 Sachs, L. W. Grundlinien zu einem systeme der praktische medicin (th. i. entzündungen.) *Berl.* 8vo.

1822 Lucas, C. E. M.D. On the principles of inflammation and fever. *London*. 8vo.

1824 Emiliani, Luigi, Della infiammazione commentario. *Modena*. 8vo.

1825 Black, Jas. M.D. A short inquiry into the capillary circulation, with a view of the nature of inflammation. *London*. 8vo.

1825 Chomel, Dict. de Méd. (art. *Inflammation*) t. xii. *Par.*

1826 Gendrin, A. N. Histoire anatomique des inflammations (2 vol.) *Par.* 8vo.

1826 Wendt, Gottl. Die alte lehre von den entzündungen bestätigt (2d edit.) *Bresl.* 8vo.

1828 Dzondi, K. H. Pathologia inflammations, &c. *Hal.* 8vo.

1828 Naumann, Mor. Zur lehre von der entzündung. *Bonn*. 12mo.

1828 Scott, J. Surgical observations on the treatment of chronic inflammation. *London*. 8vo.

1829 Emiliani, Luigi, Ricerche sul trattamento delle malattie infiammatorie. *Mod.* 8vo.

1830 Sommé, M. Etudes sur l'inflammation. *Bruxelles*. 8vo.

1831 Broussais, F. J. V. History of chronic inflammations (transl. by Hays, &c.) *Phil.* 8vo.

1832 Crawford & Tweedie, Cyc. of Pract. Med. (art. *Inflammation*) vol. ii. *London*.

1832 Rogerson, Geo. A treatise on inflammations, vol. i. *London*. 8vo.

1833 Roche, Dict. de Méd. Prat. (art. *Inflammation*) t. x. *Par.*

INFLUENZA.

DERIV. Ital. *influenza*, influence or prevalence; but the word is not used in Italy as the name of the disease.

NOS. SYN. *Catarrhus epidemicus*: Sauv. Good, Swed. *Rheuma epidemicum*: Sauv. *Catarrhus a contagio*: Cull. *Febris catarrhalis epidemica*, *Amphimerina anginosa*: Huxh. *Defluxio catarrhalis*: Young. *Morbus catarrhalis*: Ehrmann. *Febris remittens catarrhalis*: Macb. *Intemperies, Angina epidemica*: Auct.

VERN. SYN. Eng. *Influenza*, epidemic catarrh. Ger. Epidemischer schnupfen, Russische krankheit. Dut. Zinkingkoorts. Dan. Snuesyge, krium. Swed. Snufsjuka, snuffeber. Fr. Grippe, grippette, folette, coqueluche, fièvre catarrhale, coquette, grénade générale, fièvre catarrhale epidémique, baraguette, petite poste, petit courrier, cocote, rhume epidémique. Ital. Catarro Russo, morbo Russo. Span. Influenzia Rusa, catarro epidemico.

1562 Bruguer, O. Enarratio novæ destillationis, &c. *Barcin.* 8vo.

1580 Bockel, J. Synopsis novi morbi quem catarrhum, &c. *Helms.* 8vo.

1743 Juch & Zuberbuhler, De febre catarrhali epidemica (Hall. D. ad M. v.)

1762 Isenflam, J. J. Versuch von den ursachen der allgemeinen brustkrankheiten. *Wien.* 8vo.

1762 Watson, Sir W. M.D. Remarks on the influenza of London in 1762 (Ph. Trans.) *London*. 8vo.

1763 Baker, Sir G. M.D. De catarrho et de dysenteria anni 1762. *London*. 4to.

1763 Gilchrist, E. M.D. On the influenza of 1762 (Ed. Ess. iii. 409.) *Edin.* 8vo.

1765 Williams, John, Some histories of wounds, with observations on the convulsive cough of the year 1764 in Cornwall. *Falmouth*. 8vo.

1768 Grimm, J. F. K. Sendschreiben an Haller von der epidemie zu eisenach. *Hildb.* 8vo.

1768 Heberden, W. M.D. On the influenza in 1767 (Med. Trans. i.) *London*. 8vo.

1768 Pepe, Ant. Il medico clinico, o dissertazione sulla costituzione catarrale nell'anno 1767. *Nap.* 8vo.

1780 Saillant, M. Tableau des epidémies catarrhales vulgairement dites la grippe depuis 1510. *Par.* 12mo.

1781 Falconer, W. M.D. An account of the epidemic catarrhal fever or influenza in 1782. *London*. 8vo.

1782 Battini, D. Saggio sopra il catarrho Russo (Raccolto di Opusc. Med. vii.) *Siena*. 8vo.

1782 Broughton, A. M.D. Observations on the influenza of Bristol in 1782. *London*. 8vo.

1782 Galliccio, Ben. Saggio sopra il morbo detto Russo. *Vicenza*. 8vo.

1782 Grant, W. M.D. Observations on the late influenza in 1775 and 1782. *London*. 8vo.

1782 Leslie, P. D. An account of the influenza in the city of Durham in 1782. *London*. 8vo.

1782 Müller, Beschreibung der epidemie 1782. *Giess.* 8vo.

1782 Murnsen, J. Kurze nachricht von den epidemischen schnupfenkrankheit. *Hamb.* 8vo.

1782 *Rosa, Mich.* Schedæ ad catarrhum quem Russum nominant. **Modena.*

1783 *Clark, J. M.D.* Letter on the influenza in Newcastle. *London.* 8vo.

1783 *Metzger, J. D.* Geschichte der epidemie 1782. *Konigsb.* 8vo.

1784 *Baker, Sir G. M.D.* Account of the influenza in London 1775 (Med. Obs. and Inq. vi. 352.) *London.*

1784 *Fothergill, J. M.D.* Of the epidemic of 1775 (Med. Obs. and Inq. vi.) *London.*

1784 *Glass, T. M.D.* Account of the influenza in Exeter in 1775 (Med. Obs. and Inq. vi.) *London.*

1784 *Pringle, Sir J. M.D.* Account of the influenza of 1775 (Med. Obs. and Inq. vi.) *London.*

1784 *Thomson, W. M.D.* Account of the influenza of 1775 (Med. Obs. and Inq. vi.) *London.*

1784 *White, W. M.D.* Account of the influenza of York in 1775 (Med. Obs. and Inq. vi.) *London.*

1786 *Hamilton, R. M.D.* Remarks on the influenza of 1782 (Mem. Med. ii.) *London.* 8vo.

1788 *May, S.* On the influenza at Plymouth in 1788 (Med. Comm. xiv.) *London.*

1789 *Lindsay, J.* Of the epidemic catarrh of Jamaica in 1789 (Ed. Med. Comm. xvii.)

1790 *Currie, W.* Account of the influenza of 1789 (Philadelph. Trans. vol. i.) *Philad.* 8vo.

1790 *Fothergill, A. M.D.* Of the epidemic catarrh in Northampton 1755 (Mem. Med. iii.) *London.*

1792 *Rush, B. M.D.* Account of the influenza in Philadelphia in 1789-90-91 (Works) *Philad.* 8vo.

1798 *Kelson, T. M.* A few remarks on the nature and cure of colds. *London.* 8vo.

1801 *Metzger, J. D.* Geschichte der frühlings epidemie in jahre 1800. *Altenb.* 8vo.

1803 Anon. Essay on the nature and cause of the influenza. *London.* 8vo.

1803 *Carrick, A. M.D.* On the influenza of Bristol in 1803 (Ann. of Med. viii.)

1803 *Duncan, A. M.D.* On the influenza at Edinburgh in 1803 (Ann. of Med. viii.)

1803 *Falconer, W. M.D.* Account of the epidemic catarrhal fever at Bristol in 1803. *Bath,* 8vo.

1803 *Herdman, J. M.D.* A plain discourse on the causes of the influenza. *London.* 8vo.

1803 *Nott, J. M.D.* On the influenza of Bristol and vicinity in 1803. *Bristol.* 8vo.

1803 *Pearson, Rich. M.D.* Observations on the epidemic catarrhal fever or influenza of 1803, &c. *London.* 8vo.

1803 *Pearson, R. M.D.* Some observations on the present epidemic catarrhal fever. *London.* 8vo.

1803 *Scott, J. N. M.D.* On the influenza in the Isle of Man in 1803 (Ann. of Med. viii.)

1803 *Viauld, J. B.* Essai sur la constitution de l'an xi, et sur les epidémies catarrhales. *Paris.* 8vo.

1806 *Cabiran, M.* Rapport fait à la Société de Médecine sur l'épidémie connue sous le nom de grippe. *Toulouse.* 8vo.

1806 *Chiappa, J. del.* Saggio d'istoria sul catarrho epidemico. *Lucca.* 8vo.

1807 *Cabanis, P. J. G.* Observations sur les affections catarrhales. *Paris.* 8vo.

1817 *Petit, Dict. des Sc. Méd. (art. Grippe)* t. xix. *Paris.*

1820 *Most, G. F.* Influenza Europæa, &c. *Hamb.* 8vo.

1832 *Hancock, Cyc. of Pract. Med. (art. Influenza)* vol. ii. *London.*

(See CATARRH.)

INSANITY—MADNESS.

DERIV. Lat. *insanitas*: the word, however, in Latin is not applied, as with us, to the mental disease, but rather to bodily indisposition; *insania*, not *insanitas*, being the Latin synonym of the English word *insanity*.

Nos. SYN. *Mania*, *παράφροσυν*: Hipp. Gal. *Insania*: Cic. Plin. *Amentia*: Cull. Sauv. Vog. Sag. Linn. *Ecphronia*: Good. *Morosis*: Linn. *Phrenitis apyreta*: Sauv. *Delirium*: Sauv. Cricht. *Panophobia*: Linn. *Vesania*: Linn. Cull. Parr. *Demonomania*: Sauv. Sag. *Dæmonia*: Linn. *Melancholia*: Sauv. Boerh. Cull. Pin. Linn. Vog. Sag. *Mania melancholia*: Young. *Athymia*: Vog. Swed. *Mania*: Boerh. Sauv. Linn. Cull. Pin. Vog. Sag. Swed. *Delirium manicum*: Hoffm. *Paraphrosyne*: Linn. *Mania universalis*: Young. *Mania timorosa*: Auct. *Vesania mania*: Parr. *Chæraphrosyne*, *Dementia*, *Moria*: Swed.

VERN. SYN. Gr. *Anoia*, *μανία*, *παράφροσυν*, *ἐκφροσυν*, *παράφρονα*, *παράφρονης*. Lat. *Insania*, *mania*. Eng. *Insanity*, *madness*, *mental derangement*, *aberration of mind*, *melancholy*, *lunacy*. Ger. *Unsinnigkeit*, *tollheit*, *wahnsinn*, *schweremuth*, *mondsucht*, *aberwitz*. Dut. *Gekheid*, *dolheid*, *onzinnigheid*, *maanziekte*, *mymering*. Dan. *Maanedssyge*, *afsendighed*. Swed. *Manadsraseri*, *ursinnighet*. Fr. *Folie*, *phrénésie*, *manie*, *mal de lune*, *démence*. Ital. *Mania*, *insania*, *demenza*, *malinconia*. Span. *Demencia*, *locura*, *melancolia*.

(For Literature, see MADNESS.)

INTESTINES AND STOMACH, DISEASES OF.

1608 *Heurn, J.* De morbis ventriculi (trad. par Leprieur) (Opp. om.) *Lugd. Bat.* 4to.

1618 *Fabrizio di Aquapendente, Jer.* De gula, ventriculo, intestinis (Opp.) *Patav.* 4to.

1620 *Varandé, Jean.* Tractatus therapeuticus de morbis ventriculi. *Monspel.* 8vo.

1630 *Martinus, M.* De morbis mesenterii abstrusioribus. *Lips.* 8vo.

1664 *Swalwe, B.* Ventriculi querelæ et opprobria. *Amst.* 12mo.

1676 *Glisson, F. M.D.* Tractatus de ventriculo et intestinis. *London.* 4to.

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1712 *Hecquet, Ph.* De la digestion et des maladies de l'estomac. *Paris.* 12mo.

1727 *Vater, A. C.* De invaginatione intestinorum (Hall. Disp. Anat. i.) *Gott.* 4to.

1741 *Lembke, J. J.* Westphal, A. De parte intestini jejuni per guttur inferius excreta (Hall. D. ad M. ii.) *Lausan.* 4to.

1747 *Bauer, J. G.* Epistola de malis intestinorum (Hall. D. ad M. iii.) *Laus.* 4to.

1760 *Tissot, S. A. D.* De morbo nigro, scirrhis viscerum, &c. *Lovan.* 12mo.

1766 *Tissot, S. A. D. (Burke, J. M.D.)* Letter from Dr. Tissot on the morbus niger, &c. *London.* 8vo.

1776 *De Bruyne, J. F.* De morbis intestinorum (Diss. Lov. i.) *Lovan.* 8vo.

1783 *Ræderer, J. G. & Wagler, De morbo mucoso. Goett. 8vo.*

1784 *Jas, De mirabili quæ pectus et ventriculum intercedit sympathia (Schleg. Syllog. ii.) Lugd. Bat. 4to.*

1785 *Siebold, C. G. De morbis intestini recti (Frank. Del. Op. iv.) Ticin. 8vo.*

1787 *Bleuand, S. De difficulti aut impedito alimentorum progressu. Lugd. Bat. 4to.*

1787 *Petzold, J. N. Von verengerung und verhärtung der untern magenmundes. Dresd. 8vo.*

1788 *Boehme, C. G. Anleitung, die krankheiten der ersten wege zu heilen. Leips.*

1788 *Loli, L. di Fojano, Del morbo nero ossia del flusso gastrico sanguigno. Siena, 8vo.*

1790 *Hildebrandt, G. F. Geschichte der unreinigkeiten im magen und in den gedarmen. Braunsch. 8vo.*

1792 *Wedekind, G. C. G. De morbis primarum viarum vera notitia et curatio. Nürnberg. 4to.*

1793 *Gramberg, G. A. De vera notione et cura morborum primarum viarum commentatio. Erlang. 8vo.*

1793 *Webster, C. M.D. Facts tending to show the connexion of the stomach with life. Edin. 8vo.*

1793 *Zacchivoli, Mat. Della melena ossia morbo nero d'Ippocrate. Fermo, 8vo.*

1799 *Doussin Dubreuil, J. Des glaires, de leur causes, &c. Par. 12mo.*

1803 *Gerard, Alex. Des perforations spontanées de l'estomac. Par. 8vo.*

1803 *Helm, J. Zwey krankengeschichten—ein weib mit ein loche in dem magen, &c. Wien. 8vo.*

1806 *Ræderer, J. G. Traité de la maladie muqueuse (transl.) Par. 8vo.*

1806 *Stone, A. D. A practical treatise on diseases of the stomach. Lond. 8vo.*

1808 *Chardel, Fr. Monographie des dégénérationes skirreuses de l'estomac. Par. 8vo.*

1810 *Rees, G. Practical observations on disorders of the stomach. Lond. 8vo.*

1811 *Monro, A. M.D. The morbid anatomy of the gullet, stomach, &c. Edin. 8vo.*

1812 *Ratheau, M. Essai sur les affections organiques de l'estomac. Par. 8vo.*

1814 *Pemberton, C. R. A practical treatise on diseases of the abdominal viscera. Lond. 8vo.*

1815 *Chaussier & Adelon, Dict. des Sc. Méd. (art. Estomac) t. xiii. Par.*

1815 *Dunglison, R. M.D. Commentaries on diseases of the stomach, &c. of children. Lond. 8vo.*

1818 *Adelon, Dict. des Sc. Méd. (art. Intestin) t. xxv. Par.*

1824 *Benech, L. V. Traité des cancers de l'estomac. Par. 8vo.*

1825 *Broussais, Cas. Sur la duodénite chronique. Par. 8vo.*

1825 *Hare, Th. A view of the structure, functions, and disorders of the stomach. Lond. 8vo.*

1828 *Abercrombie, John, M.D. Researches on diseases of the stomach, intestinal canal, &c. Edin. 8vo.*

1828 *Armstrong, John, M.D. The morbid anatomy of the bowels, &c. Lond. 4to.*

1828 *Prus, R. Recherches sur la nature et le traitement du cancer de l'estomac. Par. 8vo.*

1829 *Bompard, A. Traité des maladies des voies digestives. Par. 8vo.*

1830 *Carswell, R. Recherches sur la dissolution chimique ou digestion des parois de l'estomac (Journ. Hebdom. t. vii.) Par. 8vo.*

1831 *Cruveilhier, Dict. de Méd. Prat. (art. Estomac) t. viii. Par.*

1835 *Houghton, Cyc. of Pract. Med. (art. Stomach, Organic Diseases of) vol. iv. Supp. Lond. (See DYSPEPSIA.)*

IRRITATION.

DERIV. Lat. *irritatio.*

VERN. SYN. Gr. *ερεθισμος, οργασμος.* Lat. *Irritatio, irritamentum.* Eng. *Irritation.* Ger. *Reizung.* Fr. *Irritation.* Ital. *Irritazione.* Span. *Irritacion.*

1785 *Grant, Alex. Observations on the use of opium in diseases of irritability. Lond. 8vo.*

1793 *Gautier, J. L. De irritabilitatis notione, natura et morbis. Hal. 8vo.*

1796 *Gautier, J. L. Physiologie und pathologie der reizbarkeit. Leips. 8vo.*

1807 *Marandel, M. Essai sur les irritations. Par. 4to.*

1812 *Henning, J. G. F. Ideen ueber idiosyncrasie und krankliche reizbarkeit. Gotha, 8vo.*

1816–1829 *Broussais, F. J. V. Examen des doctrines médicales. Par. 8vo.*

1818 *Monfalcon, Dict. des Sc. Méd. (art. Irritation) b. xxvi. Par.*

1821 *Mongellaz, P. J. Essai sur les irritations intermittentes. Par. 8vo.*

1822 *Broussais, F. J. V. Traité de physiologie appliqué à la pathologie. Par. 8vo.*

1824 *Demory Dellettre, J. B. E. Mémoires de médecine (prem. part. Irritation) Montpel. 8vo.*

1824 *Goupil, J. M. A. Exposition des principes de la nouvelle doctrine médicale. Par. 8vo.*

1824–33 *Roche, L. C. Sanson, L. J. Nouveaux éléments de pathologie. Par. 8vo.*

1825 *Butter, J. M.D. Remarks on irritative fever of Plymouth Dockyard. Devonp. 8vo.*

1825 *Coutanceau, Dict. des Sc. Méd. (art. Irritation) t. xii. Par.*

1825 *Mongellaz, P. J. Essai sur les irritations intermittentes. Par. 8vo.*

1825 *Prus, V. De l'irritation et de la phlegmasie. Par. 8vo.*

1826 *Travers, B. Inquiry concerning constitutional irritation. Lond. 8vo.*

1828 *Broussais, F. J. V. Commentaires des propositions de pathologie. Par. 8vo.*

1828 *Broussais, F. J. V. De l'irritation et de la folie. Par.*

1833 *Roche, Dict. de Méd. Prat. (art. Irritation) t. x. Par.*

1833 *Williams, Cyc. of Pract. Med. (art. Irritation) vol. ii. Lond.*

ISCHURIA—SUPPRESSION OF URINE.

DERIV. Gr. *ισχυρια*, a suppression or retention of urine, from *ισχ α* , to withhold, and *ουρον*, the urine.

NOS. SYN. *ισχυρια*: Hipp. Gal. Paul. Ægin. *Ischuria*: Sauv. Linn. Vog. Sag. Macb. Cull. Ploucq. Young. *Ischuria renalis*, *Ischuria vesicalis*, *Ischuria urethralis*: Cull. *Urinæ suppressio*, *Urinæ retentio*: Hoffm. *Paruria inops*, *Paruria retentionis*: Good. *Hydrops vesicæ*: Auct.

VER. SYN. Gr. *ισχυρια*. Lat. *Ischuria*, *urinæ suppressio*. Eng. *Retention*, *suppression*, *stoppage of urine*, *ischury*. Ger. *Harnverstopfung*, *verhaltung des harns*, *harnverhaltung*. Dut. *Pisopstopping*, *pisopschorting*, *opgestopte pis*. Dan. *Pisstandsning*. Swed. *Vattenhäfta*, *vatten-*

stamma. *Fr.* Suppression d'urine, rétention d'urine. *Ital.* Rattenimento delle orine. *Span.* Retencion de orina.

(For Literature, see URINE, and URINARY ORGANS, DISEASES OF.)

JAUNDICE—ICTERUS, AURIGO, MORBUS REGIUS.

DERIV. *Jaundice*, most probably a corruption of the French word *jaunisse*, itself from *jaune*, yellow; *jaun-isse*, quasi *yellow-ness*.

ICTERUS. Gr. *ικτερος*. Various explanations have been attempted of the derivation of this word. By Pliny and Cœlius Aurelianus it is derived from the bird, of a yellow colour, termed by the Greeks *ικτερος*, and the Romans *galbulus* or *galbula*, probably the *oriolus galbula* of Linnæus; the looking upon which bird by the jaundiced person is said by the first-named author to be a cure for the disease and at the same time death to the bird. Others, with certainly much less probability, would deduce the name from *ικτις*, a ferret, from the colour of this animal's eyes.

Aurigo or *Aurigo*. This term is in all probability derived from *aurum*, gold, on account of its colour, as stated by Varro.

Arquatus morbus. This name is formed on the same general principle of analogy of colour, from the supposed resemblance of the colour of jaundice to that of the rainbow—*arquatus*, arched, applied to the rainbow.

Regius morbus, royal disease; so called, according to Celsus, Varro, &c., because it is best cured by the appliances and means familiar in the palaces of kings—

“Regius est vero signatus nomine morbus,
Molliter hic quoniam celsa curatur in aula.”
Seren. Sammon.

NOS. SYN. *ικτερος*: Hipp. Gal. *Morbus regius*, *Morbus arquatus*: Cels. *ICTERUS*: Linn. Vog. Boerh. Cull. Good, Mach. Junck. Swed. *Aurigo*: Sauv. Sag. *Cachexia icterica*: Hoffm. *Cholelithia icterus*: Young.

VERN. SYN. Gr. *ικτερος*. Lat. *Aurigo*, *aurigo*, *morbus arquatus*, *morbus regius*. Eng. *Jaundice*. Scot. *Gulschoch*, *gulset*. Ger. *Gelbsucht*. Dut. *Geelzucht*, *gelun*, *geele*. Dan. *Guulsot*. Swed. *Gulsot*, *galsjuka*. Fr. *Jaunisse*, *ictère*. Ital. *Iterizia*, *citrinezza*. Span. *Ictericia*, *tericia*.

1597 A Bra, H. Catalogus medicamentorum ad icterum et hydropem. *Lugd.* 8vo.

1615 Bedford, Th. Treatise of the sufficiency of English medicines for the cure of all diseases, the jaundice, dropsy, &c. *Lond.* 8vo.

1673 Sermon, W. M.D. A friend to the sick, with a discourse of the dropsy, jaundice, &c. *Lond.* 8vo.

1710 Saltzmann, Joh. Dan. De morbo regio seu ictero. *Argent.* 4to.

1725 Bezold, J. G. De cholelitho (Hall. D. ad M. iii.) *Argent.* 8vo.

1725 Bianchi, J. B. Historia hepatis, sive theoria et praxis omnium morborum hepatis et bilis (2 vol.) *Genev.* 4to.

1727 Blackmore, Sir R. M.D. Dissertations on a dropsy, the jaundice, &c. *Lond.* 8vo.

1730 Camerarius, A. Agricola, W. Usus corticis ad icterum extensus (Hall. D. ad M. vii.) *Tubing.* 4to.

1750 Drummond, C. De ictero (Smellie i.) *Edin.* 8vo.

1750 Petermannus, And. Scrutinium icteri ex calculis, &c. (Hall. Disp. Med. iii.) *Mentz.* 8vo.

1767 Dale, Ing. The gout, the parent of jaundice, &c. *Lond.* 8vo.

1768 Hill, Sir John, A method of curing the jaundice and other disorders of the liver by the herb agrimony. *Lond.* 8vo.

1770 Marquet, F. N. Traité de l'hydropisie et de la jaunisse. *Par.* 8vo.

1773 Bruenig, G. F. H. Tractatus de ictero spasmodico infantum epidemico. *Vesel.* 8vo.

1780 De Haen, A. De vermibus intestinorum et ictero (App. ad Prælect. in Boerhaave) *Vienne*, 8vo.

1780 Kemme & Behm, De ictero (Baldinger Syll. vi.) *Hal.* 8vo.

1785 Corp, W. M.D. An essay on the jaundice. *Bath.* 8vo.

1788 Baumes, J. B. T. M.D. Mémoire sur l'ictère. *Par.* 8vo.

1791 Vogler, J. P. Von der gelbsucht und ihrer heilart. *Wezlar.* 8vo.

1799 Gibbons, Th. M.D. Medical cases and remarks (part i. on salivation in jaundice) *Sudbury.* 8vo.

1802 Manoury, P. A. Essai sur la jaunisse. *Par.* 8vo.

1804 Caillot, L. Notice sur la fièvre jaune et la jaunisse. *Bresl.* 12mo.

1804 Deyeux, N. Considérations chimiques, &c. sur le sang des icteriques. *Par.* 4to.

1805 Baumes, J. B. T. M.D. Traité de l'ictère ou jaunisse des enfans. *Par.* 8vo.

1811 Orfila, M. J. B. Nouvelles recherches sur l'urine des icteriques. *Par.* 4to.

1818 Mahltendorff, J. F. H. De ictero. *Berol.* 12mo.

1818 Villeneuve, Dict. des Sc. Méd. (art. *Ictère*) t. xxiii. *Par.*

1825 Ferrus, Dict. de Méd. (art. *Ictère*) t. xii. *Par.*

1833 Roche, Dict. de Méd. Prat. (art. *Ictère*) t. x. *Par.*

1834 Burder, Cyc. of Pract. Med. (art. *Jaundice*) vol. iii. *Lond.*

JURISPRUDENCE, MEDICAL.

DERIV. Lat. *jurisprudentia*, (from *jus*, gen. *juris*, law, and *prudentia*, knowledge.)

SYN. Lat. *Jurisprudentia medica*. Eng. Medical jurisprudence, legal medicine, juridical medicine, forensic medicine, state medicine, medical police. Ger. Staatsarzneykunde, staatsarzneykunst, gerichtliche arzneykunde, gerichtliche medicin, gerichtliche arzneywissenschaft, gerichtliche arznelgelahrtheit, medicinische polizey. Fr. Médecine légale, police médicale. Ital. Span. Medicina forense.

1612 Tagereau, V. Discours sur l'impuissance de l'homme et de femme. *Par.*

1620 Guillemau, Ch. Traité des abus dans les

procédures de l'impuissance des hommes et des femmes. *Par.* 8vo.

1621 *Zaccagnini, L.* Questiones medico-legales. *Rom.* 4to.

1621 *Zacchias, Paul.* Questiones medico-legales. *Rom.* 4to.

1641 *Prüli, Ch.* Della maggioranza tra la medicina e le leggi. *Ven.* 8vo.

1696 *Behrens, C. B.* Medicus legalis. *Helmstadt.* 8vo.

1701 *Valentini, M. B.* Pandectæ medico-legales. *Fr.* 4to.

1714 *Anon.* Impotentia. The case of impotency debated in the late trial at Paris (2 vol.) *Lond.* 8vo.

1723 *Goellicke, A. O.* Introductio in historiam literariam medicinæ forensis. *Fr.* 4to.

1723 *Goellicke, A. O.* Medicina forensis. *Fr. ad Viad.* 4to.

1725-47 *Alberti, M.* Systema jurisprudentiæ medico-legalis (6 vol.) *Hal.* 4to.

1731 *Richter, E. E.* Digesta medica, seu decisiones medico-forenses. *Leips.* 4to.

1748 *Bajeri, J. J.* Introductio in medicinam forensis. *Lips.* 8vo.

1750 *Bruckmann, U. F. B.* Dissertatio exhibens præcipuas cautiones in sectionibus cadaverum pro usu fori (Schlegel Coll. Op. Sel. i.) *Helmst.* 8vo.

1756 *Boerner, F.* Institutiones medicinæ legalis. *Witteb.* 8vo.

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1765 *Barbeau-du-Bourg, J.* Recherches sur la durée de la grossesse. *Amst.* 8vo.

1765 *Bas, J. Le.* Nouvelles observations sur les naissances tardives. *Par.* 8vo.

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1765 *Renard, Vernage, &c.* Consultations sur la légitimité des naissances tardives. *Par.* 8vo.

1766 *Petit, Ant.* Recueil de pièces concernant les naissances tardives (2 vol.) *Par.* 8vo.

1767 *Faselius, J. F.* Elementa medicinæ forensis. *Jenæ.* 4to.

1767 *Louis, Ant.* Mémoire pour distinguer les suites du suicide de l'assassinat. *Par.* 8vo.

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KIDNEYS AND BLADDER, DISEASES OF.

VERN. SYN. *Kidneys.* Gr. Νέφροι. Lat. Renes. Eng. Kidneys, reins. Ger. Nieren. Dut. Nieren. Dan. Nyre. Swed. Njur. Fr. Reins, rognons. Ital. Reni, arnioni. Span. Riñones.

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LACTATION.

DERIV. Lat. *lactatio*, more classically *lactatus*, the giving milk, from *lacto*, to give milk: th. *lac*, milk.

VERN. SYN. Gr. γαλουχία, θηλασμός. Lat. *Lactatus, lactatio.* Eng. Suckling, nursing, lactation. Ger. Säugung. Dut. Melkzuiging. Ital. Allattamento. Span. Lactancia.

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- 1829 Dugès, Dict. de Méd. Prat. (art. *Allaitement*) t. ii. *Par.*
- 1832 Locock, Cyc. of Pract. Med. (art. *Lactation*) vol. ii. *Lond.*

(See HYGIENE.)

Cauma paristhmitis: Young. *Angina trachealis adultorum*: Pinel.

VERN. SYN. Eng. Inflammation of the larynx. Ger. Entzündung des luftröhrenkopfs. Fr. Laryngite, inflammation du larynx. Ital. Larinite, infiammazione di laringe.

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1833 Cheyne, Cyc. of Pract. Med. (art. *Laryngitis*) vol. iii. *Lond.*

LEPRA.

DERIV. Gr. λεπρα, from λεπρος, -ρα, -ρον, scaly.

NOS. SYN. Λεπρα: Ægin. Actuar. Ελεφαντίασις: Aret. Cels. Vitiligo: Cels. Lepra: Plin. Lepra: Sauv. Linn. Sag. Cull. Vog. Willan, Young, Swed. Impetigo excortativa: Avicen. Lepidosis lepriasis: Good.

VERN. SYN. Gr. Λεπρα. Lat. Leprae (plur.): lepra (rarely), impetigo. Eng. Leprosy, lepra. Ger. Aussatz. Dut. Melaatspeid, lazerie. Dan. Spedalskhd. Swed. Spitelska. Fr. Lèpre, laderie. Ital. Lepra. Span. Lepra.

(For Literature, see SKIN, DISEASES OF; also ELEPHANTIASIS.)

LEUCORRHEA.

DERIV. A modern nosological synonym for the old term *fluxus albus* or *fluor albus*, white flux; from λευκος, white, and ρεω, to flow, from which comes ροος, a stream, and ρον, ροια, medically significative of a flux or discharge—λευκορροια, leucorrhœa.

NOS. SYN. Ροος λευκος: Hipp. Ρους γυναικειος: Auct. Græc. Fluxio vulvæ: Plin. Fluor albus: Junck. et Auct. Leucorrhœa: Sauv. Linn. Vog. Sag. Ploucq. Good, Young. Menorrhagia alba: Cull. Cachexia uterina, Fluor albus: Hoffm. Menorrhagia decolor: Sauv. Rheumatismus uteri: Amat. Ulcus uteri: Sennert. Blenorrhœa uteri vel vaginæ: Swed. Hysterorrhœa mucosa: Swed. Medorrhœa vaginæ et uteri: Frank. Fluor muliebris, Fluor uterinus, Menstrua alba: Auct.

VERN. SYN. Gr. Ρους γυναικειος. Lat. Fluxio vulvæ, fluor muliebris. Eng. The whites, white discharge, weakness, weakening complaint. Ger. Weisser fluss, das weisse. Dut. Witte bloemen, witte vloed. Dan. Hvid, flod. Swed. Födsel-flöd, hirtflöd. Fr. Fleurs blanches, leucorrhée,

LARYNGITIS—LARYNX, DISEASES OF.

DERIV. From λαρυγξ, the larynx, by the addition of the nosological sign of inflammation, *itis*: inflammation of the larynx.

NOS. SYN. Cynanche laryngæa: Eller et Auct. Laryngitis: Swed. Hos. Angina canina: Zacut.

ulcère à la matrice, gonorrhée bénigne, perte blanche. *Ital.* Flusso bianco, purghe bianche, male di Santa Martha. *Span.* Flores blancas.

1620 *Jorden, Ed. M.D.* A rational account of the natural weaknesses of women. *Lond.* 8vo.

1685 *Charleton, Gualt.* De causis catameniorum et uteri rheumatismo. *Lond.* 8vo.

1718 *Carpzovius, C. B.* De fluore albo mulierum libellus. *Lips.* 12mo.

1751 *Allen, J.* De fluoris albi caractere et notis. *Lugd. Bat.* 8vo.

1762 *Reinhard, C. T. E.* Medicus poeta: No. i. De leucorrhœa. *Glogau.* 8vo.

1766 *Raulin, J. M. D.* Traité des fleurs blanches (2 vol.) *Par.* 12mo.

1781 *Trinka de Krzowitz, W. M.D.* Historia leucorrhœa. *Vindob.* 8vo.

1783 *Armstrong, C.* Essay on the virulent gonorrhœa in females. *Lond.* 8vo.

1787 *Becker, E. P.* Verhandelingen over den witten vloed. *Amst.* 8vo.

1787 *Hecker, A. F.* Ueber den tripper. *Leips.* 8vo.

1788 *Zimmermann, De fluore albo* (Doering i.) *Goett.* 8vo.

1793 *Riederer, G. A.* Abhandlung von dem weissen fluss der frauen (nach Raulin) *Nurnb.* 8vo.

1803 *Heinse, C. G.* Unterricht ueber den weissen fluss und die unfruchtbarkeit der weiber. *Leips.* 8vo.

1805 *Lagresie, C. B.* Observations sur les aberrations du lait, les fleurs blanches, &c. *Par.* 8vo.

1806 *Roberton, J. M.D.* A practical treatise on the internal use of cantharides, &c. *Edin.* 8vo.

1807 *Becker, G. W.* Der wiesse fluss, &c. *Pirma.* 8vo.

1809 *Ruggieri, Storia di una blenorrhœa prodotta da lambimento canino.* *Venez.* 8vo.

1810 *Blatin, J. B.* Du catarrhe uterin, ou des fleurs blanches. *Par.* 8vo.

1814 *Clarke, C. M.* Observations on diseases of females attended with discharges. *Lond.* 8vo.

1815 *Latham, J. M.D.* Observations on leucorrhœa (Med. Trans. v.) *Lond.* 8vo.

1818 *Pinel & Bricheteau, Dict. des Sc. Méd.* (art. *Leucorrhée*) t. xxviii. *Par.*

1820 *Sporer, G. M.* Catarrhus genitalium pathologica et therapeutice disquisitus. *Wien.* 8vo.

1823 *Lepère, V.* Traité des fleurs blanches. *Par.* 8vo.

1825 *Dubouchet de Romans, Le Chev.* Traité sur le catarrhe uterin. *Par.* 8vo.

1825 *Lagneau, Dict. de Méd.* (art. *Leucorrhée*) t. xiii. *Par.*

1830 *Jewel, Geo.* Practical observations on leucorrhœa, fluor albus, or "weakness." *Lond.* 8vo.

1833 *Locock, Cyc. of Pract. Med.* (art. *Leucorrhœa*) vol. iii. *Lond.*

LICHEN.

DERIV. Gr. λεῖχην. Although Discorides says that the plant so called is named from its being a remedy for the disease, the more general opinion is that the disease is named from its supposed resemblance to the plant.

Nos. SYN. λεῖχην: Hipp. *Papulæ, Scabies*: Cels. *Lichen*: Plin. Vog. Willan, Batem. *Tinea volatica*: Sauv. *Exormia lichen*: Good. *Licheni-*

asis adultorum: Young. *Herpes siccus*: Swed. *Serpigo, Zerna, Petigo, Sarpedo, Volatica, Impetigo, Ignis voluticus, Ignis silvestris, Vitiligo, Mentagra*: Auct.

VERN. SYN. Gr. λεῖχην. Lat. Lichen, impetigo, mentagra. Eng. Tetter, ringworm, wildfire, dry tetter. Ger. Schwindflecken, zittermaal, trockne hautflechte, hautmoos. Dut. Huidmos. Dan. Hudmoos. Swed. Hudmossa (quasi hide-moss). Fr. Dartre, teigne, feu volage, dartre sèche. Ital. Lichene. Span. Usagre.

(For Literature, see SKIN, DISEASES OF.)

LUNGS, DISEASES OF.

SYN. (Lungs.) πνεύμων, πνευμονες. Lat. Pulmo, pulmones. Eng. Lung, lungs. Ger. Lunge, lungen. Dut. Long, longe. Fr. Poumon. Ital. Polmone, polmoni. Span. Pulmon, pulmones.

1581 *Vischer, J.* De differentiis et causis affectuum pulmonis. *Tub.* 4to.

1592 *Fumanellus, Amat.* De capitis ustione in oculorum et pulmonum malis (Opp. p. 494.) *Par.* fol.

1663 *Bartholinus, Th.* De pulmonum substantia et motu diatribe. *Hafn.* 12mo.

1667 *Swammerdam, Joh.* Tractatus de respiratione usque pulmonum. *Lugd. Bat.* 12mo.

1724 *Blackmore, Sir R. M.D.* A treatise on consumptions and other distempers of the breast and lungs. *Lond.* 8vo.

1761 *Auenbrugger, L.* Inventum novum ex percussione thoracis, &c. *Wien.* 8vo.

1761 *Bradius, Rob.* Novæ hypotheseos specimen de pulmonum motu, &c. *Lind.* 12mo.

1763 *Mason, Hen.* Lectures upon the heart, pleura, lungs, &c. *Reading.* 8vo.

1767 *Coste, J. Fr.* Traité des maladies du poumon, &c. *Par.* 12mo.

1770 *Roziere, de la Chassagne, Manuel des pulmoniques.* *Par.* 12mo.

1773 *Falck, N. D.* Treatise on disorders of the lungs. *Lond.* 8vo.

1788 *Boehme, Ch. Gott.* Heilmethode der wichtigsten brustkrankheiten zum besten angehenden aerzte zusammentragen. *Leipz.* 8vo.

1790 *Swainston, Allen, M.D.* Thoughts physiological, pathological, and practical. *York.* 8vo.

1791 *Verbruggen, J. F.* De morbis pulmonum (Diss. Lovan. iv.) *Lovan.* 8vo.

1793 *Corbella y Fondevilla, Ant.* Tratado de las enfermedades agudas y cronicas del pecho. *Mad.* 8vo.

1795 *Davidson, W.* Observations on the pulmonary system, &c. *Lond.* 8vo.

1795 *Vaucl, J. J. H.* De fabrica et usu pulmonum (Coll. Diss. Lovan. iv.) *Lovan.* 8vo.

1800 *Portal, Ant.* Mémoires sur la nature, &c. des plusieurs maladies. *Par.* 8vo.

1804 *Alder, Thos.* Outlines of a treatise on disordered states of the lungs. *Lond.* 8vo.

1814 *Herholdt, J. D.* Ueber die lungenkrankheiten, besonders die lungenschwindsucht (trans. from the Danish of Schönberg) *Nurnb.* 8vo.

1818 *Grateloup, F.* Tableaux synoptiques des affections thoraciques. *Par.* fol.

1820 *Monfalcon, Dict. des Sc. Méd.* (art. *Poumons*) t. xliv. *Par.*

1822 *Reisseisen, F. D. M.D.* Ueber den bau der lungen. *Berl.* fol.

1822 *Reisseisen, F. D. M.D.* De fabrica pulmonum (Latin transl.) *Berl.* fol.

1823 *Lorinser, C. J.* Die lehre von den lungenkrankheiten. *Berl.* 8vo.

1829 *Conwell, W. E. E. M.D.* Observations chiefly on pulmonary diseases in India. *Malacca*, 4to.

1829 *Mills, Th. M.D.* An account of the morbid appearances of the trachea, lungs, &c. *Dub.* 8vo.

(See CHEST, DISEASES OF, and the individual diseases of the lungs.)

MADNESS—INSANITY—MANIA.

(For DERIV. and SYN., see INSANITY.)

1536 *Constantinus, Africanus*, De melancholia lib. ii. (Opera) *Basil.* fol.

1583 *Stocker, T.* The worlde possessed with deuils (transl. from the French) *Lond.* 8vo.

1586 *Bright, Tim. M.D.* A treatise of melancholie with the causes and cure thereof. *Lond.* 12mo.

1595 *Hawkins, J.* Discursus de melancholia hypochondriaca. *Leid.* 8vo.

1597 *Laurentius, And.* Discours des maladies mélancholiques. *Par.* 12mo.

1624 *Ponce, Alph.* Dignotio et cura affectuum melancholicorum. *Madr.* 4to.

1635 *Mesnardiere, De la M.* Traité de la mélancholie. *Le Fleche*, 4to.

1638 *Hering, Honor.* Microcosmus melancholicus. *Brem.* 12mo.

1654 *Probst, And.* De phantasia ejusque per melancholiam adfectione. *Berl.* 12mo.

1666 *Faust, J. W.* Ordo et methodus cognoscendi et curandi maniam. *Jenæ*, 4to.

1666 *Harvey, Gid. M.D.* Morbus Anglicus, or the anatomy of consumption, with discourses on melancholy, and madness caused by love. *Lond.* 8vo.

1672 *Chilmead, E.* Ερωτομανια, or a treatise on erotic melancholy (transl. from the French) *Oxon.* 8vo.

1678 *Freytag, J.* Bericht von der melancholia hypochondriaca. *Augsb.* 12mo.

1689 *Neuhaus, G.* Homo melancholicus, sive dissertatio de melancholia. *Hamm.* 12mo.

1700 *Bryddall, John*, Non compos mentis, or the law relating to fools, mad-folks, &c. *Lond.* 12mo.

1700 *Herwig, H. M.* The art of curing sympathetically or magnetically, with a discourse concerning the cure of madness (from the Latin) *Lond.* 8vo.

1705 *Fallowes, Th.* Method of curing lunatics. *Lond.* 8vo.

1717 *Blakeway, R.* An essay towards the cure of religious melancholy. *Lond.* 8vo.

1723 *Perry, C. M.D.* Essay on the nature and causes of madness. *Rotterd.* 8vo.

1746 *Frings, P.* A treatise on phrenzy. *Lond.* 8vo.

1753 *Klockhoff, L. A. M.D.* De morbis animi ab infirmato tenore medullæ cerebri. *Traj. ad Rhen.* 8vo.

1755 *Billings, P. M.D.* Folly predominant, with a dissertation on the impossibility of curing lunatics in Bedlam. *Lond.* 8vo.

1757 *Arrigoni, Ant.* Della mania, della frenesia, e della rabbia. *Verona*, 4to.

1757 *Battie, W. M.D.* A treatise on madness. *Lond.* 4to.

1757 *Monro, John, M.D.* Remarks on Dr. Battie's treatise on madness. *Lond.* 8vo.

1758 *Nicolai, E. A.* Gedanken von der verwirrung des verstandes, &c. *Kopenh.* 8vo.

1762 *Locher, Max. M.D.* Observationes circa luem veneream, epilepsiam, et maniam. *Vien.* 8vo.

1765 *Lorry, A. C. M.D.* De melancholia et morbis melancholicis (2 vol.) *Par.* 8vo.

1776 *Auenbrugger, L.* Experimentum nascens de remedio specifico sub signo specifico in mania virorum. *Wien.* 8vo.

1778 *Perfect, W.* Methods of cure in some particular cases of insanity, &c. *Rochester*, 8vo.

1780 *Fawcet, Benj.* Observations on the causes and cure of melancholy, especially religious melancholy. *Shrewsb.* 8vo.

1783 *Auenbrugger, L.* Von der stillen wuth, oder der triebe zu selbstmorde. *Dessau*, 8vo.

1784 *Perfect, W. M.D.* An address to the public on insanity. *Lond.* 4to.

1786 *Andry, C. L. F.* Recherches sur la mélancholie. *Par.* 4to.

1786 *Arnold, Th. M.D.* Observations on the nature, &c. of insanity, vol. i. ii. *Leicest.* 1782, 1786, 8vo.

1787 *Perfect, W.* Select cases of insanity, lunacy, &c. *Rochester*, 8vo.

1789 *Harper, And.* A treatise on the real cause and cure of insanity. *Lond.* 8vo.

1799 *Faulkner, B.* Observations on the general and improper treatment of insanity. *Lond.* 8vo.

1791 *Perfect, W. M.D.* A remarkable case of madness, with the diet and medicines. *Lond.* 8vo.

1792 *Duguin, J.* La philosophie de la folie. *Par.* 8vo.

1792 *Pargeter, W. M.D.* Observations on maniacal disorders. *Reading*, 8vo.

1796 *Belcher, W.* Address to humanity: a receipt to make a lunatic, &c. *Lond.* 8vo.

1797 *Langermann, J. G.* De methodo cognoscendi curandique animi morbos. *Jena*, 8vo.

1797 *Schmidt, J. J.* Ueber psychologische behandlung der krankheiten des organs der seele. *Hamb.* 8vo.

1798 *Crichton, Al. M.D.* An inquiry into the nature and origin of mental derangement, &c. (2 vol.) *Lond.* 8vo.

1798 *Haslam, John, M.D.* Observations on insanity. *Lond.* 8vo.

1800 *Johnstone, John, M.D.* Medical jurisprudence of madness. *Lond.* 8vo.

1801 *Perfect, W. M.D.* Annals of insanity (2d edit.) *Lond.* 8vo.

1801 *Pinel, Th. M.D.* Traité sur l'aliénation mentale. *Par.* 8vo.

1801 *Ruland, T. A.* Betrachtungen ueber die begriffe von gemuthskrankheiten. *Wurz.* 8vo.

1803 *Hoffbauer, J. C.* Untersuchungen ueber die krankheiten der seele, &c. *Hal.* 8vo.

1804 *Cox, J. M. M.D.* Practical observations on insanity. *Lond.* 8vo.

1804 *Rowley, W. M.D.* Treatise on madness and suicide. *Lond.* 8vo.

1805 *Bakewell, Th. (a weaver,)* The domestic guide in cases of insanity. *Stafford*, 12mo.

1806 *Pinel, Ph. M.D.* A treatise on insanity (transl. by D. D. Davis, M.D.) *Sheffield*, 8vo.

1806 *Prost, P. A.* Coup d'œil physiologique sur la folie. *Par.* 8vo.

1806 *Winkelmann, A.* Beobachtungen ueber den wahnsinn. *Berl.* 8vo.

1807 *Amard, L. V. F.* Traité analytique de la folie. *Lyon.* 8vo.

1807 *Crouther, B.* Practical remarks on insanity. *Lond.* 8vo.

1807 *Highmore, A.* Treatise of the law of idiocy and lunacy. *Lond.* 8vo.

1808 *Chiarugi, Vinc.* Della pazzia in genere ed in especie. *Firenze*, 8vo.

- 1808 *Halliday, And. M.D.* Remarks on the lunatic asylums of Ireland. *Lond.* 8vo.
- 1809 *Arnold, Th. M.D.* Observations on the management of the insane. *Lond.* 8vo.
- 1809 *Haslam, John, M.D.* Observations on madness and melancholy (2d edit.) *Lond.* 8vo.
- 1810 *Black, W. M.D.* Dissertation on insanity. *Lond.* 8vo.
- 1810 *Hallaran, W. S. M.D.* Enquiry into the causes producing the extraordinary addition to the number of the insane, &c. &c. *Cork.* 8vo.
- 1810 *Haslam, John, M.D.* Illustrations of madness. *Lond.* 8vo.
- 1810 *Stark, W.* Remarks on hospitals for the cure of mental derangement. *Glasg.* 8vo.
- 1811 *Haindorf, A.* Versuch einer pathologie der geisteskrankheiten. *Carlsr.* 8vo.
- 1811 *Parkinson, Jas.* Observations on the act for regulating madhouses. *Lond.* 8vo.
- 1813 *Tuke, Sam.* Description of the Retreat near York. *York.* 8vo.
- 1814 *Hill, G. N. M.D.* An essay on the prevention and cure of insanity. *Lond.* 8vo.
- 1815 *Bakewell, Th.* Letter on mental derangement. *Stafford.* 8vo.
- 1815 *Forster, Th.* Sketch of the new anatomy of the brain, with its relation to insanity, &c. *Lond.* 8vo.
- 1815 *Marshall, And. M.D.* The morbid anatomy of the brain in mania. *Lond.* 8vo.
- 1816 *Dubuisson, J. R. J. M.D.* Des vésanies ou maladies mentales. *Par.* 8vo.
- 1816-18 *Esquirol, Dict. des Sc. Méd. (art. Folie, t. xvi. Manie, t. xxx.) Par.*
- 1816 *Matthey, A.* Nouvelles recherches sur les maladies de l'esprit. *Par.* 8vo.
- 1816 *Reid, John, M.D.* Essays on insanity, &c. *Lond.* 8vo.
- 1817 *Burrows, G. M. M.D.* Cursory remarks on the bill for regulating madhouses. *Lond.* 8vo.
- 1817 *Forster, Th.* Observations on the influence of the atmosphere on insanity, &c. *Lond.* 8vo.
- 1817 *Forster, Th.* Observations on the phenomena of insanity, being a supplement to the above. *Lond.* 8vo.
- 1817 *Haslam, J. M.D.* Considerations on the moral management of insane persons. *Lond.* 8vo.
- 1817 *Haslam, J. M.D.* Medical jurisprudence as it relates to insanity. *Lond.* 8vo.
- 1817 *Mayo, Thos. M.D.* Remarks on insanity founded on the practice of John Mayo, M.D. *Lond.* 8vo.
- 1817 *Parkman, G.* On the management of lunatics, with illustrations of insanity. *Boston.* 8vo.
- 1817 *Sandtmann, J.* Nonnulla de quibusdam remediis ad animi morbos, &c. *Berl.* 8vo.
- 1817 *Spurzheim, J. G.* Observations on the deranged manifestations of the mind, or insanity. *Lond.* 8vo.
- 1818 *Caillaud, J. M.* Réflexions sur les vésanies. *Bordeaux.* 8vo.
- 1818 *Duncan, A. M.D.* Letter on the establishment of lunatic asylums. *Edin.* 8vo.
- 1818 *Reil, J. C.* Rhapsodien ueber die anwendung der phlychischen curmethode auf geisteszerrüttungen. *Hal.* 8vo.
- 1818 *Spurzheim, G. M.D.* Observations sur la folie. *Par.* 8vo.
- 1819 *Esquirol, J. E. D.* Des établissemens des aliénés en France. *Par.* 8vo.
- 1820 *Burrows, G. M. M.D.* Inquiry into certain errors relative to insanity. *Lond.* 8vo.
- 1820 *Georget, E. J.* De la folie. *Par.* 8vo.
- 1823 *Gualandì, D.* Osservazioni sopra il stabilimento d'Aversa. *Bologn.* 8vo.
- 1823 *Wallis, F. M.D.* A treatise on mental derangement. *Lond.* 8vo.
- 1824 *Georget, Dict. de Méd. (art. Folie) t. ix. Par.*
- 1824 *Martini, E.* De la folie, &c. *Par.* 8vo.
- 1825 *Bayle, A. L. J.* Nouvelle doctrine des maladies mentales. *Par.* 8vo.
- 1825 *Morison, A. M.D.* Outlines of lectures on mental diseases. *Edin.* 8vo.
- 1826 *Georget, E. J.* Discussion sur la folie, médico-légale. *Par.* 8vo.
- 1826 *Groos, Fr.* Untersuchungen ueber die bedingungen des irreseyns. *Leipz.* 8vo.
- 1826 *Guislain, Jos.* Traité sur l'aliénation mentale (2 vol.) *Amsterd.* 8vo.
- 1827 *Georget, E. J.* Des maladies mentales dans leurs rapports avec la législation. *Par.* 8vo.
- 1827 *Knight, P. S. M.D.* Observations on the causes, &c. of derangement of the mind. *Lond.* 8vo.
- 1828 *Burrows, G. M. M.D.* Commentaries on insanity. *Lond.* 8vo.
- 1828 *Charlesworth, E. P. M.D.* Remarks on the treatment of the insane. *Lond.* 8vo.
- 1828 *Georget, E. J.* Nouvelle discussion sur la folie, médico-légale. *Par.* 8vo.
- 1828 *Groos, Fr.* Psychiatriche fragmente. Entwurf, &c. für geisteskrankheiten. *Heid.* 8vo.
- 1828 *Halliday, Sir A.* A general view of the state of lunatics and asylums. *Lond.* 8vo.
- 1828 *Morison, A. M.D.* Cases of mental disease. *Lond.* 8vo.
- 1829 *Foville, Dict. de Méd. et Chir. Prat. (art. Aliénation) t. i. Par.*
- 1830 *Conolly, John, M.D.* An inquiry concerning the indications of insanity. *Lond.* 8vo.
- 1830 *Friedreich, J. B. M.D.* Literaturgeschichte der pathologie und therapie der psychischen krankheiten. *Wurzb.* 8vo.
- 1831 *Combe, And. M.D.* Observations on mental derangement. *Edin.* 8vo.
- 1834 *Prichard, Cyc. of Pract. Med. (arts. Insanity and Soundness and Unsoundness of Mind) vol. ii. iv. Lond.*
- 1835 *Prichard, J. C. M.D.* A treatise on insanity and other affections of the mind. *Lond.* 8vo.

MALARIA—MIASMA.

DERIV. *Malaria*, Ital. mal' aria, literally bad air.

Miasma, Gr. μίasma, inquinamentum, contamination, infection, contamination, from μίαινω, to contaminate, to infect.

1826 *Monfalcon, J. B.* Histoire médicale des marais. *Par.* 8vo.

1827 *Macculloch, John, M.D.* Essay on the production and propagation of malaria. *Lond.* 8vo.

1830 *Aiton, W. M.D.* An essay on malaria, &c. *Lond.* 8vo.

1833 *Brown, Cyc. of Pract. Med. (art Malaria) vol. iii. Lond.*

(See FEVER, Intermittent and Remittent.)

MALFORMATION OF THE HEART,

See HEART, DISEASES OF.

MEASLES—RUBEOLA, MORBILLI.

DERIV. *Measles*. This is a very ancient English word, and, if not derived from some of the

continental synonyms, is at least from the same original stock, and means essentially *mottled*, *speckled*, or of various colours. It is worthy of notice that *measled* or *measly* (pronounced *mizzled*, *mizzly*) is the term applied in Scotland to the mottled state of the skin produced by exposure of the bare limbs to a hot fire, while the word *mirles* given to the disease now under consideration has likewise the same meaning, *mirly*, *mirled*, or *mirlet*, being synonymous with the English adjectives speckled or spotted.

Rubeola. This term, according to Dr. Good, is derived from the Spanish *rubio*, red, and was originally written *rubiola*, but was afterwards changed to *rubeola* in order to entitle it to the claim of a Latin source, viz. *rubeus*, red, or rather *rubeo*, to be red, to blush. It may, however, be worthy of notice that the Italians give the name of *rubiola* to a species of grape.

Morbilli. This term also, or its congener *morbillo*, is, according to Dr. Good, Spanish, a diminutive of *morbo*; and although he does not state his authority, it seems probable that the measles acquired this appellation when compared with the greater malady, the small-pox, with which they had long been confounded.

Nos. SYN. *Blaccia*: Aaron. *Rubeola*: Sauv. Linn. Sag. Cull. Darw. Swed. *Morbilli*: Sydenh. Morton, Junck. Vog. Macb. Pin. Cricht. *Febris morbillosa*: Hoffm. *Cauma rubeola*: Young. *Exanthesis rubeola*: Good. *Phenicismus*: Ploucq. *Synocha morbillosa*: Cricht. *Rosola*: Auct.

VERN. SYN. Eng. Measles. Scot. Mirles. Ger. Masern, rötheln, flecken, kindsflecken. Dut. Mazelen, roede mazelen. Dan. Maslinger, røde hunde. Sued. Röd mäsling. Fr. Rougeole, senesprien, senipien. Ital. Rosolia, rossole, morbilli, rosette. Span. Sarampion.

1540 Massa, Nic. De febre pestilentiali, morbillis, &c. Ven. 4to.

1569 Donatus, Marcellus, De variolis et morbillis. Mantue, 4to.

1577 Alphani, Franc. De pestilentia, variolis, et morbillis. Neap. 4to.

1580 Porti, Ant. De peste, variolis, et morbillis. Ven. 4to.

1605 Augenius, Hor. De curatione variolarum et morbillorum. Venet. fol.

1621 Horst, Greg. Bericht von kinderblattern und masern. Giess. 8vo. (vide Opp.)

1624 Lipsius, D. Bericht von den kinderblattern und masern. Erf. 8vo.

1656 Chicot, N. Epistolæ et dissertationes de variolarum et morbillorum ortu, &c. Par. 4to.

1702 Sidobre, Ant. M.D. De variolis et morbillis. Lugd. Bat. 12mo.

1710 Buggaert, Joh. Over de kinderpocken en masselen. Amst. 8vo.

1747 Mead, R. M.D. De variolis et morbillis liber: accessit Rhazis commentarius. Lond. 8vo.

1748 Mead, R. M.D. A discourse on the small-pox and measles (translated by T. Slack, M.D.) Lond. 8vo.

1753 Douet, Traité des fièvres malignes, la rougeole, &c. Par. 12mo.

1768 Gontard, J. A. Du traitement et de l'extinction de la variole et de la rougeole. Lyon. 12mo.

1772 Dickson, Th. M.D. Defence of Sydenham's history and treatment of measles (Med. Obs. and Inq. iv.) Lond. 8vo.

1772 Watson, Sir W. M.D. Account of the putrid measles (Med. Obs. and Inq. iv.) Lond. 8vo.

1776 Dubosq de la Robardiere, J. T. G. M.D. Recherches sur la rougeole. Par. 12mo.

1785 Heberden, W. M.D. Observations on the measles (Med. Trans. iii.) Lond. 8vo.

1790 De Backer, T. T. De morbillis (Diss. Lov. iv.) Lovan. 8vo.

1803 Ueberlacher, Greg. Ueber die grundlosigkeit des ersten schilderung der roeteln von den Arabern. Wien. 8vo.

1805 Willan, R. M.D. Description and treatment of cutaneous diseases. Lond. 4to.

1806 Bremser, J. G. Ueber scharlachkrankheit und masern. Wien. 8vo.

1807 Roux, G. Traité sur la rougeole. Par. 8vo.

1818 Armstrong, J. M.D. Practical illustrations of scarlet fever, measles, &c. Lond. 8vo.

1818 Jacobson, J. C. De morbillis commentatio. Hamb. 8vo.

1818 Reuss, J. J. Das wesen der exantheme (3 tom.) Nurnb. 8vo.

1820 Monfalcon, Dict. des Sc. Méd. (art. Rougeole) t. xlix. Par.

1827 Guersent, Dict. de Méd. (art. Rougeole) t. xviii. Par.

1833 Montgomery, Cyc. of Pract. Med. (art. Rubeola) vol. iv. Lond.

MELÆNA—MORBUS NIGER.

DERIV. Gr. μελαίνα [νοσος], black [disease], the adjective being used singly, and the substantive understood: μέλας, μελαίνα, black.

Nos. SYN. Μελαίνα νοσος. Ισος αιματινης: Hipp. Melæna: Sauv. Sag. Good, Ploucq. Morbus niger, Secessus niger: Hoffm. Nigræ dejectiones: Schenk. Fluxus splenicus: Gordon. Melænorragia: Swed. Dysenteria splenica: Ballon. Cholirica: Guarinen. Moron. Linn. Melasicterus: Sag? Sauv? Purpura hæmorrhagica: Willan. Stomacace universalis: Sauv. Fluxus hepaticus, Hæmatemesis atra, Hepatorrhæa: Auct.

VERN. SYN. Gr. Μελαίνα νοσος. Lat. Morbus niger. Eng. Melæna. Ger. Schwartzte krankheit, schwartzte-galle, schwartzer blutfluss. Fr. Maladie noire, ictere noire. Ital. Melena. Span. Melena.

1701 Hoffmann, Fr. Dissertatio de morbo nigro Hippocratis (Opp. Supp. ii. 2.) Hal. 4to.

1760 Tissot, S. A. M.D. De morbo nigro (Sandifort Thes. i.) Laus. 12mo.

1768 Schoningh, Dissertatio de morbo nigro Hippocratis. Gron. 4to.

1776 Burke, John, M.D. Letter from Dr. Tissot on the morbus niger, &c. (from the French) Lond. 8vo.

1780 Home, Fr. M.D. Clinical experiments, &c. (p. 127.) Edin. 8vo.

1788 *Loli, L. di Fojano*, Del morbo nero, ossia del flusso gastrico sanguigno curato. *Siena*, 8vo.

1793 *Zacchirolli, Mat.* Osservazioni della melæna, ossia morbo nero d'Ippocrate. *Imola*, 8vo.

1800 *Portal, A.* Mémoires sur plusieurs maladies (t. ii. 129.) *Par.* 8vo.

1817 *Brooke, W. M.D.* Cases of melæna treated with oil of turpentine (Trans. of Irish Assoc. vol. i.) *Dub.* 8vo.

1818 *Ayre, J. M.D.* Essay on marasmus (p. 113-117.) *Lond.* 8vo.

1818 *Cheyne, J. M.D.* Case of melæna, with observations (Dubl. Hosp. Rep. vol. i.) *Dub.* 8vo.

1819 *Merat, Dict. des Sc. Méd.* (art. *Melæna*) t. xxxii. *Par.*

1826 *Rochoux, Dict. de Méd.* (art. *Melæna*) t. xiv. *Par.*

1833 *Goldie, Cyc. of Pract. Med.* (art. *Melæna*) vol. iii. *Lond.*

MELANOSIS.

DERIV. *Gr.* μελανωσις, *denigratio*, the state of becoming black, from μελανα, to become black: th. μελας, black. This word was first adopted by Laennec, and has been commonly derived from μελας and νοσος, a derivation which disregards both the gender and the termination of the words said to compose it.

NOS. SYN. *Melanosis*: *Auct. Var.* *Melanoma*: *Carswell.*

VERN. SYN. *Eng.* Melanosis, Melanotic tumours. *Fr.* Mélanose, tumeurs mélanotiques, cancer noire.

1755 *Haller, A.* Opuscula pathologica (obs. xvii.) *Lausanne*, 8vo.

1810 *Bayle, G. L.* Recherches sur la phthisie. *Par.* 8vo.

1813 *Gohier, J. B.* Mémoires et observations sur la chirurgie et la médecine vétérinaire (2 vol.) *Par.* 8vo.

1817 *Alibert, J. L.* Nosologie naturelle, t. i. *Par.* 4to.

1821 *Breschet, Gilb. M.D.* Considérations sur une altération organique appelée dégénérescence noire, mélanose, &c. *Par.* 8vo.

1823 *Heusinger, C. F.* Untersuchungen ueber die anomale kohlen und pigmentbildung. *Eisen.* 8vo.

1824 *Cullen, W. Carswell, R.* On melanosis (Edin. Med. Chir. Trans. vol. i.) *Edin.*

1825 *Baillie, M. M.D.* Morbid anatomy (Wardrop's edit.) *Lond.* 8vo.

1826 *Andral, Dict. de Méd.* (art. *Mélanose*) t. xiv. *Par.*

1826 *Fawcington, Thos.* A case of melanosis. *Lond.* 8vo.

1826 *Noack, Commentatio de melanosi cum in hominibus tum in equis.* *Lips.* 4to.

1829 *Andral, Précis d'anatomie pathologique* (t. i. p. 446.) *Par.* 8vo.

1830 *Crampton, J. M.D.* Case of melanosis (Dub. Med. Trans. N. S. vol. i.) *Dub.* 8vo.

1831 *Gregory, J. C. M.D.* Case of black infiltration of the lungs (Edin. Journ. vol. xxxvi. p. 389.) *Edin.* 8vo.

1833 *Hope, J. M.D.* Morbid anatomy, part ii. *Lond.* 8vo.

1833 *Williams, D.* Transactions of the Provincial Medical Association, vol. i. *Lond.* 8vo.

1833 *Carswell, R. M.D.* Cyc. of Pract. Med. (art. *Melanosis*) vol. iii. *Lond.* 8vo.

1834 *Carswell, R. M.D.* Pathological anatomy, fasc. iv. *Lond.* fol.

MENORRHAGIA.

DERIV. From *μηνες*, the menses, and *ρρηγν*, a rupture or bursting forth, from *ρησσω* or *ρηγνυμι*, to break forth.

NOS. SYN. *Ροος ερυθρος, Ροος πολλος*: *Hipp.* αιμορροια: *Dioscor.* *Catameniorum fluxus immodicus*: *Hipp.* (Foes.) *Menorrhagia*: *Sauv. Linn.* *Vog. Cull. Swed.* *Hæmorrhagia uterina*: *Junck.* *Hæmorrhagia uteri*: *Hoffm.* *Metrorrhagia*: *Sag.* *Ploucq. Frank.* *Paramenia superflua*: *Good.* *Fluor uterini sanguinis*: *Boerh.* *Sanguinis stillicidium ab utero*: *Ballon.* *Hysterorrhagia sanguinea*: *Swed.*

VERN. SYN. *Gr.* καταμηνια πλειονια, *ροος ερυθρος*. *Lat.* *Menstrua immodica*. *Eng.* Flooding, uterine hemorrhage. *Ger.* Blutgang, mutterblutfluss, mutterblutstartz, gebärmutterblutfluss. *Dut.* Bloedgang. *Dan.* Det røde. *Swed.* Blodgång. *Fr.* Perte de sang des femmes, perte rouge. *Ital.* Perdita di sangue. *Span.* Perdida de sangre.

(For Literature, see HEMORRHAGE, UTERUS, DISEASES OF, and WOMEN, DISEASES OF.)

MENSES—MENSTRUATION, CATAMENIA.

DERIV. *Lat.* *menses*, months; *menstrua*, (plural neut. of *menstruus*, used absolutely,) the menstrual discharge: *menstrua*, *menstruatio*, menstruation.

Catamenia. *Gr.* καταμηνια, the menses, from *κατα*, and *μην*.

VERN. SYN. *Gr.* καταμηνια, *ροος, ροος ερυθρος, μηνες, εμμηνια, εμμηνια, γυναικεια, καθαρεις εμμηνοι*. *Lat.* *Menstrua*, menses, *menstruæ purgationes*, *menstrui cursus*, *profluvium genitale*, *profluvium mulierum*. *Eng.* The catamenia, the menses, the monthly discharge, the monthly period, the courses, flowers. *Ger.* Monatliche reinigung, veränderung, monatzeit, frauenzeit. *Dut.* De stonden, stondevloed, maandstonden, roode bloemen. *Dan.* Maanedlig renselse, maanedlige. *Swed.* Månadsrening. *Fr.* Les menstrues, les règles, les mois, les ordinaires. *Ital.* Mestrui, menstrui, mesi, corso mestruale, mestruazione. *Span.* Menstruo, purgaciones mensuales, meses.

1597 *Sylvius, Jac.* De mensibus muliebribus (Spachii Gynæc. 148.) *Argent.* 4to.

1702 *Stahl, G. E. Jäschke, G. F.* De insolitis mensium viis (Hall. D. ad M. iv.) *Hal.* 4to.

1703 *Freind, John, M.D.* Emmenologia. *Oxon.* 8vo.

1729 *Simson, Th.* The system of the womb, with an account of the menses independent of a plethora. *Edin.* 8vo.

1731 *Tellier, Dr. Le*, Critical reflections on Dr. Freind's emmenologia (translated from the French.) *Lond.* 8vo.

1737 *Regemann, J. L.* De morbis ex menstruis cessantibus. *Lugd. Bat.* 4to.

1743 *Serou, A. J. M.D.* An suppresso et immoderato catameniorum fluxui aperiencia? (Hall. Disp. Anat. v.) *Laus.* 4to.

1752 *Emett, Rob.* Tentamina medica de mensium fluxu, &c. *Lond.* 12mo.

1766 *Triller, D. W.* De mensibus per nares erumpantibus (Opusc. i.) *Lips.* 4to.

1769 *Stedman, J. M.D.* Physiological essays and observations. *Edin.* 8vo.

1776 *Fothergill, J. M.D.* On the cessation of the menses (Med. Obs. and Inq. v.) *Lond.* 8vo.

1782 *Pasta, And.* Sopra i menstrui delle donne. *Napoli.* 8vo.

1802 *Beclard, P. A.* Sur les maladies des femmes à l'époque de la cessation des menstrues. *Par.* 8vo.

1804 *Osthoff, H. C. A.* Untersuchungen ueber die anomalien der monatlichen reinigung. *Lemgov.* 8vo.

1811 *Hohnbaum, C.* Ueber eine besondere art des uebermässigen monatflusses. *Erl.* 8vo.

1812 *Pitschaft, J. A.* Unterricht ueber weibliche epoche. *Heidelb.* 8vo.

1816 *Stewart, Duncan,* A treatise on uterine hemorrhage. *Lond.* 8vo.

1816 *Zinkhan, N.* De menstruatione et usu sabinae. *Marb.* 8vo.

1819 *Maygrier, Dict.* des Sc. Méd. (art. Menstruation) t. xxxii. *Par.*

1819 *Surin, P. A.* Théorie de la menstruation. *Par.* 8vo.

1826 *Desormeaux, Dict.* de Méd. (art. Menstruation) t. xiv. *Par.*

1833 *Locock, Cyc.* of Pract. Med. (art. Menstruation) vol. iii. *Lond.*

1834 *Dugès, Dict.* de Méd. Prat. (art. Menstruation) t. xi. *Par.*

MILIARIA—MILIARY FEVER.

DERIV. Lat. *malaria*, fem. of *miliarius*, relating to millet, miliary, from *milium*, millet: when used substantively, *febris* is understood—*miliaria febris*.

Nos. SYN. *Miliaria*: Linn. Cull. Swed. *Miliaris*: Sauv. Sag. *Miliaris febris*: Vog. Webster. *Nova febris*: Sydenh. *Exanthema miliare*: Burser. *Exanthema miliaria*: Parr. *Purpura, Febris purpurata miliaris*: Hoffm. *Emphlysis miliaria*: Good. *Febris purpurea*: Junck. *Febris esserosa*: Zac.-Lusit. *Febris punctularis*: R.-a-Cast. *Morbus miliarium*: Allion. *Purpura miliaris, Purpura alba, Purpura puerperarum, Febris vesicularis*: Auct.

VERN. SYN. Eng. Miliary fever. Ger. Friesel, frieselblattern, frieselfieber. Dut. Gierskoorts. Dan. Friesler. Smed. Friesel, hvita friseln. Fr. Pourpre blanc, miliaire, millot, millet, fièvre miliaire, suette. Ital. Febbre migliare, miarola. Span. Milios, calentura miliar, tabardillo pintado.

1655 *Welsch, God.* Historia morbi qui der friesel dicitur. *Lips.* 4to.

1686 *Sydenham, Th.* Schedula monitoria de novæ febris ingressu (Opp.) *Lond.* 8vo.

1688 *Porchon, A.* Nouveau traité du pourpre, &c. *Par.* 12mo.

1710 *Hamilton, Sir David,* Tractatus duplex alter de febre miliari. *Lond.* 8vo.

1725 *Hoffmann, Fr.* De purpuræ genuina origine, &c. (Opp.) *Hal.* 4to.

1735 *Lindner,* Betrachtungen des rothen und weissen friesels. *Schuerdn.* 8vo.

1736 *Salzmann, J. G.* Historia purpuræ miliaris (Hall. D. ad M. v.)

1737 *Hamilton, Sir David,* A treatise of miliary fever. *Lond.* 8vo.

1742 *Rübel, J. F.* Observations vom friese lund fleckenfieber. *Fr.* 8vo.

1742 *Trumph, J. G.* Observationes pathologicae practicae de purpura 1737-8. *Norimb.* 8vo.

1747 *Beckers, A. W.* Abhandlung vom friesel. *Bielefeld.* 8vo.

1755 *Agostini, Ant.* Osservazioni intorno alle febbri migliari. *Novara.* 8vo.

1758 *Allionius, Car.* Tractatio de miliarium origine, progressu, &c. *Aug. Taur.* 8vo.

1758 *Augustinus, Ant.* Observationes circa febres miliares Mediolani. *Med.* 8vo.

1758 *Fordyce, Joan. M.D.* Historia febris miliaris: accedit de morbo miliari epistola Caroli Balguy, M.D. *Lond.* 8vo.

1758 *Reinhard, C. T. E.* Febris miliaris purpurata libri tres. *Glogov.* 8vo.

1760 *Bisset, C. M.D.* Essay on the medical constitution of Great Britain, &c. *Lond.* 8vo.

1762 *Fantonus, Joan.* Specimen observationum de acutis febribus miliaribus. *Nicea,* 8vo.

1765 *Collin, H. J.* Epistola qua demonstratur pustulas miliares male factitias et symptomatice dici. *Vien.* 8vo.

1766 *Molinarius & Triller,* De exanthematum miliarium differentia, &c. (Trill. Opp. ii.) *Lips* 4to.

1766 *Triller, D. W.* Epistolæ de vera exanthematum miliarium differentia. *Lips.* 4to.

1767 *Fischer, J. B. de,* De febre miliari, purpura alba dicta. *Riga,* 8vo.

1768 *Hannes, C. R.* Brief an Baldinger ueber den friesel. *Wesel.* 8vo.

1772 *Bruening, G. F. H.* Constitutio epidemica anni 1769-70, sistens historiam febris scarlatino-miliaris anginosæ. *Wesel.* 8vo.

1772 *Schulz von Schulzenheim, D.* Preisschrift vom friesel (transl. from the Swedish) *Leips.* 8vo.

1773 *Buchholz, W. H. S.* Nachricht von dem fleck- und friesel-fieber. *Wiemar.* 8vo.

1773 *Gastelier, R. G.* Avis à mes concitoyens, ou essai sur la fièvre miliaire. *Montarg.* 12mo.

1774 *Damilano, C. G.* Nuovo trattato sopra la migliare. *Mondovi.* 8vo.

1781 *Baraldi, Giov.* Storia di una costituzione di febbri migliari. *Modena.* 8vo.

1782 *Pujol, Al.* Observations sur la fièvre miliaire épidémique de 1782 (Œuvres i.) 4 vol. *Castres.* 8vo.

1784 *Gastelier, R. G. M.D.* Traité de la fièvre miliaire des femmes en couches. *Montargis.* 8vo.

1786 *Wernschek, J. J.* Frage, warum so viele faulfieber, warum sind die frieselfieber so setten? *Wien.* 8vo.

1802 *Kreysig, F. L.* Abhandlung ueber das scharlachfieber und frieselkrankheit. *Leips.* 8vo.

1805 *Pornieri, J.* Relazione e cura della febbre migliare. *Foligno.* 8vo.

1813 *Schahl & Hessert,* Précis historique et pratique sur la fièvre miliaire. *Strasb.* 4to.

1815 *Vasani, F. M.D.* Storia singolare d'una febbre miliare. *Verona.* 8vo.

1819 *Monfalcon,* Dict. des Sc. Méd. (art. Miliaria) t. xxxiii. *Par.*

1822 *Rayer, P.* Histoire de l'épidémie de suette-miliaire en 1821. *Par.* 8vo.

1826 *Chomel, Dict.* de Méd. (art. Miliaria) t. xiv. *Par.*

1828 *Fodéré, F. E.* Recherches et observations sur l'éruption et la fièvre, connues sous le nom de miliaires. *Par.* 8vo.

1834 *Tweedie, Cyc. of Pract. Med.* (art. *Miliaria*) vol. iii. *Lond.*

MORTIFICATION—SPHACELUS— GANGRENE.

DERIV. Mortification. *Lat.* mortificatio, from *mortifico*, to cause death; from *mors*, and *facio*.

Sphacelus. *Gr.* σφακελος, mortification.

Gangrene. *Gr.* γαγγραινα, *Lat.* gangræna.

NOS. SYN. Σφακελος, Νεκρωσις, Γαγγραινα, *Hipp.* *Gal.* Gangræna: *Cels.* Sauv. *Linn.* Vog. *Sag.* *Boerh.* Macb. *Cull. Swed.* Young, *Good.* *Sphacelus:* *Linn.* Vog. *Boerh.* *Cull.* Mortificatio: *Macb.* Gangræna sphacelus: *Good.* Gangræna necrosis: *Good.* Sphacelus: *Swed.*

VERN. SYN. *Gr.* Σφακελος, σφακελισμος, σφακερος, νεκρωσις. *Lat.* Sideratio, gangræna. *Eng.* Mortification, gangrene. *Ger.* Ertodtung, kalte brand, heisse brand, trockne brand. *Dan.* Heedbrand, koldbrand. *Dut.* Koud vuur, heet vuur. *Swed.* Hetbrand, kallbrand, multing. *Fr.* Gangrène, sphacèle, mortification. *Ital.* Cancrena, sfacello, mortificazione. *Span.* Gangrena, esfacelo.

1576 *Tosi, Ant.* De anthrace seu carbunculo tractatus. *Venet.* 4to.

1589 *Montagnana, M. A.* De herpete, gangræna, sphacelo, &c. *Venet.* 4to.

1593 *Hildanus, Fabr.* De gangræna et spacelo, das ist vom heissen und kalten brand, &c. *Colon.* 8vo.

1604 *Herrera, C. P. de,* De carbunculis animadversiones. *Pintia,* 4to.

1613 *Baldesius, Ant.* Quæstio de gangrænæ et sphaceli diversa curatione. *Flor.* 8vo.

1619 *Plater, Felix,* De gangrena epistola (in *Hildani Opp.*) *Oppenh.* 4to.

1639 *Woodall, John,* The whole works of,—concerning The chirurgion's mate, Treatise on gangrene and sphacelus, &c. *Lond.* fol.

1654 *Frommann, Conr.* Tractatus chirurgicus de gangræna et sphacelo. *Argent.* 8vo.

1678 *Illingworth, James,* A genuine account of the man whose hands and legs rotted off in King's-Swinford. *Lond.* 8vo.

1732 *Douglas, John,* A short account of mortifications and the surprising effects of bark in putting a stop to their progress. *Lond.* 8vo.

1732 *Rushworth, John,* Two letters showing the advantage of bark in mortifications. *Lond.* 12mo.

1749 *Quesnay, Fr.* Traité de la gangrène. *Par.* 12mo.

1750 *Bagieu, Jacq.* Lettres d'un chirurgien d'armée sur le traité de la gangrène de M. Quesnay, &c. *Par.* 12mo.

1751 *Bagieu, Jacq.* Nouvelle lettre sur le traité de la gangrène. *Par.* 12mo.

1754 *Kirkland, Th. M.D.* A treatise on gangrenes. *Notthing.* 8vo.

1762 *Bones, Rev. J.* Particulars of a family all of whom suffered under a mortification of the limbs (*Phil. Trans.*) *Lond.*

1765 *O'Halloran, S.* A complete treatise on gangrene and sphacelus. *Dub.* 8vo.

1766 *Darcouville, Madame,* Essai pour servir à l'histoire de la putréfaction. *Par.* 8vo.

1768 *Pointe, H. J.* Essai sur la nature de la gangrène humide. *Lyon.* 4to.

1769 *Fournier, Jean,* Observations et expériences sur le charbon malin. *Dijon.* 8vo.

1771 *Maret, H.* Mémoire sur le traitement de la gangrène sèche qui résulte de l'usage du seigle ergoté. *Dijon.* 8vo.

1771 *Pott, Perc.* Chirurgical works (On the mortification of the toes) *Lond.* 8vo.

1779 *Kirkland, Th.* Thoughts on amputation and an essay on opium in mortifications. *Lond.* 8vo.

1780 *Thomassin, J. F.* Dissertation sur le charbon maligne. *Dijon.* 8vo.

1781 *Chambon de Montaux, Nic.* Traité de l'anthrax ou de la pustule maligne. *Par.* 12mo.

1782 *David, J. P.* Observations sur une maladie des os connue sous le nom de nécrose. *Par.* 8vo.

1783 *Underwood, M. M.D.* Surgical tracts (on gangrene, &c.) *Lond.* 8vo.

1785 *Chaussier, Fr.* avec *Enaux,* Méthode de traiter les morsures des animaux enragés et de la vipère, suivie d'un précis sur le pustule maligne. *Dijon.* 12mo.

1785 *Harrison, John,* The remarkable effects of fixed air in mortifications. *Lond.* 8vo.

1786 *Nicolai, E. A.* Abhandlung ueber entzündung, eiterung, brand, &c. *Jen.* 8vo.

1787 *Dussausoy, A. C.* Dissertations et observations sur la gangrène des hôpitaux. *Genev.* 8vo.

1787 *Enaus,* Breve tratado de la pustula maligna, conocida en España con el nombre de *veixiga carbuncosa.* *Madr.* 8vo.

1790 *White, Chas.* Observations on gangrenes or mortifications. *Warrington.* 8vo.

1793 *Weidmann, J. P.* De necrosi ossium. *Frankft.* fol.

1794 *Hunter, J.* A treatise on the blood, inflammation, &c. *Lond.* 4to.

1794 *Russel, James,* A practical essay on necrosis. *Edin.* 8vo.

1796 *Moreau, E. T. Bourdin, J.* Essai sur la gangrène humide des hôpitaux. *Par.* 8vo.

1797 *Hager,* Dissertation on gangrene and mortification. *Philad.* 8vo.

1797 *Weidmann, J. P.* Abhandlung ueber den brand der knochen. *Leips.* 8vo.

1799 *Hirny, Carl.* Abhandlung ueber den brand der weichen und harten theile. *Goett.* 8vo.

1801 *Neumann, K. G.* Abhandlung vom brande und heilmethode desselben. *Wien.* 8vo.

1802 *Gueniard, L. J. B.* Sur la pourriture d'hôpital. *Strasb.* 8vo.

1807 *Heffter, D. F.* Doctrinæ de gangrena brevis expositio. *Leips.* 4to.

1809 *Hebreard, F.* Mémoire sur les causes et le traitement de la gangrène. *Par.* 8vo.

1809 *Litle, James,* Essay on the malignant contagious ulcer in the navy. *Lond.* 8vo.

1810 *Gautier, E. G.* Considérations générales sur la pustule maligne. *Par.* 4to.

1810 *Gronnier, C. R. J.* Essai sur la pourriture d'hôpital. *Par.* 8vo.

1812 *Larrey, Baron,* Mémoires de chirurgie militaire, t. iii. (Mém. sur la gangrène de congélation; Mém. sur la gangrène traumatique) 4 tom. *Par.* 8vo.

1815 *Delpech, J.* Mémoire sur la complication des plaies et des ulcères connues sous le nom de pourriture d'hôpital. *Par.* 8vo.

1815 *Pardomirat, P. J. B.* Considérations sur la gangrène humide ou pourriture d'hôpital. *Par.* 8vo.

1815 *Renard, J. C.* Ueber den hospitalbrand. Mainz. 8vo.

1815 *Whately, Th.* Observations on necrosis of the tibia. Lond. 8vo.

1816 *Brugmann, S. J. Delpech, J.* Ueber den hospitalbrand (transl. from the Dutch and French) Jena. 8vo.

1816 *Hebreard, Dict. des Sc. Méd.* (art. Gangrène) t. xvii. Par.

1817 *Gerson, G. H.* Ueber den hospitalbrand. Hamburg. 8vo.

1818 *Blackadder, H. H.* Observations on phagedæna gangrænosa. Edin. 8vo.

1819 *Ribes, Dict. des Sc. Méd.* (art. Nécrose) t. xxxv. Par.

1820 *Merat, Dict. des Sc. Méd.* (art. Putréfaction) t. xlvii. Par.

1824 *Reydellet, Dict. des Sc. Méd.* (art. Pustule maligne) t. xlvii. Par.

1820 *Riberi, Aless.* Sulla cancrena contagiosa o nosocomiale. Torino. 8vo.

1820 *Werneck, W.* Kurtzgefasste beiträge zur kenntniss, &c. des hospitalbrandes. Salzburg, 8vo.

1821 *Billard, P. B.* De la gangrène sénile. Par. 4to.

1822 *Olivier, A. F.* Traité du typhus traumatique, gangrène, ou pourriture des hôpitaux. Par. 8vo.

1823 *Vergnès, F. A.* Traité de l'anthrax non-contagieux, contenant ses rapports avec le charbon ou anthrax contagieux. Par. 8vo.

1824 *Alexander, T. S.* Verhandelng over het hospital-versterf. Rotterdam. 8vo.

1824 *Deslandes, L.* Mémoire sur les désorganisations qui succèdent à l'inflammation sanguine. Par. 8vo.

1829 *Regnier, J. B.* De la pustule maligne. Par. 8vo.

1829 *Sanson, Dict. de Méd. et de Chir.* (art. Anthrax) t. iii. Par.

1830 *Bouillaud, Dict. de Méd. et de Chir.* (art. Charbon) t. v. Par.

1833 *Begin, Dict. de Méd. et de Chir.* (art. Gangrène) t. ix. Par.

1833 *Carsuwell, Cyc. of Pract. Med.* (art. Mortification) vol. iii. Lond.

1835 *Carsuwell, R. M.D.* Pathological anatomy, fasc. vii. (Mortification) Lond. fol.

MOUTH, DISEASES OF.

SYN. (Mouth.) Gr. *στομα.* Lat. Os. Eng. Mouth. Ger. Mund. Dut. Mond. Fr. Bouche. Ital. Bocca. Span. Boca.

Diseases of the mouth.—Gr. *στοματος νοσοι.* Lat. Oris morbi. Eng. Diseases of the mouth. Ger. Mundkrankheiten. Dut. Mondziekten. Fr. Maladies de la bouche. Ital. Malattie della bocca. Span. Enfermedades de la boca.

1778 *Jourdain, A. L. B. B.* Traité des maladies de la bouche, &c. (2 vol.) Par. 8vo.

1793 *Pelaez, F. A.* Tratado de las enfermedades de la boca. Madr. 4to.

1805 *Gariot, J. B.* Traité des maladies de la bouche. Par. 8vo.

1806 *Fox, Jos.* The history and treatment of the diseases of the teeth and mouth. Lond. 4to.

1814 *Laforge, L.* Séméiologie buccale et buccamancie. Par. 8vo.

1823 *Ringelmann, K. J.* Der organismus des mundes, &c. Nürnberg. 8vo.

NEPHRALGIA, NEPHRITIS.

DERIV. *Nephralgia*, from νεφρος, the kidney, and αλγος, to be painful, quasi νεφραλγία, pain of the kidney.

Nephritis.—Gr. νεφριτις, inflammation or other disease of the kidney.

Nos. SYN. Νεφριτις: Hipp. Gal. *Renum dolor, Renum exulceratio*: Cels. *Laborare ex renibus*: Cic. *Nephralgia*: Zwinger. Sauv. Sag. Swed. *Nephritis*: Helm. Sauv. Linn. Cull. Vog. Sag. Swed. *Nephriticus dolor*: Sennert. *Nephritica*: Linn. *Renum inflammatio*: Sennert. *Phlegmone renum*: Prosp.-Alp. *Cauma nephritis*: Young. *Empresma nephritis*: Good. *Lithia renalis*: Good. *Lithiasis nephritica*: Macb. *Lithiasis renalis*: Young. *Nephroncus*: Swed. *Colica nephritica*: Auct.

VERN. SYN. Gr. Νεφριτις. Lat. *Renum inflammatio, renum morbus*. Eng. Pain in the kidneys, inflammation of the kidneys, gravel. Ger. Nierenentzündung, nierenschmerz, entzündung der nieren, schmerzen in den nieren, nier-enweh. Dut. Nierenwee, nierpyn. Dan. Nyrævee, nyresmerter. Swed. Njurvärk. Fr. Inflammation des reins, douleurs au reins, colique rénale, néphritique, gravelle. Ital. Renella, nefritico, infiammazione di reni, nefralgia, mal di reni. Span. Nefritis, dolor de riñones, nefralgia.

(For Literature, see KIDNEYS, DISEASES OF, also URINARY ORGANS, DISEASES OF.)

NERVOUS DISEASES.

SYN. (Nerve, nerves.) Gr. Νευρον, νευρα. Lat. Nervus, nervi. Eng. Nerve, nerves. Ger. Nerve, nerven. Dut. Zenuw, zenuwen. Fr. Nerf, nerfs. Ital. Nervo, nervi. Span. Nervio, nervios. (See DISEASE.)

1570 *Avicenna, De ægritudinibus nervorum.* Par. 8vo.

1734 *Cheyne, G. M.D.* The English malady, or a treatise on nervous disorders. Lond. 8vo.

1739 *Kinneir, D. M.D.* alias Bayne, A. M.D. A new essay on the nerves, &c. Lond. 8vo.

1740 *Flemyng, Malc. M.D.* Neuropathia: poema, Eborac. 8vo.

1741 *Flemyng, Malc. M.D.* The nature of the nervous fluid demonstrated. Lond. 8vo.

1747 *Combautier, F. de P. M.D.* Pneumatopathologia, seu tractatus de flatulentis humani corporis affectibus. Par. 8vo.

1758 *Hill, Sir J. Valerian*, or the virtues of that root in nervous disorders. Lond. 8vo.

1758 *Uvedale, Christian, (Sir John Hill, M.D.)* On the construction of the nerves and causes of nervous disorders. Lond. 8vo.

1760 *Pomme, M. M.D.* Traité des affections vaporeuses. Lyon. 8vo.

1761 *Boerhaave, Herm.* Prælectiones academice de morbis nervorum (2 vol.) Lugd. Bat. 12mo.

1765 *Whytt, R. M.D.* Observations on nervous disorders, &c. Edin. 8vo.

1768 *Smith, W. M.D.* Dissertation upon the nerves and nervous disorders. Lond. 8vo.

- 1769 *Pressavin*, Traité des maladies des nerfs. Lyon. 12mo.
- 1771 *Johnstone*, James, M.D. Essay on the use of the ganglions of the nerves. *Shrewsb.* 8vo.
- 1773 *Folia*, D. Morbi nervosi singularis historia. *Mediol.* 8vo.
- 1774 *Iseflamm*, J. F. Versuch einiger praktischen anmerkungen ueber die nerven. *Erl.* 8vo.
- 1778 *De la Roche*, F. G. Analyse des fonctions du système nerveux, &c. *Par.* 8vo.
- 1780 *Comparetti*, A. Occursus medici de vaga ægritudine infirmitatis nervorum. *Venet.* 8vo.
- 1780 *Desbouet*, L. Ragionamento sopra l'effetto della musica nelle malattie nervose. *Livorno.* 8vo.
- 1781 *Beauchene*, E. P. C. de, De l'influence des affections de l'âme sur les maladies nerveuses des femmes. *Par.* 8vo.
- 1781 *Thomson*, Alex. M.D. An inquiry into the nature, &c. of nervous diseases. *Lond.* 8vo.
- 1782 *Stunzer*, J. C. Ueber das betragen in nervenkrankheiten. *Wien.* 8vo.
- 1782 *Tissot*, S. A. D. Traité des nerfs et de leurs maladies (4 tom.) *Lausanne.* 12mo.
- 1785 *Irannetta y Jaureguay*, Eman. Tratado del tarantismo. *Madr.* 8vo.
- 1786 *Beauchene*, E. P. C. de, Observation sur une maladie nerveuse. *Par.* 8vo.
- 1786 *Kühn*, J. G. Abhandlung einiger das nervensystem betreffender krankheiten. *Bresl.* 8vo.
- 1788 *Neale*, M. Practical dissertations on nervous complaints. *Lond.* 8vo.
- 1788 *Reuss*, F. A. Einleitung in die allgemeine pathologie der nerven. *Prag.* 8vo.
- 1791 *Heineken*, J. De morbis nervorum eorumque ex abdomine origine (Ludw. Script. Neur. ii.) *Lips.* 4to.
- 1791-5 *Ludwig*, C. F. Scriptores neurologici minores (4 vol.) *Leipz.* 4to.
- 1791 *Pasta*, And. De' mali senza materia. *Bergamo.* 4to.
- 1792 *Tabor*, H. Abhandlung ueber nervenschwäche. *Durkheim.* 8vo.
- 1795 *Johnstone*, James, M.D. Medical essays and observations, with disquisitions on the nervous system. *Lond.* 8vo.
- 1796 *Walker*, Sayer, A practical treatise on nervous diseases. *Lond.* 8vo.
- 1798 *Mitchell*, J. P. Abhandlung von den nervenkrankheiten. *Wien.* 8vo.
- 1804 *Wolff*, A. F. Ueber die nervenübel. *Berl.* 8vo.
- 1805 *Calabre*, E. Sur l'influence de l'éducation, &c. dans les maladies nerveuses. *Par.* 8vo.
- 1807 *Trotter*, Thos. M.D. A view of the nervous temperament. *Newcastle.* 8vo.
- 1811 *Soëmmering*, S. T. Ueber den saft welcher aus den nerven wieder eingesaugt wird, im gesunden und kranken zustande. *Landsh.* 8vo.
- 1813 *Hoven*, F. W. v. Versuch ueber die nervenkrankheiten. *Nurnb.* 8vo.
- 1816 *Louyer-Villermay*, M. Traité des maladies nerveuses (2 vol.) *Par.* 8vo.
- 1818 *Pring*, Dan. M.D. View of the nervous system in health and disease. *Lond.* 8vo.
- 1819 *Demours*, Dict. des Sc. Méd. (art. Névrose) t. xxx. *Par.*
- 1820 *Swan*, Jos. A dissertation on the treatment of local affections of nerves. *Lond.* 8vo.
- 1821 *Georget*, E. J. De la physiologie du système nerveux: recherches sur les maladies nerveuses (2 vol.) *Par.* 8vo.
- 1822 *Swan*, Jos. Observations on the anatomy, physiology, and pathology of the nervous system. *Lond.* 8vo.

- 1822 *Prichard*, J. C. M.D. A treatise on diseases of the nervous system. *Lond.* 8vo.
- 1823 *Cooke*, J. M.D. A treatise on nervous diseases (2 vol.) *Lond.* 8vo.
- 1823 *Dugès*, Ant. Essai sur la nature de la fièvre et des névroses (2 vol.) *Par.* 8vo.
- 1824 *Rennie*, R. M.D. Essays on insanity, hypochondriasis, &c. *Lond.* 8vo.
- 1825 *Descot*, P. S. Dissertation sur les affections locales des nerfs. *Par.* 8vo.
- 1825 *Hergensoether*, J. J. Character, &c. der nervenkrankheiten im allgemeinen. *Würzburg.* 8vo.
- 1826 *Prunet*, J. G. F. Maladies nerveuses rapportées à l'irritation de l'encéphale, &c. *Par.* 8vo.
- 1826 *Georget*, Dict. de Méd. (art. Névrose) t. xv. *Par.*
- 1828 *Mongellaz*, P. J. De la nature et du siège des affections convulsives, &c. *Par.* 8vo.
- 1829 *Richards*, Thos. A treatise on nervous disorders. *Lond.* 12mo.
- 1833 *Lee*, Edwin, A treatise on some nervous disorders. *Lond.* 8vo.

NEURALGIA, (TIC DOULOUREUX.)

DERIV. A neurological compound, from *νευρον*, a nerve, and *αλγος*, to suffer pain, quasi *neurαλγία*, pain of a nerve.

Nos. SYN. *Neuralgia*: Good et Auct. Rec. *Neuralgia faciei*: Good. *Trismus maxillaris*, *Trismus dolorificus*: Sauv. *Dolor faciei crucians*: Fothergill. *Autalgia dolorosa*: Young. *Prosopalgia*: Swed. *Hemicrania-idiopathica*: Auct.

VERN. SYN. Eng. Tic douloureux, nervous pain. Ger. Gesichtschmerz, antlitzschmerz. Fr. Tic douloureux, neuralgie. Ital. Nevralgia. Span. Nevralgia.

1764 *Cotunnius*, Dom. M.D. De ischiade nervosa commentarius. *Neap.* 8vo.

1774 *Tode*, J. C. Observatio de dolore periodico genæ sinistræ (Soc. Med. Hav. Col. t. i.)

1775 *Cotunnius*, D. M.D. A treatise on the nervous sciatica or hip-gout (transl.) *Lond.* 8vo.

1787 Anon. Apologia del nuovo metodo di guarire la sciatica nervosa coll' ustione al piede. *Roma.* 8vo.

1787 *Pujol*, Al. Essai sur la maladie de la face nommé le tic douloureux. *Par.* 12mo.

1787 *Thouret*, M. A. Mémoire sur l'affection de la face à laquelle on a donné le nom de tic douloureux (Mém. de la Soc. Roy. 1782-3.) *Par.*

1790 *Forstmann*, J. W. *Leidenfrost*, J. G. De dolore faciei Fothergillii (Doering i.) *Duisb.* 4to.

1792 *Rahn & Sauter*, Beobachtung von einem gesichts-schmerz (Mus. der Heilk.) *Leipz.* 8vo.

1792 *Steinbuch*, G. F. Ein beytrag zur kenntniss der gesichts-schmerz (Abhandlungen der Phys. Med. Soc. in Erlang.) *Franef.* 8vo.

1793 *Simon*, Dissertatio de prosopalgia. *Hal.* 4to.

1795 *Siebold*, G. C. Doloris faciei observationibus illustrati adumbratio. *Wirceb.* 4to.

1796 *Weise*, Dissertatio de prosopalgia. *Jenæ.* 4to.

1800 *Girault*, J. Mémoire sur la guérison d'une sciatica universelle. *Brunsw.* 12mo.

1803 *Bailly*, P. R. Essai sur la nevralgie femora-poplitée. *Par.* 4to.

- 1803 *Hamel, J. P.* De la nevralgie faciale (Journ. Gén. de Méd. t. xvii.) Par. 8vo.
- 1804 *Fothergill, Sam. M.D.* A concise account of tic douloureux. Lond. 12mo.
- 1805 *Langenbeck, K. J. M.* De nervis cerebri in dolore faciei consideratis. Goett. 4to.
- 1809 *Puzin, J. P.* Observations sur quelques faits rares, et sur les nevralgies. Par. 4to.
- 1810 *Leuthner, F. X. J. de,* De dolore faciei Fothergillii commentarius. Nurnb. 8vo.
- 1811 *Hartmann, K. A. T. Autenrieth, J. H. F.* Dissertatio de prosopalgia. Tub. 8vo.
- 1814 *Duval, J. L.* Sur quelques affections douloureuses de la face. Par. 8vo.
- 1816 *Meglin, M.* Recherches sur la nevralgie faciale. Strasb. 8vo.
- 1816 *Murray, J. W. B.* An essay on neuralgia. New York, 8vo.
- 1818 *Bailey, John,* Observations on the use of belladonna in painful disorders. Lond. 8vo.
- 1818 *Bellingeri, C. F.* De nervis et nevralgia faciei. Turin. 8vo.
- 1818 *Recamier, J. C. A.* Observations sur l'emploi de l'huile de térébenthine dans les nevralgies (Nouv. Journ. de Méd.) Par. 8vo.
- 1819 *Kirby, J.* Cases with observations on wry neck, &c. Lond. 8vo.
- 1819 *Monfalcon,* Dict. des Sc. Méd. (art. *Nevralgie*) t. xxxv. Par.
- 1820 *Hutchinson, B.* Cases of tic douloureux successfully treated. Lond. 8vo.
- 1820 *Kerrison, Robt.* Dissertatio de neuralgia faciei spasmodica. Edin. 8vo.
- 1822 *Chaussier, F.* Table synoptique des nevralgies. Par. fol.
- 1822 *Yeats, G. D. M.D.* History of a severe case of neuralgia. Lond. 8vo.
- 1823 *Martinet, L.* Mémoire sur l'emploi de l'huile de térébenthine dans la sciaticque, &c. Par. 8vo.
- 1824 *Bew, Ch.* Opinions on the causes and effects of tic douloureux. Lond. 8vo.
- 1826 *Ollivier,* Dict. de Méd. (art. *Nevralgie*) t. xv. Par.
- 1827 *Elliotson, J. M.D.* On the medical properties of the subcarbonate of iron (Med. Chir. Trans. xiii.) Lond.
- 1827 *Duparque, M.* Mémoire sur les propriétés anti-nevralgiques du sous-carbonat du fer (Nouv. Bibl. Méd. i.) Par. 8vo.
- 1827 *Jolly, P.* Mémoire sur les nevralgies et les fièvres intermittentes (Nouv. Bibl. Méd. i.) Par.
- 1827 *Scudamore, C. M.D.* A treatise on rheumatism and neuralgia. Lond. 8vo.
- 1828 *Jolly, P.* Mémoire sur les nevralgies du système nerveux d'association, &c. (Nouv. Bibl. Méd. Mai et Juin, ii.) Par. 8vo.
- 1828 *Macculloch, J. M.D.* An essay on marsh fever and neuralgia (2 vol.) Lond. 8vo.
- 1829 *Teale, T. P.* A treatise on neuralgic diseases. Lond. 8vo.
- 1830 *Halford, Sir H.* Orations and essays (on tic douloureux.) Lond. 12mo.
- 1833 *Deleau,* Mémoire sur l'emploi des cataplasmes de belladonne dans les nevralgies. Par. 8vo.
- 1833 *Elliotson, Cyc.* of Pract. Med. (art. *Neuralgia*) vol. iii. Lond. 8vo.
- 1833 *Piorry, P. A.* Mémoire sur les nevralgies (Clin. Méd. de l'Hôpital de la Pitié) Par. 8vo.
- 1834 *Jolly,* Dict. de Méd. Prat. (art. *Nevralgie*) t. xiii. Par.

1834 *Scott, J.* Cases of tic douloureux. Lond. 8vo.

NOLI ME TANGERE—LUPUS.

DERIV. *Noli-me-tangere*, Lat. touch-me-not, so called from its impatience of all handling, and its being aggravated instead of relieved by most kinds of treatment. The same name is given to certain plants which shed their seeds on being touched, as the *impatiens*, *noli-me-tangere* of Linnæus, but whether before or after the nomination of lupus I do not know.

Lupus, Lat. the wolf; the name applied from the rapid destruction of parts in this disease.

NOS. SYN. *Cancer lupus*: Sauv. *Ulcus tuberculosus*: Good. *Phymatosis lupus*: Young. *Carcinoma faciei*: Swed.

VERN. SYN. Eng. Lupus, canker. Ger. Krebs, fressende wurm, der wolf.* Dut. Uret, wolf. Fr. Loup, chancre, dartre rongeante.

(For Literature, see SKIN, DISEASES OF.)

NOSTALGIA, NOSTOMANIA, NOSTRASSIA.

DERIV. *Nostalgia*. A nosological compound from *νοστέω*, to return, or *νοστος*, a return home or a journey homewards, and *αλγεια*, to be distressed, or *αλγος*, distress or sorrow—home-sorrow, home-sickness.

Nostomania, from *νοστος* and *μανια*, is the same morbid desire aggravated to madness.

Nostrassia, from the Lat. *nostras*, of our country.

NOS. SYN. *Nostalgia*: Harder, Sauv. Linn. Sag. Cull. Darw. Swed. *Melancholia*: Vog. *Nostomania*, *Pathopatridalgia*: Zwinger. *Philopatridomania*: Harder. *Nostrassia*: Auct.

VERN. SYN. Eng. Home-sickness, mother-sickness. Ger. Heimweh. Dut. Heimwee. Dan. Hiemvee, hiemsyge. Swed. Hemsjuka. Fr. Maladie du pays. Ital. Malattia del paese. Span. Mal de pais.

1614 *Harderus, J. J. Hoferus, J.* De nostalgia (Hall. D. ad M. i.) Basil. 4to.

1707 *Tackius,* Dissertatio exhibens ægrum nostalgia laborantem. Giessæ, 4to.

1710 *Zwinger, Th.* Dissertatio de pathopatridalgia (Fasc. Diss. Med. Sel.) Basil. 8vo.

1754 *Pensées d'un Allemand* sur la nostalgia, &c. Jen. 8vo.

1786 *Hamilton, R. M.D.* A remarkable case of nostalgia (Edin. Med. Comm. xi.) Edin. 8vo.

1790 *Verhovitz, J. (Stoll)* De nostalgia (Eyerell iii.) Vien. 8vo.

1803 *Guerbois, D. F. N.* Essai sur la nostalgia. Par. 8vo.

1806 *Castelman, C.* Considérations sur la nostalgia (Journ. de Méd. xii.) Par. 8vo.

1810 *Therrin, A. F. A.* Essai sur la nostalgia. Par. 4to.

1815 *Paugnet, J. L.* Dissertation sur la nostalgia. Par. 4to.

1819 *Percy & Laurent,* Dict. des Sc. Méd. (art. *Nostalgia*) t. xxxvi. Par.

1824 Zangerl, Jos. Ueber das heimwehe. Wien. 8vo.

1826 Georget, Dict. de Méd. (art. Nostalgie) t. xv. Par.

1834 Bégin, Dict. de Méd. Prat. (art. Nostalgie) t. xii. Par.

NYCTALOPIA, HEMERALOPIA.

DERIV. *Nyctalopia*. Gr. νυκταλωπια, from νύξ (gen. νυκτος), night, and σκοπμαι, to see, or ωφ (gen. ωπος), the eye; literally *night-seeing, night-sight*.

Hemeralopia. Gr. ημεραλωπια (not in use), from ημερα, day, and σκοπμαι or ωφ; literally *day-seeing or day-sight*.

These two terms have been inextricably confused, by being taken respectively by different authors to mean the same thing, one terming night-blindness *nyctalopia* and another *hemeralopia*, while day-blindness has been equally designated by both terms. Looking to the simple etymology, *nyctalopia* should be confined to the affection wherein the patient sees comparatively well at night and badly by day, and reversely *hemeralopia*. It will be seen, however, from the list of synonyms, that this appropriation has not by any means been adhered to, and even that the preponderance of authorities is in favour of the reverse nomenclature. Some have thought that the apparent misappropriation of *nyctalopia* to night-blindness may be explained by admitting the use of the α priv. between νύξ and σκοπμαι or ωπος, but this derivation does not seem probable.

I. Vision lost or obscure BY DAY, comparatively good AT NIGHT—night-sight, day-blindness.

NOS. SYN. Νυκταλωπια: Hipp.* Gal.† Νυκταλωφ (the disease): Paul.-Ægin. Νυκταλωπιασις: Oribas. Νυκταλωπηξ: Aristot. *Nyctalopia* (or rather *nyctalops*, the adjective in the same sense): Plin. Ulpian. Dig. Theodor. Priscian. *Nyctalopa*: Marcell. Empir. *Luscitio*: Festus, Seneca.‡ *Nyctalopia*: Linn. Vog. *Amblyopia meridiana*: Sauv. Swed. *Vespertina acies*: Plater. *Visus nocturnus*: Boerh. *Paropsis lucifuga*: Good. *Oxyopia*: Auct. *Photophobia*: Plenck. *Dysopia luminis*: Cull. *Visus acrior*: Darw. *Hemeralopia*: Auct.

VERN. SYN. Gr. Νυκταλωπια. Lat. *Luscitio*, *nyctalopa*. Eng. Day-blindness, night-sight. Ger. Tagblindheit, hühnerblindheit. Dut. Dagblindheid, nagtgezicht. Dan. Nattesyn. Swed. Nattsyn, kattögd. Fr. Nyctalopie, vue de hibou, vue de nuit. Ital. Nittalopia, cecita di giorno. Span. Ceguera de día.

* Οι της νυκτος ορωντες, ους δη νυκταλωπας καλεομεν. Prædict. lib. ii.

† Galen also uses it in the opposite sense: In Isag. c. 15 ad fin. So also would seem to do Hippoc. (Porrhet.) and even Aristot.

‡ Pliny and others use the word in the reverse sense.

II. Vision lost or obscure BY NIGHT, good or comparatively good BY DAY—day-sight, night-blindness.

NOS. SYN. *Hemeralopia*: Vog. Plenck. Bampfield, Simson. *Hemeralops*: Auct. *Visus diurnus*: Boerh. *Amblyopia crepuscularis*: Sauv. Swed. *Nyctalopia*: Auct. Rec. *Paropsis noctifuga*: Good. *Dysopia tenebrarum*: Cull.

VERN. SYN. Eng. Day-sight, night-blindness, hen-blindness. Ger. Tagsehen, nachtblindheit, hemeralopie. Dut. Dagsziende, daggezicht. Dan. Natblende. Swed. Skumöghet. Fr. Aveuglement de nuit, vue de jour. Ital. Emeraldopia, cecita di notte. Span. Ceguera de noche.

1645 Bontius, J. De medicina Indorum (lib. iv.) Par. 8vo.

1694 Dale, S. An odd case of vision (Phil. Trans. vol. xviii.) Lond. 4to.

1754 Bergen, C. A. Weise, J. C. De nyctalopia seu cœtitate nocturna (Hall. D. ad M. i.) Franc. 4to.

1774 Hautesierk, R. de, Recueil d'observation de médecine (2 vol. tom. ii.) Par. 4to.

1774 Nicolai, De nyctalopia. Jenæ, 4to.

1787 Valentin, J. L. Dissertatio de struma bronchocele dicta, et de hemeralopia. Nancy, 8vo.

1790 Chamseru, Mémoires de la Société Royale de Médecine (t. vii. an 1786.) Par. 4to.

1791 Kraft, Dissertatio de nyctalopia. Halæ, 8vo.

1794 Guthrie, M. M.D. Account of the hen-blindness of Russia (Ed. Med. Comm. xix.) Edin.

1801 Scarpa, Ant. Malattie degli occhi (p. 252.) Pavia, 8vo.

1803 Capon, J. B. Dissertation sur la nyctalopie. Par. 8vo.

1810 Bateman, Th. M.D. Rees's Cyclopædia (art. *Nyctalopia*).

1811 Forbes, J. On tropical nyctalopia (Ed. Journ. vol. vii.) Edin.

1814 Bampfield, R. W. A practical essay on hemeralopia (Med. Chir. Trans. v.) Lond.

1819 Meisner, E. Bemerkungen aus dem taschenbuch eines artzes. Hal. 8vo.

1819 Simpson, And. Observations on hemeralopia or nocturnal blindness. Glasg. 8vo.

1830 Ammon, Encycl. Wörterb. (art. *Nacht Blindheit*) b. v. Berl.

1830 Radius, J. Scriptores ophthalmologici minores (3 vol.) Lips. 8vo.

1833 Grant, Cyc. of Pract. Med. (art. *Nyctalopia*) vol. iii. Lond.

1833 Sanson, Dict. de Méd. Prat. (art. *Héméralopie*) t. ix. Par.

1834 Sanson, Dict. de Méd. Prat. (art. *Nyctalopie*) t. xii. Par.

OBESITY—POLYSARCIA.

DERIV. Lat. *obesitas*. Gr. πολυσαρκια, from πολυ, much, and σαρξ, flesh.

NOS. SYN. Πολυσαρκια, Πολυσαρκια, Παχυσαρκια: Coel.-Aurel. *Corpulentia*: Plin. *Phæignus plethoricus*: Sauv. *Polysarcia*: Sauv. Linn. Vog. Sag. Good. *Polysarcia adiposa*: Sauv. Good. *Epimelium polysarcia*: Young. *Polysarcia faginnosa*: Forest. *Steotites*: Vog. *Polypionia*, *Polypioties*: Swed.

VERN. SYN. Gr. Πολυσαρκια. Lat. *Obesitas*,

corpulentia. *Eng.* Obesity, corpulence, morbid fatness. *Ger.* Dicke, fette, vollebigkeit. *Dut.* Lyvigheid, vetlyvigheid, zwaarlyvigheid. *Dan.* Fyldighed. *Swed.* Ofverfett. *Fr.* Obésité, corpulence, embonpoint excessif. *Ital.* Obesita, corpulenza. *Span.* Obesidad, corpulencia.

1674 *Hoffmann, Hen.* Thesium medicarum semicenturia de pinguedine. *Altd.* 4to.

1681 *Ettmuller*, Dissertatio de corpulentia nimia (Opp. t. ii.) *Lips.* 4to.

1701 *Schapper, J. E.* Epistola de obesitate nimia. *Rost.* 4to.

1718 *Hoffmann, Fr.* Dissertatio de pinguedine (Opp. Suppl. ii.) *Hal.* 4to.

1727 *Short, Thom.* M.D. Discourse on the causes and effects of corpulency. *Lond.* 8vo.

1734 *Pohl, J. C.* De obesis et voracibus, eorumque vitæ incommodis atque morbis (Hall. Disp. Anat. iii.) *Laus.* 4to.

1760 *Fleming, Malc.* M.D. A discourse on the nature, &c. of corpulency. *Lond.* 8vo.

1772 *Baker, Sir G. M.D.* Case of Mr. Wood (Med. Trans. ii.) *Lond.* 8vo.

1786 *Jansen, W. X.* Abhandlung von dem thierischen fette. *Hal.* 8vo.

1788 *Walther, A. F.* De obesis eorumque morbis (Frank. Del. Op. v.) *Ticin.* 8vo.

1799 *Tweedie, James*, Hints on temperance and exercise in the case of polysarcia, &c. *Lond.* 8vo.

1810 *Maclean, L. M.D.* Inquiry into hydrothorax (chap. viii. on polysarcia as a cause) *Sudbury*, 8vo.

1811 *Dardonville, Hip.* Dissertation sur l'obésité. *Par.*

1811 *Maccary, Ange*, Traité sur la polysarcie. *Par.* 8vo.

1813 *Anon. (Wadd, W.)* Cursory remarks on corpulency, by a member of the College of Surgeons. *Lond.* 8vo.

1819 *Percy & Laurent*, Dict. des Sc. Méd. (art. Obésité) t. xxxvii. *Par.*

1822 *Wadd, W.* Cursory remarks on corpulency or obesity. *Lond.* 8vo.

1827 *Raige-Delorme*, Dict. de Méd. (art. Polysarcie) t. xvi. *Par.*

1829 *Wadd, W.* Comments on corpulency, lineaments of leanness, &c. *Lond.* 8vo.

1833 *Williams*, Cyc. of Pract. Med. (art. Obesity) vol. iii. *Lond.*

CEDEMA.

DERIV. *Gr.* οἰδμα, a swelling, from οἶδω, to swell. Hippocrates extends the term to any swelling, but it is restricted to its present sense by Galen.

NOS. SYN. Οἰδμα: *Gal.* Diosc. *Anasarca*: *Cull.* *Swed.* *Cedema*: *Sauv.* *Linn.* *Vog.* *Sag.* *Phlegmatia*: *Sauv.* *Leucophlegmatia*: *Plater.* *Hydrops cellularis (artuum)*: *Good.* *Ephyma œdematicum*: *Young.*

VERN. SYN. *Gr.* Οἰδμα. *Lat.* Tumor pedum. *Eng.* Watery swelling, puffing. *Ger.* Wässerige geschwulst, wassergeschwulst, kalte geschwulst. *Dut.* Kout-gezwel, slym-gezwel, zugt-gezwel. *Dan.* Vandbyld. *Swed.* Kallsvulst, vattensvulst. *Fr.* Enflure, œdème, infiltration, œdématie. *Ital.* Edema. *Span.* Edema.

(For Literature, see DROPSY.)

OPHTHALMIA.

DERIV. *Gr.* οφθαλμία, from οφθαλμος, the eye: th. οπτω

NOS. SYN. Οφθαλμία: *Hipp.* *Gal.* Ταραχίς, Επιφώρα, Χρωσις: *Gal.* *Paul.* Ξηροφθαλμία: *Paul.* *Ægin.* *Oculorum inflammatio*, *Lippitudo*: *Cels.* *Ophthalmoponia*: *Heist.* *Ophthalmia*: *Sauv.* *Linn.* *Vog.* *Sag.* *Junck.* *Macb.* *Cull.* *Good.* *Plenck.* *Chemosis*: *Vog.* *Ophthalmites*: *Vog.* *Inflammatio oculorum*: *Hoffm.* *Cauza ophthalmites*: *Young.* *Dolor oculorum*: *Sennert.* *Ophthalmitis*: *Swed.* *Ploucq.*

VERN. SYN. *Gr.* οφθαλμία, ξηροφθαλμία. *Lat.* *Lippitudo*, *inflammatio oculorum*. *Eng.* Inflammation of the eyes, ophthalmia, sore eyes. *Ger.* Augenweh, augenentzündung. *Dan.* Oyenvee, øyenbetændelse. *Swed.* Ogonvärk, ogonhetta. *Dut.* Ooggezwel, ontsteeking der oogen. *Fr.* Ophthalmie, mal aux yeux. *Ital.* Dolore degli occhi, oftalmia, infiammazione d'occhi. *Span.* Oftalmia, dolor de los ojos, mal de ojos.

1722 *Lambrecht, A.* De ophthalmia. *Arnh.* 8vo.

1766 *Geach, F. M. D.* Medical and chirurgical observations on inflammations of the eyes, &c. *Lond.* 8vo.

1771 *Rowley, W.* Essay on ophthalmia. *Lond.* 8vo.

1771 *Lange, Mat.* Commentatio de ophthalmia. *Tyrnavia*, 4to.

1780 *Ware, J.* Remarks on ophthalmia, prur-ophthalmia, &c. *Lond.* 8vo.

1783 *Trnka, W. de K. M.D.* Historia ophthalmiæ omnis ævi observata continens. *Vind.* 8vo.

1789 *Weissenborn, J. F.* Bemerkungen ueber eine unbemerkte ursache der augenentzündung. *Erf.*

1796 *Thomann, J. N.* Geschichte einer metastatischen augenentzündung. *Wurz.* 8vo.

1798 *Ware, J.* Remarks on fistula lacrymalis and ophthalmia. *Lond.* 8vo.

1800 *Noble, Edw. M.* On ophthalmia. *Birmingham*, 8vo.

1800 *Savarezy, Ant.* Descrizione dell' oftalmia d'Egitto. *Cairo*, 4to.

1801 *Assalini, P. M.D.* Observations sur la peste et sur l'ophthalmie d'Egypte. *Par.* 8vo.

1801 *Larrey, Baron*, Mémoire sur l'ophthalmie régnante en Egypte. *Cairo*, 8vo.

1802 *Edmonstone, A.* An account of an ophthalmia in the second regiment, &c. *Lond.* 8vo.

1802 *Febure, W. le*, Abhandlung von der augenentzündung, &c. *Frankf.* 8vo.

1802 *Foureau-Beauregard, L.* Essai sur l'ophthalmie. *Par.* 8vo.

1802 *Spilsbury, F. B.* Observations on the acute disease of Egypt called the ophthalmia. *Lond.* 8vo.

1803 *Heyer, K. F.* Beytrag zu der nähern kenntniß der augenentzündung. *Bruns.* 8vo.

1803 *Power, Geo.* Attempts to investigate the cause of the Egyptian ophthalmia. *Lond.* 8vo.

1804 *Dervez, C. A.* Essai sur l'ophthalmie d'Egypte. *Strasb.* 8vo.

1804 *Neale, A. M.D.* Observations on the plague, dysentery, and ophthalmia of Egypt, &c. (translation of Assalini) *Lond.*

1806 *Edmonstone, A.* Treatise on the varieties of ophthalmia. *Edin.* 8vo.

1807 *Reid, H.* An essay on ophthalmia. *Lond.* 8vo.

1807 *Spindler, J.* Ueber entzündung des auges und ihre behandlung. *Wurz.* 8vo.

1807 *Wardrop, J.* Observations on the effects of evacuating the aqueous humour, &c. *Lond.* 8vo.

1807 *Vetch, John, M.D.* An account of the ophthalmia in England since the return of the British army from Egypt. *Lond.* 8vo.

1808 *Thomas, W.* Observations on the Egyptian ophthalmia as it appeared in England. *Lond.* 8vo.

1808 *Ware, J.* Remarks on the purulent ophthalmia lately epidemic. *Lond.* 8vo.

1809 *Serry, J. B.* A treatise on local inflammation, more particularly of the eye. *Lond.* 8vo.

1811 *Benedikt, T. W. G.* De morbis oculi inflammatoriis. *Lips.* 4to.

1811 *Furvell, Ch. M.D.* Observations on ophthalmia and its consequences. *Lond.* 8vo.

1814 *Adams, Sir W.* Official papers relative to cataract and Egyptian ophthalmia. *Lond.* 8vo.

1814 *Benedikt, T. W. G.* Von den augenentzündungen. *Leips.* 8vo.

1815 *Gräfe, C. F.* Die epidemisch-contagiose augenblennorrhöe Aegyptens, &c. *Berl.* 8vo.

1815 *Helling, G. L. A.* Beobachtungen ueber eine epidemische augenkrankheit. *Berl.* 8vo.

1815 *Lehmann, F.* Wahrnehmung bey behandlung der augenentzündungen. *Leips.* 8vo.

1815 *Wienhold, K. A.* Ueber eine heftige augenentzündung, &c. *Dresd.* 8vo.

1816 *Baltz, T. F.* Die augenentzündung unter den truppen in 1813 bis 1815; oder die ophthalmia catarrhalis bellica. *Berl.* 8vo.

1815 *Omodei, A.* Cenni sull' ottalmia contagiosa d'Egitto. *Milano.* 8vo.

1816 *Vasani, G.* Storia dell' ottalmia contagiosa dello spedale d'Ancona. *Verona.* 8vo.

1816 *Whately, G.* Remarks on the treatment of inflammation of the eye. *Lond.* 8vo.

1818 *Vetch, J.* Observations on Sir W. Adams's treatment of Egyptian ophthalmia. *Lond.* 8vo.

1819 *Jourdan, Dict. des Sc. Méd. (art. Ophthalmie) t. xxxvii. Par.*

1819 *Kluysskens, J. F.* Dissertation sur l'ophthalmie contagieuse. *Gand.* 8vo.

1819 *Vetch, J.* A letter on the Ophthalmic Institution. *Lond.* 8vo.

1820 *Frank, L.* De peste, dysenteria, et ophthalmia Ægyptiaca. *Wien.* 8vo.

1820 *Rust, J. N.* Die Ægyptische augenentzündung zu Mainz. *Berl.* 8vo.

1821 *Müller, J. B.* Erfahrungssätze ueber die contagiose augenentzündung. *Mainz.* 8vo.

1821 *Werres, C. A.* Schutzmittel und specifum gegen die contagiose augenentzündung. *Colln.* 8vo.

1824 *Baltz, T. F.* Ueber die augenentzündung welche unter den soldaten geherrscht hat. *Utrecht.* 8vo.

1824 *Bird, F.* Beobachtungen ueber die epidemische augenentzündung in 1815. *Hal.* 8vo.

1824 *Hewson, T.* Observations on venereal ophthalmia. *Lond.* 8vo.

1824 *Leuw, F. H. de,* Ueber die contagiose augenkrankheit. *Essen.* 8vo.

1826 *Lagneau, Dict. de Méd. (art. Ophthalmie) t. xv. Par.*

1834 *Sanson, Dict. de Méd. Prat. (art. Ophthalmie) t. xii. Par.*

1834 *Jacob, Cyc. of Pract. Med. (art. Ophthalmia) vol. iii. Lond.*

(See systematic works on Diseases of the Eye.)

OTALGIA, OTITIS.

DERIV. *Otalgia.* Gr. *otalgia*, from *otalgein*, to have a pain in the ear; from *ous*, (gen. *otos*,) the ear, and *algia*, to pain.

Otitis, a nosological compound, with the terminal sign of inflammation, from the same root.

NOS. SYN. *otalgia*: Gal. Dioscor. *Aurium dolor*, *Aurium inflammatio*: Cels. *Otalgia*: Sauv. Linn. Vog. Sag. Macb. Cull. Swed. *Dolor otalgicus*, *Spasmus otalgicus*: Hoffm. *Otites*: Vog. *Otorrhæa*: Sauv. Linn. Vog. Sag. Swed. *Inflammatio aurium*: Sennert. *Fluxus aurium*: Sennert. *Phlegmone auris*: Good. *Empresma otitis*: Good. *Otitis*: Young, Swed. Crich. *Blennorrhagia aurium*: Swed.

VERN. SYN. Gr. *otalgia*. Lat. *Aurium dolor*, *aurium inflammatio*. Eng. Earach, pain in the ear, inflammation of the ear. Ger. Ohrenschmerz, ohrschmerz, ohrenweh, ohrenzwarg. Dut. Oorpyyn, oorendwarg. Dan. Orepine, ørevee. Swed. Orvärk, örsjuka. Fr. Otalgie, douleur d'oreille, mal d'oreille. Ital. Otite, infiammazione d'orecchio, dolore d'orecchio, grattagranchio. Span. Inflamacion de oidos, dolor de oidos.

(For Literature, see EAR, DISEASES OF.)

OVARIA, DISEASES OF.

DERIV. Plur. of Lat. *ovarium* (not a classical word), a place for depositing eggs, from *ovum*, an egg.

SYN. (Sing.) Lat. *Ovarium*, *testis muliebriis*. Eng. Ovary. Ger. Dut. Eierstock. Fr. Ovaire. (Plur.) *Ovariorum morbi*; diseases of the ovaries; krankheiten der eierstöcke; maladies des ovaires.

1722 *Schlencker*, Dissertatio de singularis ovarii morbo (Hall. Diss. iv.) *Lugd. Bat.* 4to.

1724 *Pohl, J. C.* De hydropse saccato ex hydrodatibus (Hall. D. ad M. iv.)

1724 *Scheffler, J. C.* Historia hydropis saccati (Hall. D. ad M. iv.)

1751 *Fontaine*, Observatio rariorum tumorum ex scirrho ovariorum (Hall. D. ad M. iv.)

1768 *Sidren, J.* Casus sphaceli ovarii. *Upsal.* 4to.

1782 *Kruger, L.* Pathologia ovariorum muliebrium (Doering i.) *Goett.* 4to.

1782 *Le Roy, L. D.* De hydropse ovariorum (Diss. Lov. ii.) *Antverp.*

1789 *Motz, G. D.* De structura, usu, et morbis ovariorum (Doering i.) *Jen.*

1815 *Bücker, K.* De morbis ovariorum. *Wien.* 8vo.

1818 *Engelmann, S. R. J.* Hydropis ovarii adumbratio. *Berol.* 12mo.

1819 *Jörg, J. C. G.* Aphorismen ueber die krankheiten des uterus und der ovarien. *Leipz.* 8vo.

1819 *Murat, Dict. des Sc. Méd. (art. Ovaire) t. xxxix. Par.*

1825 *Lizars, John*, Observations on extraction of diseased ovaria. *Edin.* fol.

1830 *Seymour, E. J. M.D.* Illustrations of the principal diseases of the ovaria. *Lond.* 8vo.

1833 *Lee, Cyc. of Pract. Med. (art. Ovaria, Diseases of) vol. iii. Lond.*

1834 *Cruveilhier*, Dict. de Méd. Prat. (art. *Ocraires*) t. xii. *Par.*

1834 *Martin Solon*, Dict. de Méd. Prat. (art. *Ovarile*) t. xii. *Par.*

(See DROPSY, and WOMEN, DISEASES OF.)

PAIN AND PAINFUL DISEASES.

SYN. (*Pain.*) *Gr.* ἄλγος. *Lat.* Dolor. *Eng.* Pain. *Ger.* Schmerz. *Dut.* Pyn. *Dan.* Smerte, pine. *Swed.* Värk. *Fr.* Douleur. *Ital.* Dolore. *Span.* Dolor. *Port.* Dor.

1551 *Portius, Simon*, De dolore. *Florent.* 4to.

1590 *Romanus, Guil.* De modo sensationis, &c. hoc est, de dolore, &c. *Basil.* 4to.

1594 *Bacher, Steph.* Conclusiones medicæ et chirurgicæ de dolore. *Basil.* 4to.

1609 *Plater, F.* De doloribus lib. ii. *Franck.* 8vo.

1682 *Maynwaring, Ev. M.D.* Of the causes of pains afflicting humane bodies, &c. *Lond.* 8vo.

1700 *Bayle, Fr.* Dissertationes novæ de consuetudine, dolore, &c. (Opp. Om. 4 vol.) *Tolos.* 4to.

1725 *Andree, John*, Vocabulary in six languages, with a dissertation on pleasure and pain derived from external taction. *Lond.* 8vo.

1726 *Monteith, J.* De dolore (Smellie Thes. i.) *Edin.* 8vo.

1730 *Hoffmann, Fr.* Dissertatio de doloribus (Opp. Suppl. ii.) *Hal.* 4to.

1739 *Lobb, Theoph. M.D.* A practical treatise of painful distempers. *Lond.* 8vo.

1757 *Sauvages, F. B. de*, Theoria doloris. *Monspel.* 4to.

1778 *Roy, Carl le*, Von den vorhersagungszeichen in schmerzhaften krankheiten. *Lips.* 8vo.

1784 *Moore, James*, Method of preventing or diminishing pain in surgical operations. *Lond.* 8vo.

1787 *Gosse, P. J.* De doloris therapia (Diss. Lov. iv.)

1791 *Fordyce, James, D.D.* A discourse on pain. *Lond.* 8vo.

1791 *Lassard, A.* Essai sur un moyen à employer avant quelques opérations. *Par.* 4to.

1799 *Petit, M. A.* Discours sur la douleur, &c. *Lyon*, 8vo.

1803 *Bitzius, C. A.* Versuch einer theorie des schmerzens. *Bern.* 8vo.

1811 *Mojon, B.* Discorso sull' utilita del dolore. *Genev.* 4to.

1814 *Renaudin*, Dict. des Sc. Méd. (art. *Douleur*) t. x. *Par.*

1823 *Salgues, J. A.* Sur la douleur, considérée sous le point de son utilité en médecine. *Par.* 12mo.

1824 *Morelle, J. B.* Dissertation sur la douleur, &c. *Dole*, 8vo.

1827 *Georget*, Dict. de Méd. (art. *Douleur*) t. vii. *Par.*

1831 *Jolly*, Dict. de Méd. Prat. (art. *Douleur*) t. vi. *Par.*

PALPITATION—PALPITATION OF THE HEART.

DERIV. *Lat.* palpitation, from palpito, to throb.

NOS. SYN. *Gr.* πάλμος, καρδιαγμος; *Hipp.* Gal. Cordis palpitation; *Plin.* Palmus; *Ploucq.* Formido; *Holler.* Palpitatio; *Sauv.* Linn. Vog. Sag. Hoffm. Junek. Mach. Cull. Clonus palpi-

tatio; *Good.* Palmus cordis; *Young.* Cardio-palmus; *Swed.* Pulsatio cordis, Tremor cordis; *Auct.*

VERN. SYN. *Gr.* πάλμος. *Lat.* Palpitatio, palpitation cordis. *Eng.* Palpitation, palpitation of the heart. *Ger.* Hertzklappen. *Dut.* Hartklopping. *Dan.* Hierteeklappen. *Swed.* Hjertklappning. *Fr.* Palpitation de cœur. *Ital.* Palpitazione di cuore, battimento di cuore. *Span.* Palpitacion, latidos del corazon.

1538 *Calanius, Prosp.* Commentarius de cordis tremore, &c. &c. *Lugd. Bat.* 8vo.

1573 *Patini, Bened.* Consilium pro Maximiliano Cæsare de cordis palpitatione. *Brix.* 8vo.

1578 *Camutius, And.* Excussio brevis præcipui morbi, nempe cordis palpitationis, &c. &c. *Flor.* 8vo.

1609 *Pissini, Seb.* De cordis palpitatione cognoscenda et curanda. *Franc.* 4to.

1613 *Victori, Aug.* De palpitatione cordis, &c. *Rom.* 4to.

1618 *Albertini, Annibal*, De affectionibus cordis lib. iii. de palpitatione, &c. *Cæs.* 4to.

1622 *Crocusius, C. F.* Questiones medicæ de palpitationis cordis natura et curatione. *Marb.* 4to.

1676 *Conninck, Gul.* Disputationes medicæ de palpitatione cordis. *Lugd. Bat.* 4to.

1718 *Beck, J. G.* De viro palpitatione cordis et asthmate mortuo (Hall. D. ad M. ii.) *Giessæ*, 4to.

1719 *Hoffmann, Fr.* Dissertatio de palpitatione cordis (Opp.) *Hal.* 4to.

1748 *Lamure, F. B. de*, Pathologicarum de febre et palpitatione cordis lectionum vindiciæ. *Monsp.* 8vo.

1749 *Serane, Car.* Responsio ad scriptum Fr. Lamure, M.D. pathologicarum de febre et palpitatione cordis lectionum vindiciæ. *Monsp.* 8vo.

1803 *Albers, J. A.* Ueber pulsationen im unterleibe. *Bremen.* 8vo.

1819 *Merat*, Dict. des Sc. Méd. (art. *Palpitation*) t. xxxix. *Par.*

1819 *Portal*, Des palpitations du cœur (Mémoires, t. iv.) *Par.* 8vo.

1826 *Andral*, Dict. de Méd. (art. *Palpitation*) t. xvi. *Par.*

1834 *Hope*, Cyc. of Pract. Med. (art. *Palpitation*) vol. iv.

(See HEART, DISEASES OF.)

PANCREAS, DISEASES OF— INFLAMMATION, PAIN, SWELLING.

I. Inflammation.

DERIV. *Pancreatitis*. From *παγκρεας*, (from *παν*, all, and *κρεας*, flesh,) and the terminal participle *itis*.

NOS. SYN. *Pancreatitis*; *Swed.* *Pancreatica*; *Vog.* *Inflammatio pancreatis*; *Auct.*

II. Pain.

DERIV. *Pancreatalgia* (scarcely in use), from *παγκρεας* and *αλγεια*, to pain.

III. Swelling.

DERIV. *Pancreatoncus*, from *παγκρεας*, and *ογκος*, tumour.

NOS. SYN. *Pancreatoncus*; *Swed.* *Emphraxis*

pancreatis (εμφραξις, obstruction): Swed. *Parabysma pancreaticum*: Good. *Torpor pancreatis*: Darw. *Obstructio pancreatis*, *Physconia pancreatica*: Auct.

1664 *De Graaf*, R. Tractatus anatomico-medicus de succi pancreatici natura et usu. *Leid.* 8vo.

1677 *Swalve*, Bernh. Pancreas, pancrene; sive pancreatis commentum. *Amst.* 12mo.

1713 *Hoffmann*, Fr. Dissertatio de pancreatis morbis (Opp. Supp. ii.) *Hal.* 4to.

1722 *Brunner*, J. C. Experimenta nova circa pancreas. *Lugd. Bat.* 8vo.

1796 *Rahn*, J. R. Diagnosis scirrhorum pancreatis. *Goett.* 4to.

1804 *Portal*, Ant. Cours d'anatomie médicale (t. v. 346. du pancreas) *Par.* 8vo.

1807 *Hoffmann*, G. C. M. De pancreate ejusque morbis. *Nürnb.* 8vo.

1812 *Harles*, C. F. Ueber die krankheiten des pancreas. *Nürnb.* 4to.

1833 *Carter*, Cyc. of Pract. Med. (art. *Pancreas*, *Diseases of*) vol. iii. *Lond.*

1834 *Jolly*, Dict. de Méd. Prat. (art. *Pancratië*) t. xii. *Par.* 8vo.

PARALYSIS (PARAPLEGIA, HEMIPLEGIA.)

DERIV. *Paralysis*. Gr. παραλυσις, from παραλυω, fut. -ωσω, to unloosen, from παρα (signifying in composition an imperfection), and λυω, to loosen.

Paraplegia. Gr. παραπληγια, from παραπλησσω, fut. -ηξω, to strike badly, from παρα, and πλησσω, to strike.

Hemiplegia. Gr. ημιπληγια, from ημισυ, half, and πλησσω.

I. Paralysis.

NOS. SYN. Παραλυσις, Παρεσις: Hipp. Gal. Aret. *Paralysis*: Plin. *Resolutio nervorum*: Cels. *Paresis*: Willis. *Paralysis*: Boerh. Sauv. Linn. Vog. Junck. Cull. Mach. Young, Swed. *Atonia*: Linn. *Carus paralysis*: Good.

VERN. SYN. Gr. Παραλυσις, Παρεσις. Lat. *Resolutio nervorum*. Eng. *Palsy*. Scot. *Blast*. Ger. *Lähmung*. Dut. *Lammigheid*, *lamheid*, *veroertheid*, *geraaktheid*. Dan. *Læmelse*, *rorelse*, *verkrud*. Swed. *Förlamning*, *lamhet*, *vortagenhet*. Fr. *Paralysie*. Ital. *Paralisi*. Span. *Paralisis*, *parlezia*.

II. Paraplegia.

NOS. SYN. *Paraplegia*: Linn. Vog. Good, Swed. *Paraplexia*: Sauv. Sag. *Paralysis paraplegica*: Cull. *Paralysis corporis inferioris*: Plater. *Paralysis paraplegica*: Young. *Paralysis universalis*, *Parapoplexia*: Auct.

III. Hemiplegia.

NOS. SYN. *Hemiplegia*: Sauv. Linn. Vog. Sag. Good, Swed. *Paralysis hemiplegica*: Cull. *Epilegia*: Dover. *Paralysis hemiplegia*: Young. *Hemiplexia*: Auct.

1606 *Quercetanus*, Jos. Tetras gravissimorum totius capitis adfectuum. *Marb.* 8vo.

1653 *Bartholinus*, Thom. Paralytica novi testamenti medico commentario illustrata. *Cop.* 4to.

1688 *Denis*, J. Lettre touchant l'origine de la transfusion du sang, &c. *Par.* 4to.

1725 *Blackmore*, Sir R. A treatise on the spleen, &c. with three discourses on cholic, palsy, &c. *Lond.* 8vo.

1749 *Deshais*, J. S. De hemiplegia per electricitatem curanda (Hall. D. ad M. i.) *Monsp.* 4to.

1750 *Fabricius*, P. C. M.D. & *Kipping*, J. G. A. De paralyti brachii unius et pedis alterius lateris, dysentericis familiari (Hall. D. ad M. i.) *Helmst.* 4to.

1750 *Weltinus*, J. J. De aneurismate vero pectoris externo hemiplegiæ sobole (Hall. D. Chir. ii.) *Basil.* 4to.

1752 *Tresken*, J. G. Tageregister über die wirkungen der electricität, &c. *Koen.* 8vo.

1754 *Fabricius*, Dissertatio de paralyti musculorum capitis extensorum (Hall. Coll. Diss. i.) *Lips.* 4to.

1754 *Quelmalz*, S. T. De musculorum capitis extensorum paralyti (Hall. D. ad M. i.) *Lips.* 4to.

1757 *Franklin*, B. On electricity in paralytic cases (Phil. Trans.) *Lond.* 4to.

1760 *Cramer*, C. De paralyti et setaceorum adversus eam eximio usu (Sandifort Thes. i.) *Goett.* 4to.

1765 *Aurivillius*, S. Dissertatio de paralyti (Baldinger Syll. i.) *Upsal.* 4to.

1769 *Cavallini*, Gius. Storia d'una paralisis curata con l'unzione mercuriale. *Venez.* 4to.

1770 *Charleton*, R. M.D. An inquiry into the efficacy of warm bathing in palsies. *Oxf.* 8vo.

1770 *Marquet*, J. N. Traité d'apoplexie, paralysie, &c. *Par.* 12mo.

1772 *Bianchi*, Giov. Storia d'un apostema nel lobo destro del cerebello che produsse la paralisis della parte destre. *Rimini.* 8vo.

1772 *Sans*, L'Abbé, Guérison de la paralysie par l'électricité. *Par.* 12mo.

1773 *Pereboom*, C. Dissertatio de paralyti imprimis nervica (Schlegel Thesaur. i.) *Hoornæ*, 4to.

1775 *Charleton*, R. M.D. Three tracts on Bath water (2nd, on palsies) *Lond.* 8vo.

1778 *Rubiqueau*, M. Nouveau manège mécanique pour les paralytiques. *Par.* 8vo.

1779 *Pott*, Perc. Remarks on palsy of the lower limbs from curvature of the spine. *Lond.* 8vo.

1780 *Florilli*, Lettera sopra gli stravaganti sintomi di una paralisis. *Firenze.* 8vo.

1782 *Pott*, Perc. Further remarks on the useless state of the lower limbs, &c. *Lond.* 8vo.

1783 *Jebb*, John, M.D. Select cases of paralysis of the lower extremities. *Lond.* 8vo.

1784 *Chandler*, Ben. An inquiry into the theories and methods of cure of apoplexies and palsies. *Canterb.* 8vo.

1784 *Rossum*, van, Dissertatio de paralyti (Doering i.) *Lovan.* 4to.

1784 *Van Rotterdam*, J. C. De paralyti (Diss. Lov. iii.) *Antv.* 4to.

1792 *Kirkland*, Thos. M.D. A commentary on apoplectic and paralytic affections. *Lond.* 8vo.

1793 *Alderson*, John, M.D. An essay on the rhus toxicodendron, showing its efficacy in paralysis, &c. *Hull.* 8vo.

1797 *Bethke*, K. C. Ueber schlagflüsse und lähmungen. *Lips.* 8vo.

1798 *Brera*, L. V. Riflessioni sul'uso del fosforo nell' emiplegia. *Pavia.* 8vo.

1805 *Latour*, D. Mémoire sur la paralysie des extrémités inférieures. *Par.* 8vo.

1805 *Ottensee*, J. L. Von den erkenntniss und

heilung des schlagflusses und der lähmung. *Berl.* 8vo.

1817 *Merat*, Dict. des Sc. Méd. (art. *Hémiplégie*) t. xx. *Par.*

1817 *Parkinson*, *Jas.* An essay on the shaking palsy. *Lond.* 8vo.

1819 *Chamberet*, Dict. des Sc. Méd. (art. *Paralysie*, *Paraplégie*) t. xxxix. *Par.*

1819 *Merat*, Dict. des Sc. Méd. (art. *Paralysie des viscères*) t. xxxix. *Par.*

1823 *Cooke*, J. M.D. A treatise on nervous diseases (vol. ii. on palsy) *Lond.* 8vo.

1826 *Calmeil*, L. F. De la paralysie considérée chez les aliénés. *Par.* 8vo.

1826 *Rochoux*, Dict. de Méd. (art. *Paralysie*) t. xvi. *Par.*

1833 *Todd*, Cyc. of Pract. Med. (art. *Paralysie*) vol. iii. *Lond.*

(See NERVOUS DISEASES.)

PAROTITIS—MUMPS—DISEASES OF THE PAROTID GLANDS.

DERIV. *Gr.* *παρωτίς*, the parotid gland; also the tumefaction of this gland, (from *παρά*, near, and *οὖς*, gen. *οὔρε*, the ear): *parotitis*, by the addition of the nosological sign of inflammation, *itis*.

NOS. SYN. *Παρωτίτις*: Hipp. Gal. *Parotitis*: Darw. Cricht. *Cynanche parotidæa*: Sauv. Cull. Parr, Swed. *Parotis*: Sauv. Vog. Sag. Pin. *Parotidoneus*: Swed. *Angina externa*: Russel. *Phlegmone parotidæa*: Good. *Empresma parotitis*: Good. *Cauma parotitis*: Young.

VERN. SYN. *Gr.* *Παρωτίς*. *Eng.* Mumps, inflammation of the parotid. *Scot.* Branks. *Ger.* Entzündung der ohrdrüse, ohrdrüsen geschwulst, ohrenbeulen. *Dut.* Oorgezwellen. *Dan.* Orebyld. *Swed.* Orböld. *Fr.* Oreillons, ourles, parotide. *Ital.* Orecchioni, parotite. *Span.* Páperas.

1668 *Crispian*, Ant. Hypomnemata duo—de parotide in febris superveniente, &c. *Panorm.* 4to.

1736 *Valentini*, Onofrio, Discorso intorno alle parotidi nelle febbri. *Perugia.*

1755 *Schmidt*, E. G. Abhandlung von den geschwulsten am halse, &c. *Brauns.* 4to.

1773 *Gooch*, Benj. Medical and chirurgical observations. *Lond.* 8vo.

1782 *Rivolti*, A. D. (*Stoll*) De parotide (*Eye-rell. Stoll.* Diss. iii.) *Vienn.* 8vo.

1785 *Mariotti*, Annibale, Delle parotidi ne' mali acuti. *Perug.* 8vo.

1790 *Hamilton*, R. M.D. Account of the mumps (Trans. Roy. Soc. Edin. vol. ii.) *Edin.* 4to.

1793 *Klose*, J. De parotidibus. *Frankf.* 8vo.

1803 *Murat*, A. L. La glande parotide considérée sous ses rapports anatomiques, physiologiques, et pathologiques. *Par.* 8vo.

1808 *Noble*, J. History of an endemic cynanche parotide on board-ship (Ed. Med. Journ. iv. 304.) *Edin.* 8vo.

1811 *Duncan*, A. M.D. On the contagious epidemic diseases in Edinburgh in 1810 (Ed. Med. Journ. vii. 431.) *Edin.* 8vo.

1819 *Murat*, Dict. des Sc. Méd. (arts. *Oreillon*, *Parotide*) t. xxxviii. & xxxix. *Par.*

1820 *Gendron*, E. Mémoire sur les fistules de la glande parotide. *Par.* 8vo.

1826 *Rochoux*, Dict. de Méd. (art. *Parotide*) t. xvi. *Par.*

1834 *Begin*, Dict. de Méd. Prat. (art. *Parotide*) t. xii. *Par.*

1834 *Roche*, Dict. de Méd. Prat. (art. *Oreillon*) t. xii. *Par.*

1834 *Kerr*, Cyc. of Pract. Med. (art. *Parotitis*) vol. iii. *Lond.*

PELLAGRA.

DERIV. This is a vernacular Italian word, the derivation of which is unknown. Medical writers have traced it to *pellis agria*, quasi *wild skin*; but it would seem that the old Italian name for it was *pellarella* (Frank. Prax. Med. vol. iii.)

NOS. SYN. *Dermatagria*: Titius. *Ichthyosis pellagra*: Alib. *Scorbutus Alpinus*: Frank. *Elephantiasis Italica*: Good. *Tuber pellagra*: Parr. *Lepra Lombardica*: Swed. *Pellarsis*: Swed.

VERN. SYN. *Eng.* *Ger.* *Span.* *Pellagra*. *Fr.* *Pellagre*. *Ital.* *Pellagra*, *pelagra*, *pelarella*, *mal di miseria*, *malattia della miseria*, *mal del sole*, *mal rosso*.

1771 *Frapolli*, Fr. Animadversiones in morbum vulgo pellagram. *Mediol.* 8vo.

1776 *Odourdi*, J. D'une spezie particolare di scorbuto (Nuova Raccolta d'Op. Scient. &c.) *Ven.* 4to.

1778 *Zanetti*, Fr. De morbo, vulgo pellagra, dissertatio (Nov. Act. Nat. Cur. tom. vi.) *Norimb.* 4to.

1780 *Gherardini*, Mic. Della pellagra descrizione. *Milano.* 8vo.

1781 *Albera*, G. M. Trattato delle malattie dell'insolato di primavera, volgarmente dette, della pellagra. *Varese*, 4to.

1785 *Strambio*, Cuj. De pellagra, observationes in nosocomio pelagrosorum an. i. ii. iii. factæ. *Mediol.* 4to.

1788 *Jansen*, W. X. De pellagra morbo in Mediolanensi Ducatu endemio (Frank. Del. Opusc. ix.) *Lugd. Bat.* 8vo.

1789 *Fanzago*, Fr. Memoria sopra la pellagra del territorio Padovano. *Padov.* 8vo.

1790 *Videmar*, J. De quadam impetiginis specie, vulgo pellagra nuncupata. *Mediol.* 8vo.

1791 *Dellabona*, Paolo, Discorso comparativo sopra la pellagra, l'elefantiasi, e lo scorbuto. *Venezia.* 8vo.

1791 *Soler*, L. Osservazioni che formano la storia esatta di pellagra. *Ven.* 8vo.

1791 *Thiery*, M. Observations de physique et de médecine en Espagne. *Par.* 8vo.

1792 *Fanzago*, Fr. Paralleli tralla pellagra ed alcune malattie che piu l'assomigliano. *Padova*, 8vo.

1792 *Titius*, Sal. Con. Oratio de pellagræ morbi pathologia (Frank. Del. Opusc. xii.) *Lips.* 4to.

1794 *Careno*, Al. Tentamen de morbo pellagra, Vindobonæ observato. *Vien.* 8vo.

1794 *Strambio*, C. Dissertazioni sulla pellagra. *Milan*, 8vo.

1795 *Allioni*, C. Ragionamento sopra la pellagra. *Turin*, 8vo.

1795 *Frank*, L. Bemerkungen über die kraft warmer bäder im pellagra (Salzb. Med. Chir. Zeit. t. ii.) *Salzb.* 8vo.

1804 *Facheris*, Giac. Memoria sulla pellagra

(trattato delle malattie popolari del dipartimento del Serio, tomo i. p. 55.) *Bergamo*, 8vo.

1805 *Levacher de la Feutrie, A. F. T.* Recherches sur la pellagre. *Par.* 8vo.

1807 *Cerri, Giuseppe*, Trattato della pellagra. *Milano*, 8vo.

1807 *Schlegel, J. H. G.* Briefe einiger aertze in Italien ueber das pellagra. *Jena*, 8vo.

1810 *Marzari, G. B.* Saggio medico-politico sulla pellagra. *Venez.* 4to.

1811 *Boerio, Ant.* Storia della pellagra nel Carnovese. *Torin.* 8vo.

1811 *Cerri, Giu.* Osservazioni intorno all' saggio sulla pellagra di Marzari. *Milano*, 8vo.

1812 *Marzari, G. B.* Lettere al Dr. Thiene sulla pellagra. *Treviso*, 4to.

1814 *Ciarugi, V.* Saggio di ricerche sulla pellagra. *Firenz.* 8vo.

1815 *Fanzago, Fr.* Mémoires sulla pellagra (2 vol.) *Padova*, 8vo.

1815 *Ruggeri, G.* Riflessioni intorno alla memoria del Professore Marzari. *Pad.* 8vo.

1819 *Fanzago, Fr.* Istruzione catechistica sulla pellagra. *Venez.* 4to.

1817 *Holland, H. M.D.* On the pellagra of Lombardy (Med. Chir. Trans. viii. 317.) *Lond.* 8vo.

1818 *Zechinelli, G. M.* Alcune riflessioni sullo stato della pellagra, &c. *Pad.* 8vo.

1819 *Filippi, G. de'*, Memoria sulla pellagra. *Napoli.* 8vo.

1819 *Jourdan*, Dict. des Sc. Méd. (art. *Pellagre*) t. xl. *Par.*

1819 *Marzari, G. B.* Della pellagra e della maniera di estirpirla in Italia. *Ven.* 4to.

1820 *Strambio, C. Jun.* Natura, sede, e cagioni della pellagra, &c. *Milan*, 8vo.

1823 *Stoffella, P.* De morbo nuncupato pellagra (J. Frank Del.) *Vindob.* 8vo.

1826 *Lagneau*, Dict. de Méd. (art. *Pellagre*) t. xvi. *Par.*

1832 *Spessa, A. A.* Sulla pellagra (Annali d'Omodei vol. lxiv.) *Milan*, 8vo.

1834 *Brierre, de Boismont*, De la pellagre et de la folie pellagreuse. *Par.* 8vo.

1834 *Kerr*, Cyc. of Pract. Med. (art. *Pellagra*) vol. iii. *Lond.*

1834 *Rayer*, Dict. de Méd. Prat. (art. *Pellagre*) t. xii. *Par.*

PEMPHIGUS.

DERIV. Gr. *πεμφιξ*, gen. *πεμφιγος*, a small blister or pustule; the genitive being adopted into nosology in place of the nominative.

Nos. SYN. *Πεμφιξ*, *Πυρετος πεμφιγωδης*: Hipp. Gall. *Pemphigus*: Sauv. Sag. Cull. Macb. *Morta*: Linn. *Febris bullosa*: Vog. *Hidroa*: Piso. *Bullosa febris*: Morton. *Emphlysis pemphigus*: Good. *Typhus vesicularis*: Young. *Febris vesicularis, vesicatoria*: Auct.

VERN. SYN. Eng. Vesicular fever, bladder-fever. Ger. *Blasenausschlag*, *blasenfieber*. Dut. *Bleimuitslag*. Dan. *Blane-feber*. Swed. *Blädderpest*. Fr. *Fièvre vésiculaire*. Ital. *Penfigo*. Span. *Burbuja*.

(For Literature, see SKIN, DISEASES OF.)

PERFORATION OF HOLLOW VISCERA.

1758 *Hamberger, G. E.* De ruptura intestini

duodeni ex scirrho (Hall. D. ad M. iii.) *Laus.* 4to

1758 *Kaltschmidt, C. F.* De ileo a scrupulis pirorum mespilaceorum eroso et perforato (Hall. D. ad M. iii.) *Laus.* 4to.

1803 *Gerard, Alex.* Des perforations spontanées de l'estomac. *Par.* 8vo.

1817 *Crampton, J. M.D.* On ulceration and rupture of the stomach (Trans. of Dub. Assoc. i.) *Dublin*, 8vo.

1819 *Percy & Laurent*, Dict. des Sc. Méd. (art. *Perforation*) t. xl. *Par.*

1823 *Gairdner, John, M.D.* On perforation of the stomachs of infants after death. *Edin.* 8vo.

1826 *Andral*, Dict. de Méd. (art. *Perforation*) t. xvi. *Par.*

1826 *Gairdner, John, M.D.* Case of disorganization of the stomach of an infant (Ed. Journ.) *Edin.* 8vo.

1826 *Louis, P. C. A.* Recherches anatomopathologiques. *Par.* 8vo.

1833 *Carswell*, Cyc. of Pract. Med. (art. *Perforation of the Hollow Viscera*) vol. iii. *Lond.*

1834 *Devergie*, Dict. de Méd. Prat. (art. *Perforations Spontanées*) t. xii. *Par.*

PERICARDITIS, CARDITIS.

DERIV. *Carditis*, from *καρδια*, the heart, and the nosological sign of inflammation, *itis*; quasi *καρδιτις*.

Pericarditis, formed in the same manner from *περικαρδιον*, the pericardium, quasi *περικαρδιτις*. The separate inflammation of these two parts has only been recognized by recent pathologists.

Nos. SYN. *Carditis*: Sauv. Vog. Sag. Macb. Darw. Cricht. Pin. Swed. Auct.-rec. *Inflammatio cordis et pericardii*: Senac. *Synochus cardiaca*: De Meyseroy. *Empresma carditis*: Good. *Cauma carditis*: Young. *Pericarditis*: Vog. Pin. Swed. Auct.-rec.

VERN. SYN. Lat. *Inflammatio cordis*. Eng. Inflammation of the heart. Ger. *Hertzbeutel-entzündung*, *hertzentzündung*. Fr. *Inflammation du cœur*. Ital. *Cardite*, *pericardite*, *inflammation del cuore*, *del pericardio*. Span. *Carditis*, *inflamacion del corazon*.

1717 *Berger*, Dissertatio de inflammatione cordis. *Witteb.* 4to.

1729 *Heimann, A. B.* Dissertatio de pericardio sano et morbosio. *Leid.* 4to.

1742 *Hilscher, S. P.* De exulceratione pericardii et cordis (Hall. Disp. ii.) *Hal.* 4to.

1758 *Gloger*, Dissertatio de inflammatione cordis vera. *Jene.* 4to.

1775 *Pohl*, Programma de pericardio cordi adherente. *Lips.* 4to.

1778 *Nebel*, Programma de pericardio cum corde concreto. *Leips.* 4to.

1788 *Nunn, M.* Dissertatio de carditide spontanea (Doering i.) *Erford.* 4to.

1789 *Metzger*, Dissertatio de carditide (Doering i.) *Regiom.* 4to.

1807 *Gaulay, U.* Mémoire sur la gangrène du cœur. *Par.* 8vo.

1808 *Davis, J. F. M.D.* An inquiry into the symptoms and treatment of carditis. *Bath*, 8vo.

1810 *Lemazurier, M. J.* Dissertation sur la péricardite. *Par.* 4to.

1812 *Bouillier, J. C.* Dissertation sur la difficulté du diagnostic de le péricardite. *Par.* 8vo.

1813-19 *Merat*, Dict. des Sc. Méd. (art. *Cardite*) t. iv. (art. *Péricardite*) t. xl. *Par.*

1816 *Stanley*, E. Case of inflammation of the muscular substance of the heart (Med. Chir. Trans. vii.) *Lond.* 8vo.

1817 *Hertzberg*, G. L. De carditide, pt. i. ii. *Hal.*

1819 *Gittermann*, Geschichte einer epidemische herzentzündung (Rhein. Jahrb. b. vi.)

1819 *Heim*, Von der idiopathischen herzentzündung (Rustz's Mag. b. vi.) *Berl.* 8vo.

1819 *Huber*, C. U. J. Dissertatio de carditide quæ epidemice grassavit, &c. *Gröning.* 8vo.

1819 *Roux*, F. L. Collectanea quædam de carditide exudativa. *Lips.* 4to

1820 *Roux*, F. L. Commentarius de carditide exudativa (cum tabulis coloratis.) *Lips.* 4to.

1821-26 *Chomel*, Dict. de Méd. (art. *Cardite*) t. iv. (art. *Péricardite*) t. xvi. *Par.*

1822 *Dorn*, Beytrag zur diagnostik der herzentzündung (Hufeland's Journ. Jan.)

1822 *Petrenz*, Dissertatio de pericarditidis pathologia. *Lips.* 4to.

1823 *Tacheron*, C. F. Recherches anatomico-pathologiques (t. iii. *Péricardite*) *Par.* 8vo.

1824 *Puchelt*, F. A. B. De carditide infantum. *Lips.* 8vo.

1826 *Glas*, Ueber hertzentzündung. *Wurtzb.* 8vo.

1828 *Stiebel*, Monographia carditidis et pericarditidis acutæ. *Francos.* 4to.

1829 *Latham*, P. M. M.D. Clinical history of inflammation of the pericardium (Med. Gazette iii. p. 209.) *Lond.* 8vo.

1831 *Horn*, Encycl. Wörterb. (art. *Carditis*) b. vii. *Berl.*

1832 *Davis*, J. F. M.D. A second inquiry respecting pericarditis or rheumatism of the heart. *Bath*, 12mo.

1834 *Hope*, Cyc. of Pract. Med. (art. *Pericarditis* and *Carditis*) vol. iii. *Lond.*

(See also HEART, DISEASES OF.)

PERITONITIS.

DERIV. Gr. περιτοναίον or περιτονεύον, (from περιτείνω, to inclose or extend around;) Lat. *peritonæum* or *peritoneum*, the peritoneum; hence *peritonitis*, by the usual addition of *itis*.

NOS. SYN. *Phlegmone mesenterii*: *Prosp.-Alp.* *Peritonitis*: *Vog.* *Cull.* *Swed.* *Epiploitis*: *Sauv.* *Sag.* *Omentitis*: *Vog.* *Omenti inflammatio*: *Boerh.* *Mesenteritis*: *Vog.* *Enteritis mesenterica*: *Sauv.* *Inflammatio mesenterii*: *Hoffm.* *Empresma peritonitis*: *Good.* *Cauma peritonitis*: *Young.* *Enteritis epiploitis*: *Parr.* *Febris mesenterica*: *Darw.* *Febris puerperalis*: *Auct.*

VERN. SYN. Lat. *Inflammatio peritonei*. Eng. *Inflammation of the peritoneum*. Ger. *Darmfellentzündung*, *bauchfellentzündung*. Fr. *Péritonite*, *inflammation du péritoine*.

1734 *Luther*, Dissertatio de peritonæi integræ sanitatis et ambiguum morborum indice. *Erf.* 4to.

1768 *Desbans*, P. P. Specimen de hydropæ peritonæi saccato. *Goett.* 4to.

1785 *Walter*, J. G. M.D. De morbis peritonæi et apoplexia. *Berol.* 4to.

1785 *Walter*, J. G. Von den krankheiten des bauchfells und dem schlagfluss. *Berl.* 4to.

1800 *Hull*, J. M.D. An essay on phlegmasia dolens, with an account of peritonitis puerperalis. *Manch.* 8vo.

1803 *Laennec*, R. T. H. Histoire d'inflammation du péritoine (Journ. de Méd. v.) *Par.* 8vo.

1807 *Pemberton*, C. R. M.D. On diseases of the abdominal viscera (chap. i.) *Lond.* 8vo.

1808 *Broussais*, F. J. V. Histoire des phlegmasies chroniques (tom. ii.) *Par.* 8vo.

1813 *Sutton*, T. M.D. Tracts on delirium tremens, peritonitis, &c. *Lond.* 8vo.

1817 *Langenbeck*, K. J. M. De structura peritonæi, &c. *Goett.* fol.

1819 *Gasc*, Dict. des Sc. Méd. (art. *Péritonite*) t. xl. *Par.*

1819 *Monfalcon*, Dict. des Sc. Méd. (art. *Péritoine*) t. xl. *Par.*

1820 *Legouais*, M. A. P. F. Sur la péritonite puerpérale. *Par.* 8vo.

1821 *Gregory*, G. M.D. On scrofulous inflammation of the peritoneum (Med. Chir. Trans. vol. xi.) *Lond.* 8vo.

1823 *Scoutteten*, H. Anatomie pathologique du péritoine (Archives Gén. t. iii. iv.) *Par.* 8vo.

1825 *Lombard*, L. Sur quelques points d'anatomie pathologique du péritoine (Archiv. t. x.) *Par.* 8vo.

1826 *Chomel*, Dict. de Méd. (art. *Péritonite*) t. xvi. *Par.*

1826 *Louis*, P. C. A. Recherches anatomico-pathologiques. *Par.* 8vo.

1827 *Andral*, G. Clinique médicale (t. iv. Maladies de l'abdomen) *Par.* 8vo.

1828 *Abercrombie*, J. M.D. Pathological and practical researches on diseases of the stomach, &c. *Edin.* 8vo.

1830 *Baudelocque*, A. C. Traité de la péritonite puerpérale. *Par.* 8vo.

1830 *Tonellé*, Mémoire sur la péritonite puerpérale (Archives de Méd.) *Par.* 8vo.

1833 *Cruveilhier*, J. Anatomie pathologique (livr. xiii.) *Par.* fol.

1834 *Mac Adam*, Cyc. of Pract. Med. (art. *Peritonitis*) vol. iii. *Lond.*

1834 *Stokes*, Cyc. of Pract. Med. (art. *Peritonitis* from perforation) vol. iii. *Lond.*

1834 *Dugès*, Dict. de Méd. Prat. (art. *Péritonite*) t. xii. *Par.*

PHARYNGITIS—CYNANCHE PHARYNGEA, see THROAT, DISEASES OF.

PHLEBITIS—INFLAMMATION OF VEINS.

DERIV. From φλεψ, gen. φλεβος, a vein, by the addition of the particle *itis*.

VERN. SYN. Eng. *Inflammation of veins*. Ger. *Adenentzündung*. Fr. *Phlébite*.

1764 *Langsvert*, W. J. N. Theoria de articularum et venarum adfectionibus. *Prag.* 4to.

1773 *Neifeld*, E. J. Ratio medendi morbis circuli sanguinei. *Bresl.* 8vo.

1775 *Hunter*, John. On the inflammation of veins (Edin. Med. Comm. iii. 430.) *Edin.* 8vo.

1793 *Abernethy*, J. Surgical and physiological essays (ii. on the ill consequences sometimes succeeding to venesection) *Edin.* 8vo.

1793 *Hunter*, John. Observations on the inflammation of the internal coats of veins (Trans. Med. Chir. vol. i.) *Lond.* 8vo.

1794 *Schmuck*, Dissertatio sistens observationes medicas de vasorum sanguiferorum inflammatione. *Heidelb.* 4to.

1797 *Sasse, J. G. W.* Dissertatio de vasorum sanguiferorum inflammatione. *Hal.* 8vo.

1806 *Herissé, F. O. A. Le*, Sur la phlébite (*Journ. de Méd.* xii.) *Par.*

1806 *Schwilgué, C. J. A.* Faits pour servir à l'histoire des inflammations veineuses et artérielles (*Bibliothèque Médicale*, t. xvi.) *Par.* 8vo.

1812 *Wilson, J.* An instance of the obliteration of the vena cava from inflammation (*Trans. of a Soc. for Med. and Chir.* iii.) *Lond.* 8vo.

1815 *Hodgson, Jos.* Treatise on the diseases of arteries and veins. *Lond.* 8vo.

1815 *Longuet, L. B.* Sur l'inflammation des veines. *Par.* 8vo.

1817 *Ribes, F.* Mémoires de la Société Médicale d'Emulation, an viii. *Par.* 8vo.

1818 *Carmichael, R.* Observations on varix and venous inflammation (*Irish College Trans.* vol. ii.) *Dub.* 8vo.

1818 *Puchelt, F. A. B.* Der venensystem in seinen krankheiten verhaltenissen dargestellt. *Lips.* 8vo.

1818 *Travers, B.* On wounds and ligature of veins (*Surgical Essays*, vol. i.) *Lond.* 8vo.

1819 *Breschet, G.* De l'inflammation des veines (*Journ. Complément. Fév.*) *Par.* 8vo.

1820 *Breschet & Villermé*, Dict. des Sc. Méd. (art. *Phlébite*) t. xli. *Par.*

1820 *Palletta, G. B.* Exercitationes pathologicae (cap. ii.) *Mediol.* 8vo.

1821 *Meli, Dom.* Storia d'un 'angiôte universale, seguita da alcuni considerazioni generali intorno alla infiammazione de' vasi sanguiferi. *Milan.* 8vo.

1824 *Duncan, A. Jun. M.D.* Cases of diffuse inflammation from venesection (*Trans. of Edin. Med. and Chir. Soc.* i. p. 474.) *Edin.* 8vo.

1825 *Bouillaud, J.* Recherches pour servir à l'histoire de la phlébite (*Revue Méd.* 1825. t. ii. p. 71, 418.) *Par.* 8vo.

1825 *Frank, Jos.* De phlebitide (*Prax. Med. Univ.* p. ii. vol. viii. lib. 18.) *Taurin.* 8vo.

1825 *Ribes, F.* Exposé des recherches sur la phlébite (*Revue Méd.*) *Par.*

1826 *Breschet, G.* Dict. de Méd. (art. *Phlébite*) t. xvi. *Par.*

1828-9 *Dance*, De la phlébite considérée sous le rapport de causes, &c. (*Archiv. de Méd.*) *Par.*

1829 *Balling, F. A.* Zur venenentzündung. *Würzb.* 8vo.

1829 *Blandin, F.* Mémoire sur quelques accidens très communs à la suite des amputations (*Journ. Hebdom.* vol. ii.) *Par.* 8vo.

1829 *Arnott, J.* A pathological inquiry into the secondary effects of inflammation of the veins (*Med. Chir. Trans.* vol. xv.) *Lond.* 8vo.

1834 *Cruveilhier*, Dict. de Méd. Prat. (art. *Phlébite*) t. xii. *Par.*

1834 *Lee*, Cyc. of Pract. Med. (art. *Veins, Inflammation of*) t. iv. *Lond.*

PHLEGMASIA DOLENS.

DERIV. A nosological term compounded of a Greek substantive and a Latin adjective, φλεγμασία, inflammation, and dolens, painful,—painful inflammation.

NOS. SYN. *Phlegmasia dolens*, *Phlegmasia alba dolens*: *Hull.* *Phlegmasia lactea*: *Levret*, *Sauv.* *Ephyma œdematicum*: *Young.* *Sparganosis puerperarum*: *Good.* *Echymoma lymphatica*: *Parr.* *Ischias a sparganosi*: *Sauv.* *Cruritis*: *Hos.* *Phlebitis cruralis*: *Davis*, *Lee.* *Œdema lacteum*, *Hysteralgia lactea*, *Metastasis lactis*: *Auct.*

VERN. SYN. *Eng.* Swelled leg of lying-in women, crural phlebitis, white leg. *Ger.* Milchstreichen. *Fr.* Dépôt laiteux, lait répandu, œdème des nouvelles accouchées.

1688 *Mauriceau, F.* De l'enflure des jambes et des cuisses de la femme accouchée (*Traité des maladies des femmes grosses*, t. i. lib. iii. c. xx.) *Par.* 4to.

1731 *Anon.* Vena iliaca obstructa polyposo concreto (*Commercium literarium Noricum ad rei med. Sc. t. i. p. 75.*) *Norimb.* 4to.

1784 *White, Ch.* Inquiry into the nature, &c. of the swelling of the lower extremities in lying-in women. *Warrington*, 8vo.

1792 *Trye, C. B.* An essay on the swelling of the lower extremities incident to lying-in women. *Lond.* 8vo.

1800 *Hull, John, M.D.* An essay on phlegmasia dolens. *Manch.* 8vo.

1819 *Ferriar, J. M.D.* On an affection of the lymphatic vessels hitherto misunderstood (*Med. Hist. and Reflect.* vol. iii.) *Lond.* 8vo.

1811 *Chevalier, Th.* History of an extraordinary enlargement of the right lower extremity (*Med. Chir. Trans.* ii.) *Lond.* 8vo.

1819 *Casper, J. L.* Commentarius de phlegmatia alba dolente. *Hal.* 8vo.

1822 *Hosack, D.* On cruritis or phlegmatia dolens. *New York*, 8vo.

1823 *Davis, D. D. M.D.* An essay on the proximate cause of phlegmasia dolens (*Med. Chir. Trans.* xii.) *Lond.* 8vo.

1824 *Velpeau, A. L. M.* Recherches sur la phlegmasia alba dolens (*Archiv. Gén. de Méd.* Oct. 1824.) *Par.* 8vo.

1825-8 *Bouillaud, J.* Recherches pour servir à l'histoire de la phlébite utérine (*Revue Méd.*) *Par.* 8vo.

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1834 *Lee*, Cyc. of Pract. Med. (art. *Phlegmasia dolens*) vol. iii. *Lond.*

1834 *Bouillaud*, Dict. de Méd. Prat. (art. *Phlegmasia alba dolens*) t. xii. *Par.*

(See PHLEBITIS, and WOMEN, DISEASES OF.)

PHTHISIS—CONSUMPTION.

DERIV. Gr. φθσις. Lat. *phthisis*, decline, decay, from φθω, to waste away or decay.

Consumption, from Lat. *consumptio*, a wasting, from *consumo* (*prat. consumi*) to consume.

NOS. SYN. φθσις, φθον: *Hipp.* *Aret. Gal.* φθινὰς νοσος: *Plut.* *Tubes*: *Celsus.* *Phthisis*: *Plin.* *Cull. Sauv. Linn. Vog. Sag. Junck.* *Phthisis pulmonaris*, *Phthisis scrophulosa*: *Mort.* *Phthisis pulmonalis*: *Boerh. Swed. Dunc. Frank.* *Affectio phthisica*: *Hoffm.* *Tabes pulmonalis*: *Hoffm.* *Phthisis pulmonalis tuberculosa*, *phthisis pulmonalis scrophulosa*: *Auct.* *Hectica phthisis*: *Young.* *Marasmus phthisis*: *Good.* *Phthisis tuberculosa*: *Pinel.* *Pulmonia*: *Cirigli.* *Exulceratio pulmonum*: *Crausius.* *Consumptio pulmonum*: *Hebenstreit.*

VERN. SYN. Gr. φθσις, φθον, φθινὰς νοσος. Lat. *Phthisis*, *tabes*. *Eng.* Consumption, pulmonary consumption, phthisic, decline, a wearing. *Ger.* Schwindsucht, lungensucht, lungenkrankheit. *Dut.* Longezweer, teering, kwynning, longezucht, longteering. *Dan.* Svindsot, lungesot. *Swed.*

Tvintsot, tvintsjuka, lungsjuka. *Fr.* Consumption, étisie, pulmonie, phthisie, phthisie pulmonaire. *Ital.* Tisi, tisi polmonare, tischezza, tisia polmonare, polmonea, morbo tistico, etisia, consunzione. *Span.* Tisica, tisis, tisis pulmonar, consuncion. *Pol.* Suchoty.

1590 *Seidel, Jacobus*, Methodicæ arthritis et phthiseos curationes. *Anclam.* 4to.

1618 *Pansa, Mart.* Bericht von der schwind-sucht. *Leipz.* 8vo.

1647 *Garcieres, Theoph. de*, Angliæ flagellum, seu tabes Anglica. *Lond.* 4to. & 18mo.

1656 *Bennet, Chr.* Theatrum tabidorum, sive phthiseos xenodochium. *Lond.* 8vo.

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1835 *Clark, James, M. D.* A treatise on pulmonary consumption. *Lond.* 8vo.

PHYSOMETRA—TYMPANITES UTERI.

DERIV. From *φύσα*, wind, and *μυτρα*, the uterus—wind in the uterus, uterine tympany.

NOS. SYN. *Physometra*: Sauv. Sag. Cull. *Hysterophyse* (υστερα and φύσα): Vog. *Tympanites uteri*: Astruc. *Inflatio uteri*: Sennert. *Emphysema uterinum*: Young. *Emphysema uteri*: Good. *Hysteroncus physodes* (υστερα and ογκος, tumor): Swed.

VERN. SYN. *Eng.* Uterine tympany, air in the uterus. *Ger.* Windsucht der mutter. *Fr.* Tympanite de la matrice.

(For Literature, see UTERUS, DISEASES OF.)

PITYRIASIS.

DERIV. Gr. *πιτυρίασις*, from *πιτυρον*, plur. *πιτυρα*, bran, which last term was applied by the Greeks to the branny scurf found among the hair.

NOS. SYN. *Πιτυρίασις*: Gal. Actuar. Paul. *Porrigo*: Cels. Lorry, Frank. *Pityriasis*: Vog. Willan, Batem. Swed. *Tinea porriginosa*: Astruc. *Ephelis*: Auct. *Furfurisca*: Gilbert. *Tinea furfuracea*: Sennert. *Lepidosis pityriasis*: Young, Good.

VERN. SYN. Gr. *πιτυρίασις*. Lat. *Porrigo*. *Eng.* Dandriff, scurf. *Ger.* Hautkleie, kleien-grind, kleienartiger ausschlag, schuppen, hauptschuppen. *Dut.* Zemelagtigheid, schilfer op het hoofd. *Fr.* Teigne, dartre, dartre furfuracée, teigne de son.

(For Literature, see SKIN, DISEASES OF.)

PLAGUE—PESTIS.

DERIV. The English word *plague*, which is not merely synonymous but identical with the German *plage*, and the Dutch *plaag*,* is either derived directly from the Latin *plaga*, Gr. *πληγή*, a blow, stroke or wound, (from *πλησσω*, to strike,) or both rise from a still remoter root.

The English words *pest*, *pestilence*, and their congeners in the other modern languages (see below), are entirely transferred from the Latin words *pestis* and *pestilentialis*, having precisely the same meaning.

NOS. SYN. *Λοιμός*: Hipp. Gal. *Λοιμώδης πυρετός*: Auct. Græc. *Pestilentia*: Cels. Cæs. Plin. Cic. *Pestis*: Auct.-Lat. Sydenh. Sauv. Linn. Junck. Cull. *Febris pestilentialis*: Hoffm. Vog. *Typhus pestis*: Young. *Anthraxa pestis*: Good. *Exanthema pestis*: Parr. *Loimopyra*: Swed.

VERN. SYN. Gr. *Λοιμός*, *λοιμώδης πυρετός*. Lat. *Pestilentia*, *pestis*. *Eng.* Pest, pestilence, plague. *Ger.* Pest, plage, pestfieber, pestilenz. *Dut.* Plaa, pest, pestkoorts. *Dan.* Swed. Pest, pestilents. *Fr.* Peste, pestilence, fièvre pestilentielle. *Ital.* Peste, pestilenza. *Span.* Peste, plaga, pestilencia.

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1507 *Vochs, Joan.* De pestilentia anni præsentis ejusque cura. *Magd.* 8vo.

1518 *Bernardus, F.* Tractatus de origine et causis morbis pestilentialis. *Colon.* 4to.

1531 *Schillerus, Joach.* De peste Britannica commentarius. *Basil.* 12mo.

1536 *Gibson, Th.* A treatise behovefull to preserve the people from pestilence, &c. *Lond.* 4to.

* The word in Scotch is pronounced broad like the Dutch, as if written *plyaag*.

- 1549 *Gemma, J. B.* De vera ratione curandi bubonis carbunculi que pestilentialis. *Dant.* 4to.
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PLETHORA.

DERIV. Gr. πληθωρα, fulness, repletion; from πληθω, to fill, to be full, or πληθος, bulk, size.

NOS. SYN. πληθωρα, πληθος, πληθωρικον σωμα, πληθωρικη διαβασις; Gal. *Plethora*; Linn. *Sag.* Good. *Polychymia*; Swed.

VERN. SYN. Gr. πληθωρα. Lat. *Pletura*, repletura, repletio. Eng. *Plethory*, fulness, full habit of body, redundancy of blood. Ger. Vollblütigkeit. Dut. Bloedrykheid, overvloed van bloed. Dan. Fuldblodighed, blodfyldt. Swed. Blodfylla. Fr. Pléthore, plénitude de sang, surabondance de sang. Ital. *Pletora*, abbondanza di sangue. Span. *Pletora*, replecion de sangre.

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PLEURISY, PLEURITIS.

DERIV. The English word *pleurisy* is probably derived immediately from the French *pleurésie*, and both, obviously, from the Latin *pleurisis*, a classical word, but less common than *pleuritis*, which last is a mere transcription of the original Greek πλευριτις, derived from πλευρα, the side, and literally signifying *lateral*, but used absolutely and substantively as the name of the disease in lieu of πλευριτις νοσος, the side disease, or *pleurisy*.

NOS. SYN. πλευριτις; Hipp. *Morbus pleuriticus*; Cels. *Passio pleuritica*; Coel.-Aurel. *Pleuris*; Gordonius, Sydenh. *Pleuritica febris*; Hoffm. *Pleuritica*; Linn. *Pleura furens*; Van-Helm. *Mediastina*; Vog. *Morbus costalis*; Verna. *Pleuritis*; Sauv. Linn. Vog. *Sag.* Boerh. *Junck.* Swed. *Pneumonia pleuritis*; Cull. *Cauma pleuritis*; Young. *Empresma pleuritis*; Good. *Pleuritis pulmonis*, *Pleuripneumonia*, *Pleuroperipneumonia*, *Peripneumo-pleuritis*; Auct.

VERN. SYN. Gr. πλευριτις. Lat. *Pleuritis*, pleurisis, dolor lateris, inflammatio pleuræ. Eng. *Pleurisy*, pain in the side, side-ache, inflammation on the chest. Ger. Seitenwehe, seitenstechen, seitenstich, entzündung des rippenfells, brustfellentzündung. Dut. Zydewee, pleuris, steeking in de zyde. Dan. Pleuritis, hold og sting, side-sting. Swed. Häll och sting. Fr. Pleurésie, point de côté. Ital. Mal di punta, pleurite, pleurisia, doglia di costa, punta. Span. Pleuritis, pleuresia, dolor de costado, punta de costado.

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- 1827 *Chomel,* Dict. de Méd. (art. *Pleurisie*) t. xvii. *Par.*
- 1834 *Law, Cyc.* of Pract. Med. (art. *Pleurisy*) vol. iii. *Lond.*
- 1835 *Cruveilhier,* Dict. de Méd. Prat. (art. *Pleurisie*) t. xiii. *Par.*
- (See CHEST, DISEASES OF, and PNEUMONIA.)

PLICA POLONICA.

DERIV. *Plica Polonica*, literally the *Polish plait* or *fold*, the national adjective conjoined with the unclassical Latin word *plica*, from *plico*, to twist or fold, perhaps a contraction of the classical word *plicatura*, signifying the same.

Nos. SYN. *Lues Sarmatica*: *Fulgin.* *Plica Saxonica*: *Linn. Vog.* *Plica Polonica*: *Gehema, Fonseca, Starnigel.* *Trichoma*: *Juch. Sydorv.* *Cull. Sauv. Sag. Swed.* *Lues Pokutiensis*: *Grafenb.* *Morbus cirrhorum*: *Minadoo.* *Helotides*: *Agricola.* *Rhopalosis*: *Vog.* *Plica Belgarum*: *Schenk.* *Eophyma trichoma*: *Young.* *Trichosis plica*: *Good.*

VERN. SYN. *Eng.* *Plica Polonica.* *Polon.* *Gozdziec, gwozdziec, koltun, wieszczycza.* *Ger.* *Weichselkopf, judenzopf.* *Dut.* *Plecht, hairvlegt.* *Dan.* *Marelok.* *Swed.* *Härtöfva, martöfva.* *Fr.* *Plique Polonoise, plie, plique.* *Ital.* *Plica Polonica.* *Span.* *Plica Polonica.*

1599 *Starnigeld, Laur.* Epistola ad Academicum Paduanam de plica. *Patav.* 4to.

1600 *Fulginateus, L. C.* Consultatio de lue Sarmatica. *Ferrav.* fol.

1600 *Grafenberg, And. à,* Septem morborum ad Sarmatas dialogus de novæ Pokutiensis lue quam cirrorum morbum vocant, natura. *Victiæ,* 4to.

1600 *Minadous, J. T.* De morbo cirrhorum seu de helotide quæ Polonis gozdziek, consultatio. *Putav.* 4to.

1690 *Saxonia, Herc.* De plica, quam Poloni gwozdziek, Roxolani koltunum vocant. *Putav.* 4to.

1615 *Agricola, J.* De helotide seu plica Polonica. *Basil.* 4to.

1618 *Fonseca, Rod. à,* Consultationes medicæ : item de plica Polonica. *Venet.* fol.

1658 *Scultetus, J.* Trichiasis admiranda, sive morbus pilaris. *Norib.* 12mo.

1668 *Davidson, W.* Plicomastix seu plicæ e numero morborum apasmas. *Dantisci.* 4to.

1683 *Gehema, J. A.* De morbo vulgo dicta plica Polonica. *Hamb.* 12mo.

1712 *Bonfigli, Jos.* Tractatus medico-physicus de plica Polonica. *Vratisl.* 8vo.

1724 *Stobel, G. F.* Singulares observationes de plica Polonica (Hall. D. ad M. i.) *Hal.* 4to.

1748 *Vater, A. C.* De plica Polonica rarissima (Hall. D. ad M. i.—Phil. Trans. Lond. vol. xxxvii.) *Vitteb.* 4to.

1754 *Schulze, C. F.* Krankheiten in Pohlen und Lithuanen. *Dresd.* 8vo.

1775 *Vicat, P. R.* Mémoires sur la plique Polonoise, &c. *Lausanne.* 8vo.

1790 *Mustalier, J. J.* Practische abhandlung ueber den wichtelzopf. *Wien.* 8vo.

1792 *Hoffmann, J. F.* Beschreibung des weichselzopfs. *Königsb.* 8vo. Id. Memoirs of the Literary Society of Manchester, vol. iv. (transl.)

1797 *Brera, V. C.* Notions sur la plique Polonique (trans. from the Italian) *Bruxelles.* 8vo.

1798 *Brera, V. C.* Memorabilia de plica Polonica omni ævo observata : Commentatio. *Pav.* 8vo.

1801 *Berends,* Dissertatio de dubio plicæ Polonicæ inter morbos loco. *Frankf.* 8vo.

1804 *Wolframer, J. G.* Versuch ueber die ursachen und entstehung des weichselzopfs, nebst einer sichern heilung desselben. *Bresl.* 8vo.

1806 *Schlegel, F. A. J.* Ueber die ursachen des weichselzopfs der menschen und thierte, &c. *Jena.* 8vo.

1808 *De la Fontaine, F. L.* Traité de la plique Polonoise (transl. from the German) *Par.* 8vo.

1801 *Larrey, Bar.* Bulletin des Sciences Médicales (Feb.) *Par.* 8vo.

1810 *Hecker, A. F.* Gedanken ueber die natur und die ursachen des weichselzopfs. *Erfurt.* 8vo.

1812 *Wedemeyer, G. L. H. C.* Commentatio historica pathologiam pilorum sistens. *Goett.* 4to.

1813 *Chrony, Ed. von, Ruhmfeld, T. E. C.* Neueste ansicht des weichselzopfs, &c. *Freib.* 8vo.

1813 *Huet, J. B.* Essai médical sur la plique Polonoise. *Par.* 4to.

1814 *Frank, Jos.* Mémoire sur l'origine et la nature de la plique Polonoise. *Wilna.* 4to.

1814 *Gadowski, L. J.* Dissertation sur la plique Polonoise. *Par.* 4to.

1816 *Gasc, Ch.* Mémoire sur la plique Polonoise (Mém. de la Soc. Méd. t. i.) *Par.* 8vo.

1820 *Jourdan,* Dict. des Sc. Méd. (art. *Plique*) t. xliii. *Par.*

1820 *Kerckhoffs, J. R. L.* Observations médicales (sur la plique Polonoise, &c.—Medical Transactions, vol. vi.) *Lond.* 8vo.

1824 *Steinkühl, W. von,* Der weichselzopf in Deutschland. *Hadamari.* 8vo.

1825 *Alibert, J. L.* Description des maladies de la peau (t. ii.) *Par.* fol.

1827 *Kaczkowskii, C.* De plicæ Polonicæ in

varias partes corporis vi (J. Frank Delect. Opusc.) *Novor.* 8vo.

1827 *Rochoux,* Dict. de Méd. (art. *Plique*) t. xvii. *Par.*

1833 *Corrigan,* Cyc. of Pract. Med. (art. *Plica Polonica*) vol. iii. *Lond.*

PNEUMONIA, PERIPNEUMONIA, PNEUMONITIS.

DERIV. Gr. πνευμονία and περιπνευμονία, from πνευμων, gen. πνευμονος, the lung, φρῆν πνευμα, the breath, from πνέω, to breathe. Πνευμονία and περιπνευμονία are synonymous, although the etymology of the latter word would seem to imply either a more intense degree of the disease, or else a more superficial affection.

NOS. SYN. Πνευμονία : Aret. Περιπνευμονία, Περιπνευμονική νόσος : Dioscor. Vehemens morbus περιπνευμονία : Cels. Pneumonia : Cull. Crich. Parr. Peripneumonia : Coel. Aurel. Sauv. Linn. Vog. Sag. Boerh. Junck. Cull. Darw. Pin. Febris pneumonia : Hoffm. Macb. Pulmonia, Pulmonaria : Auct. Pneumo-pleuritis : Dolæus. Cauma peripneumonia : Young. Empresma pneumonitis : Good. Peripneumonitis : Bourgard. Pneumonitis : Bourgard, Swed. Peripneumonia superficialis : Darw.

VERN. SYN. Gr. Πνευμονία, περιπνευμονία, πνευμονία, περιπνευμονία, πνευμονις. Lat. Peripneumonia, inflammatio pulmonum. Eng. Inflammation of the lungs, peripneumony. Ger. Lungengentzündung, entzündung der lungen. Dut. Ontsteeking der longe, longonsteeking. Dan. Lungebetændelse, brystbætendelse. Swed. Lungbrand, bröstbrand. Fr. Inflammation des poulmons, péripneumonie, fluxion de poitrine. Ital. Pulmonia, infiammazione del petto. Span. Pulmonia, inflamacion del pulmon.

1565 *Galli, And.* Fasciculus de peste et peripneumonia cum sputo sanguineo, &c. *Brixia,* fol.

1614 *Pansa, Mart.* Consilium peripneumoniæ. *Annaberg.* 4to.

1618 *Tosius à Serra, M. A.* De nova quadam peripneumoniæ curandæ ratione a nemine hactenus excogitata (frigus attuale) *Venet.* 4to.

1720 *Gagliardi, Dom.* Relazioni de' mali di petto nell' archiospedale di San Spirito. *Rom.* 8vo.

1739 *Huxham, J. M. D.* Essay on fevers, with dissertations on peripneumonies, &c. *Lond.* 8vo.

1752 *Jacques, G. A. Guilbert, T. de P.* Ergo peripneumonix putridæ vomitoria (Hall. D. ad M. ii.) *Par.*

1753 *Buchner, A. E. Krausse, A. F.* De venæ sectionis in peripneumonia usu (Hall. D. ad M. ii.) *Hal.* 4to.

1760 *Paul, M.* Traité de la péripneumonie (traduite de Boerhaave, &c.) *Par.* 12mo.

1775 *Bellini, Horat.* De peripneumonia in vomica versa. *Rom.* 8vo.

1777 *Amar, D. J.* Instruccion curativa de dolores de costado y pulmonias. *Mad.* 4to.

1777 *Loeber, L.* Sendschreiben von der lungengentzündung eines 110-jarigen greises. *Dresd.* 8vo.

1777 *Romain,* Essai sur la manière de traiter les péripneumonies bilieuses. *Metz.* 8vo.

1780 *Leith, J. S.* De pneumonia (Webster Thes. Ed. i.) *Edin.* 8vo.

1782 *Longrois, Jeannet de, M.D.* De la pulmonie, de ses symptomes, &c. *Par.* 8vo.

1788 *Fiorani, Fr.* Saggio sopra la peripneumonia. *Pisa,* 4to.

1790 *Sachtleben, D. W.* Bemerkungen ueber die heilung der brüstenzündung. *Goett.* 8vo.

1793 *Seherer, J. A.* Ueber das einathmen der lebensluft in langwierigen brustenzündung. *Wien.* 8vo.

1796 *Kreysig, F. L.* Commentatio de peripneumonia nervosa. *Lips.* 8vo.

1798 *Cappel, L. C. G.* De pneumonia typhode sive nervosa. *Gott.* 8vo.

1802 *Heun, C. G.* De pneumoniae theoria atque curatione. *Leipz.* 4to.

1802 *Horn, Ernst.* Ueber die erkenntniss und heilung der pneumonie. *Frank.* 8vo.

1803 *Conradi, J. W. H.* Pneumonie und pleuritis in nosologischer und therapeutischer hinsicht. *Marb.* 8vo.

1804 *Hoffmann, G. H.* Sur la péripneumonie typhode. *Strasb.* 8vo.

1815 *Pacini, Luigi.* D'una suppurazione polmonale relazione. *Lucca,* 8vo.

1815 *Valentin, L.* Mémoire sur les fluxions de poitrine. *Nancy,* 8vo.

1816 *Mann, James.* Medical sketches of the campaigns of 1812-13-14, with observations on peripneumonia notha, &c. *Dedham, (Amer.)* 8vo.

1820 *Pinel & Bricheteau,* Dict. des Sc. Méd. (art. *Pneumonie*) t. xliii. *Par.*

1824 *Doussin-Dubreuil, J. L.* De la pulmonie, de ses causes, &c. *Par.* 12mo.

1826 *Andral, G.* Clinique médicale (t. iii. maladies de poitrine) *Par.* 8vo.

1827 *Chomel,* Dict. de Méd. (art. *Pneumonie*) t. xvii. *Par.*

1828 *Levrat-Perrotton, J. B.* Observations sur l'emploi du tartrate antimonié de potasse dans les phlegmasies des organes de la respiration. *Lyon,* 8vo.

1834 *Williams,* Cyc. of Pract. Med. (art. *Pneumonia*) vol. iii. *Lond.*

1835 *Bouillaud,* Dict. de Méd. Prat. (art. *Pneumonie*) t. xiii. *Par.* 8vo.

(See CHEST, DISEASES OF, and PLEURISY.)

PNEUMOTHORAX.

DERIV. A nosological compound, framed by Itard, from *πνευμα*, air, and *θώραξ*, the chest—*air in the chest*. The construction of the term *pneumothorax* has been criticised as not being in accordance with the more common mode of formation of Greek compounds. It is alledged that the dative, and not the nominative, of the first term is properly employed, and consequently that the word should have been *pneumatothorax*. In making this objection, it seems to be overlooked that the Greeks themselves in their best days frequently used the nominative in place of the dative in compounding words. This is abundantly obvious from many of our most ancient compound medical names, as *hydrothorax*, *hæmoptysis*, and the other compounds of *αίμα* and *ὄψορ*. (See note by *Laennec*, De l'Auscult. Méd. 2nd ed. t. ii. p. 240; and note by *Dr. Houghton*, Cyc. of Pract. Med. vol. iii. p. 451.)

It must, however, be admitted that, as we had previously many terms relating to the *lungs* commencing with *pneumo*, and several relating to *air* commencing with *pneumato*, it might have been better for the sake of uniformity to have employed the term *pneumato-thorax*.

1803 *Itard, E. M.* Dissertation sur le pneumothorax. *Par.* 8vo.

1819 *Laennec, R. T. A.* De l'auscultation médiate, t. ii. *Par.* 8vo.

1820 *Piorry,* Dict. des Sc. Méd. (art. *Pneumato-thorax*) t. xliii. *Par.*

1827 *Chomel,* Dict. de Méd. (art. *Pneumatose*) t. xvii. *Par.*

1833 *Townsend,* Cyc. of Pract. Med. (art. *Empyema*) vol. ii. *Lond.*

1834 *Houghton,* Cyc. of Pract. Med. (art. *Pneumothorax*) vol. iii. *Lond.*

(See CHEST, DISEASES OF.)

POLYPUS—POLYPUS OF THE HEART, BRONCHI, UTERUS, &c.

DERIV. Lat. *polypus*, Gr. *πολυπους*, from *πολυς*, many, and *πους*, foot: originally applied to an animal.

VERN. SYN. Gr. *πολυπους*. Lat. *Polypus*. Eng. *Polypus*, *polypi*. Ger. *Polyp*, gewächs, schleimgewächs, schleimprofpf. Dut. *Slym-prop*, bloedprop. Dan. *Slümvext*, kiöddbylde. Swed. *Köttväxt*. Fr. *Polype*. Ital. *Span*. Polipo.

1669 *Malpighi, M.* De viscerum structura, polypo cordis, &c. *Lond.* 8vo.

1684 *Gould, W.* Of a polypus in the heart of an epileptic (Phil. Trans.) *Lond.* 4to.

1700 *Bussiere, P.* On a polypus of the lungs (Phil. Trans.) *Lond.* 4to.

1721 *Schacher, P. G.* De polypis (Hall. D. ad M. ii.) *Lips.* 4to.

1726 *Goetz, G.* De polyposis concretionibus in pectore morbum causis (Hall. D. ad M. ii.) *Altd.* 4to.

1727 *Samber, R. M.D.* Of a polypus from the windpipe (Phil. Trans.) *Lond.* 4to.

1731 *Nicholls, F. M.D.* Account of a polypus from the bronchia (Phil. Trans.) *Lond.* 4to.

1736 *Hoffmann, Fr.* De præcavenda polyporum generatione (Opp. Suppl. ii.) *Hal.*

1740 *Huxham, J. M.D.* Of polypi from the hearts of sailors (Phil. Trans.) *Lond.* 4to.

1746 *Templeman, P. M.D.* Of a polypus at the heart (Phil. Trans.) *Lond.* 4to.

1749 *Levret, And.* Observations sur la cure radicale des polipes de la matrice, de la gorge, et du nez. *Par.* 8vo.

1760 *Sografi, Geo.* Dissertazione sul polipo del naso. *Padov.* 8vo.

1768 *Warren, R. M.D.* Account of the bronchial polypus (Med. Trans. i.) *Lond.* 8vo.

1771 *Dallas, Th.* Of a polypus in the pharynx and oesophagus (Ed. Ess. Ph. and Lit. vol. iii.) *Edin.* 12mo.

1776 *Negri,* Theses de polypis præcordiorum. *Ticini,* 4to.

1786 *Pasta, Jos.* De sanguine et sanguinis concretionibus. *Berg.* 8vo.

1789 *Maincourt,* Dissertatio de sanguineis concretionibus male polypis dictis in corde, &c. (Doering i.) *Par.* 4to.

1798 *Chisholm, Col. M.D.* Account of the epi-

demic polypus at Grenada in 1790 (Ann. of Med. v.) *Edin.* 8vo.

1809 *Roux, P. J.* Mémoire sur les polypes utérines (Mélanges de Chir. et de Phys.) *Par.* 8vo.

1820 *Meissner, F. L.* Ueber die polypen in den verschiedenen höhlen des menschlichen körpers. *Leips.* 8vo.

1820 *Monfalcon*, Dict. des Sc. Méd. (art. *Polype*) t. xiv. *Par.*

1821 *Mayer, C. G.* De polypis uteri. *Berl.* 4to.

1827 *Breschet*, Dict. de Méd. (art. *Polype*) t. xvii. *Par.*

1835 *Blandin*, Dict. de Méd. Prat. (art. *Polype*) t. xiii. *Par.*

POMPHOLYX. See SKIN, DISEASES OF.

PORRIGO.

DERIV. Lat. *porrigo*, gen. *porriginis*, by some supposed to be derived from *porrum*, a leek, by others from the verb *porrigo*, to spread: neither seems very probable.

NOS. SYN. *Αχρη*: Græc. *Favus*: Lat. *Por-rigo*: Cels. Plin. Vog. Willan. Batem. *Tinea*: Sauv. Sennert. Astruc, Cull. Sag. *Phlysis por-rigo*: Young. *Ecpyesis porrigo*: Good. *Scabies capitis*: Plenck. *Pityriasis*: Swed. *Crusta lactea*, *Impetigo*: Auct.

VERN. SYN.* *Gr.* *Αχρη*. Lat. *Porrigo*, *favus*. *Eng.* Tetter, scall, scalled head. *Ger.* Kleien, kleingrind. *Dut.* Hoofdchilfers. *Dan.* Aspe. *Swed.* Kliskorf. *Fr.* Gourme. *Ital.* Forfore. *Span.* Carpa.

(For Literature, see SKIN, DISEASES OF.)

PREGNANCY (*Med. Jurisp.*) see MEDICAL JURISPRUDENCE.

PROGNOSIS.

DERIV. *Gr.* *προγνωσις*, prescience, fore-knowledge, prognostication, from *προ*, before, and *γνωω*, *γινωσκω*, to know.

VERN. SYN. *Gr.* *Προγνωσις*, *προρρησις*. Lat. *Pro-gnosia* (Isid.), *prænotio*, *præscientia*, *præscitio*, *præsagium*, *prædictio*, *præsensio*, *divinatio*, *præ-sagatio*, *prædictio*. *Eng.* Prognosis, prognostic, prognostication. *Ger.* Vorbedeutung, anziehung, vorhersagung. *Dut.* Voorkenning, voorzegging. *Fr.* Prognostique, pronostique. *Ital.* Pronostico, *præsagium*, *prognosi*. *Span.* Pronostico, pronosticacion.

PROGNOSIS AND CRISIS.

Diocles Caristius, Epistola ad regem Antigonum de morborum præsagiis. *Lutet.* 1572. 8vo.

1474 *Gordonius, Bern.* Tractatus de prognosticis (Appendix ad Lilium Medicum) *Lyon.* 8vo.

1555 *Boderius, Th.* De ratione et usu dierum criticorum. *Par.* 4to.

1568 *Cardanus, Hier.* Commentaria in Hippocratis et Galeni prognostica. *Bas.* fol.

1579 *Ellinger, And.* Prognosticorum Hippocratis paraphrasis poetica. *Frankf.* 8vo.

* Various diseases have been confounded under the name of Porrigo, and this renders the synonymy very uncertain.

1584 *Portius, Franc.* Prognostica, carmine red-dita. *Par.* 4to.

1597 *Horstius, Jac.* De crisis morborum. *Helms.* 4to.

1600? Anon. Prognostication drawn out of the bookes of Ypocras, Avicen, &c. *Lond.* 12mo. (N. D.)

1601 *Alpinus, P.* De præsagienda vita et morte ægotantium. *Ven.* 4to.

1605 *Holtzemius, P.* Prognosis vitæ et mortis, longitudo morbi, &c. *Colon.* 8vo. *

1607 *Horstius, Greg.* De signis prognosticis. *Witeb.* 4to.

1610 *Argentarius, J.* Lib. iv. de prognosticis signis (Opp.) *Hannov.* fol.

1610 *Saxonia, H.* Prognoseon practicarum lib. ii. *Francf.* fol.

1612 *Crassus, J. P.* Mortis repentinæ examen, &c. *Mutinæ.* 8vo.

1643 *Horn, Bart.* Vates medicus Hippocratiscus. *Strals.* 8vo.

1651 *Culpepper, Nich.* Semeiotica uranica, or an astrological judgment of diseases from the decumbiture of the sick, &c. *Lond.* 8vo.

1658 *Heredia, C. C. de*, De prognoseos fallacia. *Lugd.* fol.

1666 *Ratray, Silvester*, Prognosis medica. *Glasguae.* 12mo.

1702 *Roper, Ch.* De salivatione critica. *Hal.* 4to.

1706 *Harvey, Jas.* MD. Præsagium medicum, or the prognostick signs of acute diseases. *Lond.* 8vo.

1706 *Hoffmann, Fr.* De crismum natura (Opp.) *Hal.* 4to.

1715 *Lommius, Jöd.* Observatiouum medicinarum lib. iii. quibus morborum signa et præsagia pertractantur. *Amst.* 8vo.

1720 *Hoffmann, Fr.* De certo mortis præsagio (Opp. vi.) *Hal.* 4to.

1740 *Nihell, James*, M.D. New and extraordinary observations concerning the predictions of various crises by the pulse. *Lond.* 8vo. (Also a Latin translation, *Amst.* 1746, 8vo.)

1740 *Martine, George*, M.D. Essays medical and philosophical (Periods and Crises of Diseases) *Lond.* 8vo.

1746 *Alpinus, P.* The presages of life and death (translated from the Latin by R. James, M.D.) 2 vol. *Lond.* 8vo.

1746 *Elliott, T.* De crisis in morbis acutis (Smellie Thes. i.) *Edin.* 8vo.

1752 *Aymen, J. B.* Dissertation sur les jours critiques de nos climats et de la Grèce. *Par.* 8vo.

1754 *Zeviani, G. V.* Nuovo fonte de cavar pronostici nelle malattie. *Ven.* 4to.

1757 *Magini, J. A.* De astrologica ratione dierum criticorum confutationes. *Brix.* 4to.

1762 *Galtier, J.* De prognosi medica e necrologiis eruenda. *Monsp.* 4to.

1762 *Roche, Don J. L.* Nuevas y raras observaciones para pronosticar las crisis por el pulso, &c. *Madrid.* 4to.

1763-65 *Vogel, R. A.* Göttingensium Prænotionum Pensum (2 parts) *Goett.* 4to.

1770 Anon. M. D. T. Dictionnaire des pronostics. *Par.* 12mo.

1770 *Lansel de Magny, M.* Lettre sur les présages de la vie ou de la mort dans les maladies. *Par.* 12mo.

1770 *Malrieu, M.* M.D. Les présages de la santé, des maladies et du sort des maladies. *Par.* 12mo.

1771 *Klein, L. C.* Interpres clinicus seu de morborum indole. *Leips.* 8vo.

1775 *Hoffmann, Fr.* Abhandlung von der gewissen vorsehung des todes. *Lips.* 8vo.

1776 *Leroy, Charles*, Du prognostic des maladies aiguës (Mémoires, 2de part.) *Par.* 8vo.

1777 *Pezold, J. N.* De prognosi in febris acutis. *Lips.* 8vo.

1785 *Elliott, Th.* De crisibus in morbis acutis (Smellie Thes. Med. i.) *Edin.* 8vo.

1785 *Monte, Ign. de*, De novo signo certo futurae mortis prænuntio. *Tic.* 8vo.

1788 *Hanegraeff, B. J.* De signis morborum prognosticis (Diss. Lov. iv.) *Lovan.* 4to.

1788 *Moffat, John*, The prognostics and porthetics of Hippocrates, &c. *Lond.* 8vo.

1790 *Welther, J. M. de*, (Stoll) De prognosi in morbis acutis (Eyerell iii.) *Vien.* 8vo.

1791 *Price, P. P. M.D.* A treatise on the diagnosis and prognosis of diseases (part i.) *Lond.* 8vo.

1794 *Nüchel, F.* Abhandlung ueber die kochung und die krisen in krankheiten. *Bonn.* 8vo.

1795 *Albites, Ev.* Ars præsagiendi de exitu ægrotantium. *Rom.* 8vo.

1795 *Pezold, J. N.* Von der vorhersagung in hizigen krankheiten. *Hamb.* 8vo.

1796 *Ideler, K. F. G.* Abhandlung ueber die krisen in krankheiten. *Leips.* 8vo.

1803 *Liebsch, Wil.* Commentatio de crisibus. *Goett.* 4to.

1804 *Chorlet, J. F.* Réfutation de la doctrine des crises, &c. *Par.* 8vo.

1805 *Lerminier, N. L.* Propositions sur la coction et sur les crises. *Par.* 4to.

1806 *Hencke, Ad.* Darstellung und kritik der lehre von den krisen, &c. *Nürnb.* 8vo.

1809-13 *Landrè-Beauvais, A. P.* Séméiotique. *Par.* 8vo.

1813 *Landrè-Beauvais*, Dict. des Sc. Méd. (art. Crise) t. vii. *Par.*

1820 *Reydellet*, Dict. des Sc. Méd. (art. Pro-nostic) t. xiv. *Par.*

1822 *Anon.* Recueil de prognostics dangereux et mortels (nouv. éd.) *Besançon*, 12mo.

1824 *Tomassini, Giac.* Discorso sul pronostico delle malattie. *Brescia*, 8vo.

1834 *Ash, Cyc.* of Pract. Med. (art. Prognosis) vol. iii. *Lond.*

PRURIGO—PRURITUS.

DERIV. *Prurigo*. Lat. *prurigo*, itching, also the cutaneous disease attended by itching. *Pruritus*. Lat. *Pruritus*, synonymous with *prurigo*.

NOS. SYN. *Prurigo*: Cels. Plin. Willan, Young. *Pruritus*: Plin. et Auct. Med. *Exormia prurigo*: Good.

VERN. SYN. * Gr. Κνησμος, οδαξισμος. Lat. *Pruritus*, *prurigo*. Eng. *Itching*. Scot. *Yeuk*, *youk*. Ger. *Jucken*. Dut. *Jeuking*, *jeukte*. Fr. *Démangeaison*, *prurit*. Ital. *Cuocinore*, *pizzicore*, *prudere*. Span. *Comezon*.

(For Literature, see SKIN, DISEASES OF.)

PSORIASIS.

DERIV. Gr. ψωριασις, from ψωρα, the itch.

NOS. SYN. Ψωριασις: Dioscor. Gal. Ψωρα: Græc.? *Scabies*: Cels. *Impetigo*: Cels. Sennert. Plenck. *Psorasis*: Vog. Willan, Batem. Swed. *Scabies sicca*: Ettmull. Hoffm. Plater. *Lepidosis psoriasis*: Young, Good.

(For Literature, see SKIN, DISEASES OF.)

* The vernacular synonyms of simple *pruritus*, itching, not of the disease properly termed *prurigo*, are here given.

PUERPERAL FEVER—PUERPERAL DISEASES.

DERIV. From the Lat. *puerpera*, a woman recently delivered, from *puer*, a child, and *pario*, to bring forth. The word is also used adjectively—"verba puerpura," *Ovid*.

1571 *Bon, Joan le*, Therapia puerperarum. *Par.* 12mo.

1606 *Guintherius, Jo.* Gynæciorum commentariolus de puerperarum cura. *Argent.* 8vo.

1655 *Welsch & Sutzberger*, Historia medica, novum istum puerperarum morbum continens qui ipsis der friesel dicitur (Hall. D. ad M. v.) 4to.

1716 *Strother, E. M.D.* A critical essay on fevers (chap. ix. on childbed fevers) *Lond.* 8vo.

1739 *Manningham, Sir R. M.D.* Artis obstetricæ compendium, &c. *Lond.* 8vo. (translated into English, *Lond.* 1744. 8vo.)

1768 *Denman, Thos. M.D.* Essays on the puerperal fever and on puerperal convulsions. *Lond.* 8vo.

1771 *Manning, H. M.D.* Treatise on female diseases, including puerperal fever. *Lond.* 8vo.

1772 *Hulme, Nath. M.D.* A treatise on the puerperal fever, &c. *Lond.* 8vo.

1773 *Gastellier, R. G.* Traité de la fièvre miliaire des femmes en couche. *Montarg.* 12mo.

1774 *Kirkland, Tho. M.D.* A treatise on childbed fever, &c. *Lond.* 8vo.

1774 *Leake, John, M.D.* Practical observations on the childbed fever, &c. *Lond.* 8vo.

1775 *Butter, W. M.D.* An account of puerperal fevers. *Lond.* 8vo.

1777 *White, Ch.* Treatise on the management of pregnant and lying-in women. *Lond.* 8vo.

1782 *Anon.* Rapport sur un mémoire de M. Doulcet sur la fièvre puerpérale. *Par.* 8vo.

1782 *Büsch, P. H.* Verhaltensregeln für schwangere, wöcherinnen, &c. *Rosl.* 8vo.

1783 *Roche, F. de la*, Recherches sur la nature et le traitement de la fièvre puerpérale. *Par.* 8vo.

1783 *Whitehead, J. M.D.* Report of a memoir on the treatment of puerperal fever by Doulcet. *Lond.* 8vo.

1786 *Frank, J. P. M.D.* De venesectionis apud puerperas abusu (Delect. Op. iv.) *Par.* 8vo.

1786 *Nolte, E. C.* Dissertatio de febre puerperarum (Frank Del. Op. v.) *Par.* 8vo.

1787 *Steidele, R.* Verhaltensregeln für schwangere, &c. *Wien.* 8vo.

1787 *Walsh, P. P. M.D.* Practical observations on the puerperal fever. *Lond.* 8vo.

1788 *Boy, Sim.* Abrégé sur les maladies des femmes grosses et accouchées. *Par.* 12mo.

1788 *Cerri, J.* Observationes de puerperarum morbis. *Mediol.* 8vo.

1788 *Clarke, John, M.D.* An essay on the epidemic disease of lying-in women, of the years 1787-8. *Lond.* 4to.

1790 *Donzelli, Piet. Paol.* Apologia concernente la cura delle febbri puerperali. *Milan*, 8vo.

1791 *Brunel, Don Pedro*, Memoria sobre las enfermedades lacteas, &c. *Madrid.* 4to.

1791 *Doublet, Fr.* Nouvelles recherches sur la fièvre puerpérale. *Par.* 12mo.

1793 *Clarke, John, M.D.* Practical essays on pregnancy and labour, and on the febrile diseases of lying-in women. *Lond.* 8vo.

1793 *Suchtleben, D. W.* Kritik der hypothesen die natur, &c. des kindbettfiebers betreffend. *Leips.* 8vo.

1795 *Gordon, Alex. M.D.* A treatise on the

epidemic puerperal fever of Aberdeen. *Lond.* 8vo.

1796 *Robert, P. J.* De febre puerperali (Diss. Lovan. iv.) *Lovan.* 8vo.

1799 *Faby, Bem.* Ueber das aderslassen im kindbette. *Graetz.* 8vo.

1800 *Hull, John, M.D.* Essay on phlegmasia dolens; also on peritonitis puerperalis. *Manch.* 8vo.

1800 *Struve, C. A.* Wie können schwangere sich gesund erhalten, &c. *Hannov.* 8vo.

1801 *Gasc, J. C. M.D.* Dissertation sur la fièvre puerpérale. *Par.* 8vo.

1801 *Pabst, J. P.* Ideen ueber das kindbett-fieber. *Koburg.* 8vo.

1802 *Laennec, R. T. H.* Histoires d'inflammation du péritoine (Journ. de Méd. t. iv.) *Par.* 8vo.

1804 *Mercier, F. M.* Essai sur cette question —Existe-t-il une fièvre puerpérale? *Par.* 8vo.

1805 *Brefeld, J. H.* Beyträge, &c. nebst einer abhandlung vom kindbetterinnenfieber. *Munster.* 8vo.

1805 *Müller, J. V.* Der arzt für wöcherinnen. *Frankf.* 8vo.

1812 *Armstrong, John, M.D.* Facts and observations relative to the fever commonly called puerperal. *Lond.* 8vo.

1812 *Bayshoffer, C. F.* Bemerkungen ueber das epidemischen kindbetterinnen fieber. *Frankf.* 8vo.

1812 *Nägele, F. K.* Schilderung des kindbett-fiebers, &c. *Heidelb.* 8vo.

1814 *Brenan, John, M.D.* Thoughts on puerperal fever, and its cure by spirits of turpentine. *Lond.* 8vo.

1815 *Hey, W. Jun.* A treatise on the puerperal fever of Leeds in 1809-1812. *Lond.* 8vo.

1816 *Arrault, L. H.* Essai sur la péritonite puerpérale. *Par.* 8vo.

1820 *Carus, C. G.* Lehrbuch der gynaekologie. *Leips.* 8vo.

1820 *Hall, Marshall, M.D.* Cases of a serious morbid affection chiefly occurring after delivery. *Lond.* 8vo.

1820 *Murat & Gasc, Dict. des Sc. Méd. (art. Puerpéral) t. xlvii.* *Par.*

1821 *Lecointe, L. M.* Observations d'un péritonite puerpérale. *Grenoble.* 8vo.

1821 *Vandezande, J. B. M.D.* Considérations pratiques sur la fièvre puerpérale. *Anvers.* 8vo.

1822 *Campbell, W. M.D.* A treatise on the epidemic puerperal fever of Edinburgh in 1821-2. *Edin.* 8vo.

1822 *Mackintosh, J. M.D.* A treatise on the disease termed puerperal fever. *Edin.* 8vo.

1824 *Blake, And. M.D.* Aphorisms illustrating labour, uterine hemorrhage, and puerperal peritonitis. *Lond.* 12mo.

1829 *Gooch, R. M.D.* An account of some of the most important diseases of women (chap. i. Peritoneal Fevers) *Lond.* 8vo.

1830 *Baudelocque, A. C.* Traité de la péritonite puerpérale. *Paris.* 8vo.

1833 *Lee, Cyc. of Pract. Med. (art. Fever Puerperal) vol. ii.* *Lond.*

1833 *Lee, R. M.D.* Reseaches on the pathology, &c. of the diseases of women (on uterine phlebitis) *Lond.* 8vo.

1833 *Hall, Cyc. of Pract. Med. (art. Puerperal Diseases) vol. iii.* *Lond.*

(See WOMEN, DISEASES OF.)

PULSE.

DERIV. From the Lat. *pulsus*, literally a beating

or striking, hence used for the beating of the artery, from *pulso*, to beat often.

VERN. SYN. Gr. *σφυγμος, σφυξις*, (from *σφυζω*, fut. *σφυξω*, to throb, to beat.) Lat. *Pulsus.* Eng. *Pulse.* Ger. *Puls.* Dut. *Pols.* Fr. *Pouls.* Ital. *Polso.* Span. *Pulso.*

1511 *Allemand, L. A.* Secret de la médecine des Chinois consistant dans la connoissance des pouls. *Grenoble.* 12mo.

1529 *Egidius, Poema de pulsu.* *Basil.* 8vo.

1533 *Philaretus, Gill.* De pulsuum scientia libellus. *Basil.* 12mo.

1540 *Polydamus, Val.* Diatribe medica de pulsibus, &c. *Bas.* 8vo.

1540 *Struthius, Jos. M.D.* Ars sphygmica 1200 annos perita, &c. *Basil.* 8vo.

1553 *Grisignani, Paul.* De pulsibus et urinis. *Salerno.* 8vo.

1592 *Mercatus, Lud.* De pulsibus lib. ii. *Patav.* 4to.

1602 *Bauhin, Gasp.* Introductio pulsuum synopsin continens. *Basil.* 8vo.

1602 *Rudius, E.* De pulsibus lib. ii. *Patav.* 8vo.

1605 *Massaria, Alex.* De urinis et pulsibus lib. ii. *Venet.* 4to.

1608 *Saxonia, H.* De pulsibus tractatus. *Patav.* 4to.

1618 *Cælus, Ant.* Introductio ad medicinam, &c. necnon de pulsibus tractatio. *Messanæ.* 4to.

1641 *Hafenrefferus, Sam.* Monochordon symbolico-biomanticum, pulsuum doctrinam ex harmoniis musicis demonstrans, &c. *Ulmæ.* 8vo.

1645 *Bonacursius, B.* Della natura di polsi. *Bonon.* 4to.

1650 *Zechius, J.* Consultationes medicinales, etiam tractatus de pulsibus. *Franc.* 8vo.

1655 *Boym, Mich.* Clavis medica ad Chinarum doctrinam de pulsibus. *Par.* 4to.

1682 *Cleyer, And.* Specimen medicinæ Sinicæ, continens de pulsibus libros iv. e Sinico translatis, &c. *Franc.* 4to.

1683 *Bellini, L.* De urinis et pulsibus. *Bon.* 4to.

1685 *Abercrombius, Dac.* De variatione ac varietate pulsûs. *Lond.* 12mo.

1702 *Hoffmann, Fr.* Pulsuum theoria et praxis (Opp. vi.) *Hal.* 4to.

1702 *Stahl, G. E.* Excusatio respondens examini pulsuum celeris et frequentis, &c. (Hall. D. ad M. ii.) *Hal.*

1707 *Floyer, Sir John, M.D.* The physician's pulse-watch, or an essay to explain and improve the old art of feeling the pulse (2 vols.) *Lond.* 8vo.

1731 *Solano, Franc.* Lapis Lydius Apollinis. *Madrit.* fol.

1741 *Koesfelt, C. Z. de.* De pulsibus ac urinis. *Lugd. Bat.* 12mo.

1741 *Nihell, Jas. M.D.* Observations concerning the prediction of crises by the pulse. *Lond.* 8vo.

1741 *Zumlag, Conr.* De pulsibus et urinis fasciculus indicatorius. *Lugd.* 8vo.

1746 *Nicolai, B. A.* Theoretische und practische beobachtung des pulsschlags. *Hal.* 8vo.

1746 *Solano, Franc.* Novæ observationes circa crismum prædictionem ex pulsu. *Amst.* 8vo.

1748 *Mauchart & Camerarius,* De pulsu intermittente et crepitante (Hall. D. ad M. ii.) *Laus.* 4to.

1749 *Stehelin, J. R.* De pulsibus (Hall. Disp. Anat. vii.) *Laus.* 4to.

1753 *Flemyng, Malc. M.D.* De Francisci Solani inventis circa arteriarum pulsum et præsagia inde haurienda. *Lond.* 4to.

1756 *Wahlin, A.* Pulsus intermittens (Linn. Amoen. Acad. ix.) *Upsal*, 4to.

1757 *Michel, M.* Nouvelles observations sur le pouls par rapport aux crises. *Par.* 12mo.

1758 *Cox, Dan.* Observations on the intermittent pulse, as prognosticating diarrhoea, &c. *Lond.* 8vo.

1762 *Roche, J. L.* Nuevas y raras observaciones para pronosticar las crises por el polso. *Madrid.* 4to.

1764 *Hawkrige, John,* On fevers, the pulse, &c. *York,* 8vo.

1765 *Hernandez, F. G.* Doctrina de Solano aclarada. *Madrid.* 4to.

1767 *Fouquet, H. M.D.* Dissertation sur la théorie du pouls (traduite du Latin de M. Fleming) *Montpel.* 8vo.

1768 *Bordeu, T. de,* Recherches sur le pouls (2 vol.) *Par.* 12mo.

1768 *Gomez, Disertacion de pulsos.* *Madrid,* 8vo.

1768 *Marquet, F. N.* Nouvelle méthode pour connoître le pouls par les notes de la musique. *Par.* 12mo.

1768 *Menuret, J. J.* Nouveau traité des pouls. *Par.* 12mo.

1769 *Gandini, Carlo,* Gli elementi dell' arte sygmica, ossia la dottrina del polso. *Genova,* 4to.

1769 *Stedman, J. M.D.* Physiocal essays and observations (division of pulses, &c.) *Edin.* 8vo.

1770 *Wetsch, J. J.* Medicina ex pulsu, seu systema doctrinæ sphygmica. *Wien.* 8vo.

1772 *Helerden, W. M.D.* Remarks on the pulse (Med. Trans. ii.) *Lond.* 8vo.

1777 *Pira, H. F.* De pulsu ut signo (Diss. Lov. i.) *Lov.* 8vo.

1784 *Delius, H. F.* Vom ausseizenden pul. *Erlang.* 8vo.

1786 *Cerri, Gius.* Dissertazione intorno al polso. *Milano,* 8vo.

1787 *Solano, Fr.* Observaciones sobre el polso : obra postuma. *Madrid.* 4to.

1787 *Spallarossa, J. de,* Bussola en sphygmica medica, o directorio de los pulsos para conocer las afecciones del cuerpo umano. *Madrid.* 4to.

1787 *Sprengel, Curt.* Beyträge zur geschichte des pulses. *Leips.* 8vo.

1792 *Turra, Ant.* Qualita ed indicazioni diverse del polso. *Vicenza,* 8vo.

1796 *Falconer, W. M.D.* Observations respecting the pulse. *Lond.* 8vo.

1797 *Rumball, J.* An attempt to ascertain the nature and cause of the pulse. *Lond.* 8vo.

1806 *Buchoz, P. J.* L'art de connoître et de désigner le pouls par les notes de la musique (new edition of Marquet's treatise) *Par.* 8vo.

1809 *Claye, J. P.* Observations sur le pouls, et méthode facile d'en reconnoître les différentes espèces. *Par.* 12mo.

1816 *Parry, C. H. M.D.* An experimental inquiry into the nature, &c. of the pulse. *Lond.* 8vo.

1818 *Fouquet, H. M.D.* Essai sur le pouls par rapport aux affections des principaux organes. *Montpel.* 8vo.

1819 *Parry, Ch. H. M.D.* Additional experiments on the arteries, &c. *Lond.* 8vo.

1820 *Serrurier, Dict. des Sc. Méd. (art. Pouls)* t. xliv. *Par.*

1824 *Lary, J.* Présages tirés du pouls, d'après l'école sphygmique. *Tur.* 8vo.

1827 *Rochoux, Dict. de Méd. (art. Pouls)* t. xvii. *Par.*

1827 *Rucco, Jul. M.D.* Introduction to the science of the pulse (2 vol.) *Lond.* 8vo.

1834 *Bostock, Cyc. of Pract. Med. (art. Pulse)* vol. iii. *Lond.*

PURPURA.

DERIV. Lat. *purpura*, originally the shell-fish from which the purple dye was produced, hence used for the dye itself, and transferred to the disease from the analogy of colour.

Nos. SYN. *Purpura*: Sauv. Vog. Sag. Willan. *Porphyra*: Good. *Petechiæ sine febre*: Burser. *Phænigmus petechialis*: Sauv. *Profusio subcutanea*: Young. *Purpura hæmorrhagica*: Willan. *Stomacacæ universalis*: Sauv. *Exanthisma purpura*: Young. *Peliosis*: Swed. *Hæmacelinose*: Pierquin, Rayer. *Hæmorrhæa petechialis*, *Hæmorrhæa*, *Hæmorrhagia universalis*, *Morbus hæmorrhagicus*, *Morbus maculosus*, *Ecchymosis spontanea*, *Scorbutus*: Auct.

VERN. SYN. Eng. Purple spots. Ger. Blaue flecken. Dut. Blaauwe vlekken. Fr. Pourpre, maladie tachetée. Ital. Porpora emorragia. Span. *Purpura*.

1660 *Neucrantz, P. M.D.* De purpura. *Francof.* 4to.

1744 *Mentzler, F. J.* De venæsectione in purpuræabusu et usu. *Argent.* 4to.

1766 *Strack, C.* Observations de morbo cum petechiis. *Carol.* 8vo.

1781 *Adair, Dissertatio medica inauguralis de hæmorrhæa petechiali.* *Edin.* 8vo.

1781 *Duncan, And. M.D.* Medical cases (p. 90.) *Edin.* 8vo.

1791 *Ferris, S. M.D.* A case of petechiæ sine febre (Med. Facts and Obs. i.) *Lond.* 8vo.

1795 *Tattersal, W. M.D.* Cases of petechiæ sine febre (Edin. Med. Comm. xx.) *Edin.* 8vo.

1797 *Walker, J.* Case of petechiæ sine febre (Annals of Medicine ii.) *Edin.* 8vo.

1800 *Buteman, Th. M.D.* Dissertatio inauguralis de hæmorrhæa petechiali. *Edin.* 8vo.

1808 *Willan, R. M.D.* On cutaneous diseases. *Lond.* 4to.

1809 *Bree, R. M.D.* Remarks on the cause of purpura and its distinction from scurvy (Med. and Phys. Journ. xxi.) *Lond.* 8vo.

1809 *Parry, Ch. M.D.* On venesection in purpura (Edin. Journ. vol. v.) *Edin.* 8vo.

1810 *Rudolf, J. A.* De morbo maculoso hæmorrhagico Werlhofii. *Viteb.* 4to.

1812 *Jeffreys, Tho. M.D.* A case of purpura hæmorrhagica (Edin. Journ. vol. viii.) *Edin.* 8vo.

1813 *Harty, E. M.D.* On the use of purgatives in purpura (Edin. Journ. vol. ix.) *Edin.* 8vo.

1813 *Walsh, E. M.D.* Case of hæmatirrhœa (Edin. Journ. vol. ix.) *Edin.* 8vo.

1814 *Blackall, J. M.D.* Observations on drop-sies (chap. viii. Cases resembling land scurvy) 2d edit. *Lond.* 8vo.

1815 *Yeats, G. D. M.D.* The history of a case of purpura hæmorrhagica (Med. Trans. vol. v.) *Lond.* 8vo.

1819 *Bateman, T. M.D.* Synopsis of cutaneous diseases. *Lond.* 8vo.

1821 *Combe, J. S. M.D.* Case of purpura hæmorrhagica, with remarks (Edin. Journ. vol. xvii.) *Edin.* 8vo.

1822 *Duncan, A. jun. M.D.* Case of purpura hæmorrhagica (Edin. Journ. xviii.) *Edin.* 8vo.

1822 *Johnston, G. M.D.* Case of purpura hæmorrhagica (Edin. Journ. xviii.) *Edin.* 8vo.

1822 *Nicholl, Wh. M.D.* On the treatment of purpura hæmorrhagica (Edin. Journ. xviii.) *Edin.* 8vo.

1823 *Stoker, W. M.D.* Pathological observations (part i. on dropsy, purpura, &c.) *Dub.* 8vo.

1824 *Gairdner, E. M.D.* Case of purpura hæmorrhagica (Edin. Med. Chir. Trans. vol. i.) *Edin.* 8vo.

1825 *Darwall, J. M.D.* Case of hæmorrhœa petechialis (Edin. Journ. xxiii.) *Edin.* 8vo.

1825 *Magee, J. J. M.D.* Case of purpura hæmorrhagica (Edin. Journ. xxiv.) *Edin.*

1826 *Fairbairn, P. M.D.* Case of purpura with the appearances on dissection (Edin. Med. Chir. Trans. vol. ii.) *Edin.* 8vo.

1827 *Rayer, P. M.D.* Traité des maladies de la peau (2 vol.) *Par.* 8vo.

1834 *Gouldie, Cyc.* of Pract. Med. (art. *Purpura*) vol. iii. *Lond.*

PYLORUS, DISEASES OF.

DERIV. Gr. *πυλῶρος*, a porter, from *πύλη*, a gate or door, and *ἄρω*, to guard.

SYN. Gr. *πυλῶρος*. Lat. *Pylorus* (not class.) *Eng.* Pylorus *Ger.* Förtner, untermagenmund. *Dut.* Poortier des maags. *Fr.* Pylore. *Ital.* *Span.* Piloro.

1747 *Kaltschmidt*, Dissertatio de pyloro a scrupulo pyrorum mespilorum perforato. *Jen.* 4 o.

1749 *Haller*, Programma de pyloro apostematibus obsito. *Goett.* 4to.

1762 *Johnstone, W. M.D.* Cases of scirrhus pylori (Med. Obs. and Inq. ii. p. 107.) *Lond.* 8vo.

1765 *Richter*, Dissertatio casus intumescens et callosi pylori. *Gött.* 4to.

1766 *Triller, D. W.* De fame lethali ex callosa oris ventriculi angustia (Opusc. vol. i.) *Francf.* 4to.

1777 *Leveling*, Dissertatio de pyloro carcinomatoso. *Ingols.* 4to.

1787 *Bleuland, Jan.* Tractatus de difficili aut impedito alimentorum ex ventriculo in duodenum progressu. *Lugd. Bat.* 4to.

1787 *Pezold, J. N.* Von verhartung und verengerung des magenmundes. *Dresd.* 8vo.

1796 *Franz, T. F.* Dissertatio de angustatione pylori callosa. *Marb.* 4to.

1806 *Pemberton, C. R. M.D.* A practical treatise on various diseases of the abdominal viscera. *Lond.* 8vo.

1808 *Chardel, F.* Monographie des dégénérationes skirrheuses de l'estomac. *Par.* 8vo.

1810 *Merrem, D. K. J.* Animadversiones quædam chirurgicæ (Proposed extirpation of diseased pylorus) *Giess.* 4to.

1811 *Monro, A. M.D.* Tert. The morbid anatomy of the human gullet, stomach, &c. *Edin.* 8vo.

1813 *Ferriar, J. M.D.* Medical histories, &c. (Cases of scirrhus pylorus) vol. iv. *Lond.* 8vo.

1817 *Germain, C. M.* Dissertation sur les causes et le diagnostic du squirre du pylore. *Par.* 4to.

1820 *Patissier*, Dict. des Sc. Méd. (art. *Pylore*) t. xlv. *Par.*

1835 *Houghton, Cyc.* of Pract. Med. (art. *Stomach, Diseases of*) vol. iv. Supp. *Lond.*

(See STOMACH, DISEASES OF.)

PYROSIS—SODA—ARDOR VENTRICULI.

DERIV. Gr. *πυρῶσις*, burning, from *πύρω*, fut. *ῶσω*, to burn; from *πύρ*, fire; transferred to medicine, first as a synonym for *sun-burn*, and afterwards for *heart-burn*, by Sauvages. Cullen wished to restrict it to the form of the disorder termed by Linnæus *cardialgia sputatoria*.

NOS. SYN. *Pyrosis*: Sauv. Sag. Cull. *Soda*: Linn. Vog. *Cardialgia*, *Gastrodynia*, *Dyspepsia*: Auct. *Cardialgia sputatoria*: Linn. Good. *Ardor ventriculi*: Hoffm. *Ardor stomachi*: Stokar.

VERN. SYN. Lat. *Ardor ventriculi*, dolor ventriculi. *Eng.* Heartburn, black-water. *Scot.* Waterbrash. *Ger.* Sodt, brennen im magen, sod-brennen, wasserkolik. *Dut.* Zoode, zoo, maagbranden. *Dan.* Halsbrynde, mavebrynde, elling. *Swed.* Halsbränna, magbränad. *Fr.* Cremason, gorgosset, aigueur d'estomac, le fer chaud. *Ital.* Piroisi, incendito, brucia cuore. *Span.* Pirosis, quemante de la boca del estomago, acedia del estomago.

1578 *Alberti, Sal.* De morbis mesenterii, ardore stomachi, &c. *Witt.* 8vo.

1731 *Alberti, M.* Dissertatio de ventriculi ardore. Vom sobbrennen. *Hal.* 4to.

1762 *Büchner*, Dissertatio de soda ut morbo sæpe gravi. *Hal.* 4to.

1792 *Meier*, Dissertatio de varia sodæ indole et nova eadem medendi methodo. *Erf.* 4to.

1804 *Herrmann*, Dissertatio ardoris ventriculi præcipue infantum medela. *Jen.* 4to.

1809 *Duval, H. A.* Essai sur la pyrosis ou fer chaud. *Par.* 4to.

1820 *Reydellet*, Dict. des Sc. Méd. (art. *Pyrosis*) t. xlv. *Par.*

1827 *Raige-Delorme*, Dict. de Méd. (art. *Pyrosis*) t. xviii. *Par.*

1834 *Kerr, Cyc.* of Pract. Med. (art. *Pyrosis*) vol. iii. *Lond.*

(See DYSPEPSIA, AND STOMACH, DISEASES OF.)

RAPE. See MEDICAL JURISPRUDENCE.

RHEUMATISM.

DERIV. Gr. *ρευματισμος*, a fluxion, defluxion; Lat. *rheumatismus*, from *ρευματιζω*, to be affected with a fluxion, from *ρευμα*, a fluxion; all from *ρεω*, to flow.

NOS. SYN. *ρευματισμος*, *Ρευμα*: Gal. Trall. Dioscor. *Rheumatismus*: Plin. Sauv. Linn. Vog. Boerh. Junck. Cull. Sydenh. Pinel. *Myositis*: Sag. Ploucq. *Myitis*: Cricht. *Dolores rheumatici*: Hoffm. *Arthrodynia*: Cull. *Febris rheumatica*: Auct. *Cauma rheumatismus*: Young. *Arthrosia acuta et chronica*: Good. *Arthritis rheumatismus*: Parr. *Arthritis rheumatica*: Swed.

VERN. SYN. Gr. *ρευματισμος*, *ρευμα*. Lat. *Rheuma*, *rheumatismus*. *Eng.* Rheumatism. *Ger.* Gliederfluss, rheumatismus, fluss, flusskrankheit. *Dut.* Vloeying, zinkingspyn. *Dan.* Flodsmerte, törværk, kuldesot. *Swed.* Ledfluss, törvärk. *Fr.* Fluxion, rhumatisme, courbure,

courbature. *Ital.* Reumatismo. *Span.* Reuma, reumatismo, dolores reumaticos.

1578 *Pichot, P.* De rheumatismo, catarrho, et destillatione a capite, &c. *Burdig.* 12mo.

1620 *Vigier, J.* Tractatus de catarrho, rheumatismo, &c. *Genev.* 12mo.

1642 *Ballonius, G.* Liber de rhumatismo et pleuritide dorsali. *Par.* 4to.

1653 *Cattier, Is.* De rheumatismo ejus natura et curatione. *Par.* 12mo.

1694 *Baynard, E. M.D.* Of the causes of pain in rheumatism (Phil. Trans.) *Lond.*

1710 *Dumoulin, Nouveau* traité du rhumatisme et des vapeurs. *Par.* 12mo.

1712 *Bottoni, Dom.* Febris rheumaticæ historia medica. *Messina.* 8vo.

1722 *Cam, Jos. M.D.* Essay on rheumatism, gout, and stone. *Lond.* 8vo.

1726 *Blackmore, Sir R. M.D.* Discourses on the gout, rheumatism, and king's evil. *Lond.* 8vo.

1732 *Dorer, Th.* The ancient physician's legacy to his country. *Lond.* 8vo.

1735 *Cheshire, John, M.B.* A treatise on the rheumatism. *Lond.* 8vo.

1746 *Clerk, D.* De rheumatismo (Smellie Thes. i.) *Edin.* 8vo.

1758 *Stevens, J. N.* An essay on the diseases of the head, with a dissertation on gout and rheumatism. *Lond. Bath.* 4to.

1764 *Limbourg, J. P. de.* Dissertation sur les douleurs vagues, &c. *Liege.* 8vo.

1764 *Maillard, N.* A short essay on that tormenting disorder the rheumatism. *Lond.* 8vo.

1770 *Ponsard, G.* Traité méthodique de la goutte et du rhumatisme. *Par.* 12mo.

1773 *Armstrong, John, M.D.* Medical essays (on gout, rheumatism, &c. &c.) *Lond.* 4to.

1775 *Smith, D. M.D.* Apology concerning the rheumatic and hysteric cases, &c. *Lond.* 8vo.

1776 *Anon.* Essay on the nature, causes, and cure of the rheumatism, &c. *Lond.* 8vo.

1776 *Flower, Henry.* Observations on the gout and rheumatism, with the treatment of the Indians. *Lond.* 8vo.

1781 *Dawson, Thos. M.D.* Cases in the acute rheumatism and gout. *Lond.* 8vo.

1782 *Sunden, Th. M.D.* Short strictures on Dr. Dawson's treatment in acute rheumatism. *Lond.* 12mo.

1783 *Ambrogi, Vinc.* Nova therapeutice ad rheumatismum. *Venet.* 4to.

1785 *Gachet, M.D.* Manuel des gouteux et des rheumatistes. *Par.* 12mo.

1786 *Skeete, Th. M.D.* Experiments and observations on bark, with remarks on fevers, rheumatism, &c. *Lond.* 8vo.

1789 *Saalmann, F. M.D.* Descriptio rheumatismi acuti, &c. *Monast.* 4to.

1789 *Sager, Dissertatio* de rheumatismo regulari et larvali (Doering i.) *Goett.* 4to.

1799 *Bach, Ant.* Abhandlung ueber die einfachen flusskrankheiten. *Bresl.* 8vo.

1790 *Plouquet, G. G.* Dissertatio de myositide et neuritide (Doering i.) *Tub.* 4to.

1791 *Dumoulin, W.* Sur le rhumatisme et les vapeurs. *Par.* 12mo.

1793 *Herholdt & Rafn,* Experiments with metallic tractors in rheumatism, &c. *Lond.* 8vo.

1793 *Jones, J.* A treatise on the gout and acute and chronic rheumatism. *Lond.* 8vo.

1795 *Price, D.* On the external use of antimony in rheumatism (Mem. Med. iv.) *Lond.* 8vo.

1795 *Falconer, W. M.D.* Account of the use

of the Bath waters in rheumatic cases. *Bath,* 8vo.

1795 *Fowler, Thos. M.D.* Medical reports on the effects of bloodletting, &c. in rheumatism. *Lond.* 8vo.

1796 *Latham, John, M.D.* A letter to Sir G. Baker on rheumatism and gout. *Lond.* 8vo.

1799 *Tweedie, J.* Hints on temperance and exercise in dyspepsia, rheumatism, &c. *Lond.* 8vo.

1800 *Whyte, W. P.* Observations on the gout and rheumatism. *Stourbridge.* 8vo.

1801 *Livingston, J.* Effects of the tourniquet in rheumatism (Ann. of Med. vi.) *Edin.* 8vo.

1802 *Barthez, P. J.* Traité des maladies gouteuses (2 vol.) *Montpel.* 8vo.

1802 *Peart, E. M.D.* Practical information on rheumatism, &c. *Lond.* 8vo.

1802 *Trinder, W. M. M.D.* The English olive-tree, or treatise on the use of oil (in rheumatism, &c.) *Lond.* 8vo.

1803 *Burdet, F. G.* Recherches théorétiques et pratiques sur le rhumatisme et la goutte. *Par.* 8vo.

1803 *Faure, Ch. F.* Recherches sur une maladie appelée rhumatisme-gouteux ou goute-rhumatisme. *Par.* 8vo.

1803 *Latour, D.* Essai sur le rhumatisme. *Par.* 8vo.

1803 *Leroy, A. V. L. A.* Manuel des gouteux et des rhumatisans. *Par.* 8vo.

1803 *Thaden, G. L.* Vom rheumatismus und der gicht. *Erlang.* 8vo.

1804 *Knersen, Ed.* Unterricht ueber das gliederreissen. *Pirna.* 8vo.

1804 *Martinet, Ant.* Essai sur les affections morbides connues sous le nom de rhumatisme. *Montp.* 4to.

1805 *Haygarth, John, M.D.* A clinical history of diseases: i. of acute rheumatism. *Lond.* 8vo.

1805 *Parkinson, J.* Observations on the nature and cure of gout, nodes, rheumatism, &c. *Lond.* 8vo.

1807 *Bardsley, S. A. M.D.* Medical reports of cases (chronic rheumatism, &c.) *Lond.* 8vo.

1807 *Kinglake, R. M.D.* Strictures on Mr. Parkinson's Observations, with letters on rheumatism, &c. *Taunton.* 8vo.

1808 *Rodamel, Traité* du rhumatisme chronique de Lyon. *Lyon.* 8vo.

1810 *Freake, A.* Cases of the use of humulus in gout and rhumatic affections. *Lond.* 8vo. (Additional cases, *Lond.* 1811, 8vo.)

1811 *Giannini, Gius.* De la goutte et du rhumatisme (trad. de l'Ital.) *Par.* 12mo.

1813 *Chomel, A. F.* Essai sur le rhumatisme. *Par.* 4to.

1813 *Haygarth, John, M.D.* On the discrimination of chronic rheumatism (Med. Trans. iv.) *Lond.* 8vo.

1814 *Stoermer, C. G.* Differentiæ inter rheumatismum et arthritidem adumbratio. *Lips.* 4to.

1816 *Balfour, W. M.D.* Observations on a new mode of curing rheumatism, &c. *Edin.* 8vo.

1816 *Hickman, W.* A familiar treatise on rheumatism. *Lond.* 8vo.

1816 *Norman, W.* Observations on Dr. Kinglake's treatise of gout and rheumatism. *Bath,* 8vo.

1817 *Anon.* An account of the means by which Admiral Henry was cured of rheumatism, &c. *Lond.* 8vo.

1817 *Baer, J. S.* Abhandlung ueber rheumatalgie und arthralgie. *Prag.* 8vo.

1819 *Balfour, W.* Illustrations of the power

of compression and percussion in the cure of rheumatism. *Edin.* 8vo.

1820 *Meyer, C. A.* Versuch einer darstellung des unterschiedes zwischen gicht und rheumatismus. *Hann.* 8vo.

1820 *Villeneuve, Dict.* des Sc. Méd. (art. *Rhumatisme*) t. xlviii. *Par.*

1824 *Bucellati, L.* Gota ed ogni specie di dolori reumatici, metodo per conoscere e guarire in pochi giorni. *Milan.* 8vo.

1824 *Cadet de Vaux, A. A.* De la goutte et du rhumatisme. *Par.* 8vo.

1824 *Cox, Thomas, M.D.* Observations on acute rheumatism and its metastasis to the heart. *London.* 8vo.

1826 *Gosse, L. A.* Des maladies rheumatoides. *Geneve.* 8vo.

1826 *Hawkins, F. M.D.* Rheumatism and some diseases of the heart considered. *London.* 8vo.

1827 *Ferrus, Dict.* de Méd. (art. *Rhumatisme*) t. xviii. *Par.*

1827 *Scudamore, Ch. M.D.* A treatise on the nature and cure of rheumatism. *London.* 8vo.

1828 *Brown, Jos. M.D.* Medical essays on fever, inflammation, rheumatism, &c. *London.* 8vo.

1834 *Barlow, Cyc.* of Pract. Med. (art. *Rheumatism*) vol. iii. *London.*

RICKETS—RHACHITIS—RACHITIS.

DERIV. *Rickets.* An original English word of unknown derivation. May it not possibly be derived from the Dutch *ruggegraat*, or the German *rickgrath*, the spine, from this part being that which is most conspicuously affected by the disease? A very slight modification of the pronunciation of either of these words would produce the English word; but it is an obvious objection to this origin that the word is naturalized in England and neither in Holland nor Germany. Dr. Good thinks it probably derived from the verb *rucken*, to rock, reel.

Rhachitis is a nosological term introduced by Glisson, and derived from *ραχις*, the spine, or rather *ραχιδος*, spinal, or dorsal, quasi *ραχιδος νοσος*. *Rachitis* is merely a variety of spelling of Glisson's term.

NOS. SYN. *Tabes pituitosa*: De Bart. *Rhachitis*: Glisson, Ploucq. *Rachitis*: Sauv. Linn. Vog. Sag. Boerh. Hoffm. Cull. *Innutritio ossium*: Darw. *Scrofula rhachitis*: Young. *Cyrtosis rhachia*: Good. *Osteomalacia*: Swed. *Morbus Anglicus*, *Mollities ossium*, *Osteomalacia*, *Ostèosarcosis*: Auct.

VERN. SYN. *Eng.* Rickets. *Ger.* Englische krankheit, doppelte glieder. *Dut.* Engelsche ziekte, lende-ang, dubbele leden. *Dan.* Engelsk syge, dobbelte leder. *Swed.* Engelska sjuka, ledsjsuka, ledknytning. *Fr.* Rachite, chartre, noueure, nouage, rigquets, rachitisme, courbure des os. *Ital.* Rachitide. *Span.* Raquitis, atadura.

1645 *Whistler, Dan.* De morbo puerili Anglorum, quem vocant the rickets. *Leid. et Lond.* 4to.

1647 *Garancieres, Th. de,* Fagellum Angliæ seu tabes Angliæ numeris omnibus absoluta. *London.* 4to.

1650 *Glisson, Fr.* De rachitide sive morbo puerili tractatus. *London.* 8vo.

1651 *Glisson, Fr.* A treatise of the rickets (transl. by P. Armin) *London.* 12mo.

1669 *Mayow, Joh.* Tractatus de respiratione et rachitide. *Oxon.* 12mo.

1685 *Sury, William,* A tract on the rickets. *Oxford,* 12mo.

1712 *Jansseus, Ægid.* De rachitide (Diss. Lov. ii.) *Lozan.* 8vo.

1726 *Chuden,* Methodus nova curandi atrophiam infantum et, per consequens, morbum sic dictum Anglicum. *Lips.* 8vo.

1735 *Hahn, Sig.* Schidia cyrtonosos, &c. (cum tabulis) *Bresl.* 4to.

1739 *Deventer, H.* Van de riekens des been- endern, insonderheit van de rachitis. *Leyd.* 4to.

1754 *Buchner, J. P.* De rachitide perfecta et imperfecta (Hall. D. ad M. v.) *Argent.* 4to.

1761 *Zeviani, G. E.* Della cura de' bambini attaccati dalla rachitide. *Verona.* 8vo.

1766 *Nooth, J. M.* De rachitide (Smellie Thes. iii.) *Edin.* 8vo.

1771 *Leidenfrost, J. G.* Dissertatio de rachitide (Opusc. vol. i.) *Duisb.* 4to.

1772 *Comber, Th.* Real improvement in agriculture: with a letter on the rickets in sheep. *London.* 8vo.

1772 *Le Vacher, Th.* de la Feutrie, Traité du rachitis, ou l'art de redresser les enfans contre-faits. *Paris.* 8vo.

1773 *Farrer, W. M.D.* A particular account of the rickets in children. *London.* 12mo.

1775 *Verardi, Gio.* Della rachitide. *Napoli,* 8vo.

1780 *Magny, Alex.* Mémoire sur le rakitis ou maladie de la colonne vertébrale. *Paris.* 8vo.

1782 *Isenflamm, J. J.* Versuch einiger praktischen anmerkungen ueber die knochen. *Erlang.* 8vo.

1787 *Cappel, J. F. L.* Versuch einer vollständigen abhandlung ueber die sogenannte Englische krankheit. *Berl.* 8vo.

1787 *Trnka de Krzowitz, W. M.D.* Historia rachitidis omnis ævi, &c. *Vind.* 8vo.

1788 *Frank, J. P.* De rachitide acuta et adultorum (Del. Op. v.) *Ticin.* 8vo.

1788 *Haller, Mat. (Stoll)* De rachitide (Eyrell. Diss. i.) *Vien.* 8vo.

1794 *Veirac, J.* Abhandlung ueber die rachitis. *Stendal.* 8vo.

1797 *Portal, Ant.* Observations sur la nature et sur le traitement du rachitisme. *Paris.* 8vo.

1803 *Moncourrier, Leon.* Essai sur le rachitis, ou osteomalaxie. *Paris.* 8vo.

1803 *Salmade, M. A.* Précis sur les maladies de la lympe. *Paris.* 8vo.

1808 *Janceau, J. P.* Essai sur le rachitis et l'atrophie mesentérique. *Paris.* 8vo.

1816 *Stanley, E.* On the condition of the bones in rickets (Med. Chir. Trans. vol. vii.) *London.* 8vo.

1817 *Carvela, F.* Considerazioni sulla rachitide. *Padoa.* 8vo.

1819 *Giuliani,* Sul rachitismo. *Napoli.* 8vo.

1820 *Monfalcon, Dict.* des Sc. Méd (art. *Rachitis*) t. xlii. *Par.*

1820 *Weatherhead, G. H. M.D.* A treatise on infantile and adult rickets. *London.* 12mo.

1820 *Wilson, T.* Lectures on the bones, &c. *London.* 8vo.

1821 *Ficker, L. W.* De rhachitide morbisque ex ea oriundi. *Berl.* 4to.

1827 *Guersent, Dict.* de Méd. (art. *Rachitisme*) t. xviii. *Par.*

1834 *Cumin*, Cyc. of Pract. Med. (art. *Rickets*) vol. iii. *London*.

ROSEOLA.

DERIV. This term, which has been at different times applied to various diseases, as scarlatina, measles, and purpura, is no doubt derived from *rosa*, a rose, on account of its colour. As *rossalia*, however, is one of its Italian synonyms, it is possible that its immediate descent may be from *rosso*, *rossa*, red.

NOS. SYN. *Roseola*: Severin. Willan, Batem. *Rubeola*: Frank. *Exanthisma roseola*: Young. *Exanthesis roseola*: Good. *Rossalia*, *Rossania*, *Purpura*, *Scarlatina*: Auct.

VERN. SYN. *Eng.* Red-rash, rose-rash. *Ger.* Rothlen, wiebelsucht, wiehlen, ritteln feurma- sern, rother hund. *Pol.* Kur. *Dut.* Roodvonk. *Fr.* Eruption rosacée, rougeole. *Ital.* *Rossalia*, *rossania*.

(For Literature, see SKIN, DISEASES OF.)

RUBEOLA. See MEASLES.

RUPIA.

DERIV. From *ρῦπος*, sordes or filth, from the ill smell and sordid condition of the diseased parts. *Bateman*.

NOS. SYN. *Rupia*: Batem. *Ecpchylis rhyppia*: Good.

(For Literature, see SKIN, DISEASES OF.)

RUPTURE OF THE HEART.

1689 *Bohn*, J. De renunciacione vulnerum. *Lips.* 8vo.

1731 *Salzmann*, J. De subitanea morte a sanguine in pericardium effuso. *Argent.* 4to.

1733 *Morand*, S. Mémoires de l'Académie Royale des Sciences 1732. *Par.*

1764 *Nummsen*, Dissertation de corde rupto (cum tabulis). *Lips.* 4to.

1769 *Ludwig*, C. G. De dextra cordis auricula rupta (Add. Med. Pr. i.) *Lips.* 8vo.

1788 *Murray*, Dissertatio de corde rupto. *Upsal.* 8vo.

1803 *Olmi*, A. Memoria di una morte repentina cagionata dalla rottura di cuore. *Verona*, 8vo.

1804 *Pohl*, C. E. De ruptura cordis (cum tabulis.) *Lips.* 4to.

1808 *Brera*, L. V. Di una straordinaria rottura di core. *Verona*, 8vo.

1820 *Blaud*, P. Mémoire sur le déchirement du cœur (Bibl. Méd. t. lxxviii.) *Par.* 8vo.

1820 *Patissier*, Dict. des Sc. Méd. (art. *Rupture du cœur*) t. xlix. *Par.*

1820 *Rostan*, L. Mémoire sur les ruptures du cœur (Nouv. Journ. de Méd.) *Par.* 8vo.

1825 *Rochoux*, L. Dissertation sur les ruptures du cœur. *Par.*

1827 *Desormeaux*, Dict. de Méd. (art. *Rupture*) t. xvii. *Par.*

1835 *Townsend*, Cyc. of Pract. Med. (art. *Rupture of the heart*) vol. iv. Supp. *London*.

(See HEART, DISEASES OF.)

SCABIES—PSORA—ITCH.

DERIV. *Scabies*. Lat. *scabies*, from *scabo*, to scratch.

Psora. Gr. *ψωρα*, from *ψω*, to rub, to scratch.

Itch. An original English word: *zicha*, Sax.

NOS. SYN. *Ψωρα*: Auct. Græc. *Scabies*: Cels.

Sauv. Vog. Sag. Willan, Batem. *Psora*: Linn.

Cull. Darw. Swed. *Phlysis scabies*: Young.

Ecpyesis scabies: Good.

VERN. SYN. Gr. *Ψωρα*, *κνισμωσις*. Lat. *Scabies*, *scabiola*, *scabitudo*. Eng. *Itch*. Scot. The scab, the yuck. Ger. Krätze, jucken der haut, raude, kratzausschlag. Pol. Swierz. Dut. Schurft, krauwagie, krauwzel. Dan. Skab, kløe, fnat. Swed. Skabb, kläda. Fr. Gale, rogne, gratelle, charpin. Ital. Scabbia, rognia, raspa, raschia. Span. Sarna, roña.

(For Literature, see SKIN, DISEASES OF.)

SCARLATINA.

DERIV. Ital. *scarlatina* or *scarlattina*, from *scarlattino*, the colour scarlet, also scarlet cloth.

NOS. SYN. *Febris miliaris rubra*: Huxh. *Scarlatina*: Sauv. Vog. Sag. Junck. Cull. Frank. Swed. *Scarlatina febris*: Sydenh. *Febris scarlatinosa*: Wilh. *Scarlatæ*: Vog. *Rossalia*: Ingrass. Hoffm. *Purpura*: Junck. Schulz. *Morbilli confluentes*, *Rubeola confluens*: Auct. *Purpura scarlatina*: Burser. *Porphyrisma*: Ploucq. *Exanthesis rosalia*: Good. *Febris rubra*: Heberd. *Typhus scarlatinus*: Cricht. *Typhus scarlatina*: Young. *Febris scarlatino-miliaris anginosa*: Brunning.

VERN. SYN. Eng. Scarlet fever, scarlatina. Ger. Scharlachfieber, scharlachaufschlag, scharlachkrankheit. Pol. Szkarlat. Dut. Purpurkoorts, scharlaakekoorts. Dan. Skarlagensfeber, norisle, narisle, narild. Swed. Skarlakansfeber, halsjsjuka. Fr. Fièvre pourprée, fièvre rouge, scarlatine. Ital. Scarlattina, rossalia, rossania, febbre rossa. Span. Escarlatina, escarlata, mal colorado, alfrombilla.

1620 *Carnevala*, J. B. De epidemico strangulatorio adfectu. Neap. 4to.

1620 *Nola*, F. De epidemico plegmone anginosa grassante Neapoli. Venet. 4to.

1620 *Sgambati*, J. A. De pestilenti faucium affectu Neapoli sæviante. Neap. 4to.

1622 *Tamayo*, A. De morbo garotillo. Madrid. 8vo.

1641 *Severinus*, M. A. De pedanchoni seu pestilenti ac præfocanti pueros abscessu, diatriba singularis. Neap. 4to.

1736 *Douglas*, W. M.D. Practical history of an epidemic fever, with an angina ulciosa. Bost. 8vo.

1742 *Storch*, J. Tractat vom scharlachfieber. Gotha, 8vo.

1748 *Chomel*, J. B. L. Dissertation historique sur le mal de gorge gangréneux en 1748. Paris, 12mo.

1748 *Fothergill*, J. M.D. An account of the sore throat attended with ulcers. Lond. 8vo.

1749 *Cotton*, Nath. M.D. Observations on a particular kind of scarlet fever. Lond. 8vo.

1751 *Huxham*, J. M.D. Dissertation on the malignant ulcerous sore-throat. Lond. 8vo.

1753 *Torrano, N. M.D.* An historical dissertation on a particular species of gangrenous sore-throat (transl. from Chomel) *Lond.* 8vo.

1755 *Colden, C.* Letter concerning the throat distemper (Med. Obs. and Inq. i.) *Lond.* 8vo.

1760 *Bisset, Ch. M.D.* Essay on the medical constitution of Great Britain, with an account of the throat distemper. *Lond.* 8vo.

1761 *Chandler, J.* A treatise on the disease called a cold; also on the putrid sore-throat. *Lond.* 8vo.

1766 *Penrose, Fr. M.D.* Dissertation on the inflammatory, gangrenous, and putrid scarlet fever. *Lond.* 8vo.

1775 *Plenciz, M. A.* Tractatus de scarlatina (Wasserberg Opp. Minor. fasc. ii.) *Vindob.* 8vo.

1777 *Grant, W. M.D.* A short account of the fever and sore-throat in London in 1776. *Lond.* 8vo.

1778 *Saunders, Robert, M.D.* Observations on the sore-throat and fever in the North of Scotland in 1777. *Lond.* 8vo.

1779 *Johnstone, James, M.D.* A treatise on the malignant angina. *Lond.* 8vo.

1779 *Withering, W. M.D.* An account of the scarlet fever and sore-throat in 1778. *Lond.* 8vo.

1780 *Clark, John, M.D.* Observations on fevers, scarlet fever, &c. *Lond.* 8vo.

1785 *Aepht, J. M.* Beschreibung eines epidemischen scharlachfiebers. *Winth.* 8vo.

1786 *Skeete, Th. M.D.* Experiments and observations on bark, on putrid scarlet fever, &c. *Lond.* 8vo.

1787 *Perkins, W. L. M.D.* An essay for a nosological view of the cynanche maligna and the scarlatina anginosa. *Lond.* 8vo.

1788 *Grundmann, J. G.* Abriss einer scharlachfieberepidemie. *Gera.* 8vo.

1788 *Rowley, W.* An essay on the malignant ulcerated sore-throat, &c. *Lond.* 8vo.

1789 *Reeve, Th.* An essay on the erysipelatous sore-throat. *Lond.* 8vo.

1789 *Sims, James, M.D.* Of the scarlatina anginosa of London in 1786 (Med. Mem. ii.) *Lond.* 8vo.

1789 *Ueberlacher, G.* Abhandlung vom scharlachfieber. *Wien.* 8vo.

1790 *De Witte, F. J.* De febre scarlatina (Coll. Diss. Lov. iv.) *Lozan.* 8vo.

1790 *Saalmann, F.* Descriptio febris urticae, scarlatinae, et purpuratae. *Monast.* 8vo.

1783 *Rowley, W.* Observations on the causes of the great number of deaths in scarlet fever, &c. *Lond.* 8vo.

1793 *Williamson, Mat.* Dissertation on scarlet fever attended with ulcerated sore-throat. *Philad.* 8vo.

1799 *Mossman, G. M.D.* On cold water in scarlatina cynanchica (Ann. of Med. iv.) *Edin.* 8vo.

1799 *Sims, James, M.D.* On a description of scarlatina anginosa in 1798 (Med. Mem. v.) *Lond.* 8vo.

1800 *Lauth, Th.* Vom witterungszustande, von dem scharlachfieber und dem bösen hals. *Strasb.* 8vo.

1801 *Glaeser, C. G.* Ueber die epidemische krankheit, &c. (scarlatina maligna) *Wittenb.* 8vo.

1801 *Hahnemann, S.* Heilung und verhütung des scharlachfiebers. *Gotha.* 8vo.

1802 *Dubosq, J. F.* Recherches sur la scarlatine angineuse. *Vire.* 8vo.

1802 *Kreysig, F. L.* Abhandlung ueber das scharlachfieber. *Leipz.* 8vo.

1802 *Peart, E.* Practical information on the malignant scarlet fever. *Lond.* 8vo.

1803 *Blackburne, W. M.D.* Facts and observations concerning the prevention and cure of scarlet fever. *Lond.* 8vo.

1803 *Cappel, S. C. W.* Abhandlung vom scharlachausschlage. *Goett.* 8vo.

1803 *Struce, C. A.* Untersuchungen ueber die scharlachkrankheit. *Hannov.* 8vo.

1804 *Becker, G. W.* Das scharlachfieber. *Leipz.* 8vo.

1805-7 *Willan, R. M.D.* On cutaneous diseases (Ord. iii.) *Lond.* 4to.

1806 *Bremser, J. G.* Ueber scharlachkrankheit und masern. *Wien.* 8vo.

1806 *Stieglitz, J.* Versuch der behandlungsart des scharlachfiebers. *Hann.* 8vo.

1807 *Hamilton, W. M.D.* On the use of digitalis in dropsy, scarlet fever, &c. *Lond.* 8vo.

1808 *Kolbany, Paul.* Fernere nachrichten von der glücklichen anwendung des kalten und warmen wassers im scharlachfieber. *Presh.* 8vo.

1808 *Naumann, A. F.* De febre scarlatina, &c. *Erfurt.* 8vo.

1808 *Tellegen, C. H.* Quædam observationes in scarlatinam. *Groen.* 8vo.

1809 *Raggi, P. A.* De purpuræ scarlatinae prophylaxi. *Vigevans.* 8vo.

1810 *Benedict, T. W. G.* Geschichte des scharlachfiebers, &c. *Leipz.* 8vo.

1810 *Daehne, A.* Beyträge zur aetiologie und cur des scharlachfiebers, nebst empfehlung der einreibungen mit oel. *Leipz.* 8vo.

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1829 *Roche*, Dict. de Méd. et de Chir. Prat. (art. *Ang ne couenneuse*) t. ii. *Par*.

1834 *Tweedie*, Cyc. of Pract. Med. (art. *Scarlutina*) vol. iv. *Lond*.

(See CYNANCHE.)

SCIRRHIUS, CANCER, CARCINOMA.

DERIV. *Scirrhus*. Gr. σκίρρος, a hard tumour, primitively a chip or small fragment of marble.

Cancer. Lat. *cancer*, a crab, (Gr. καρκίνος), metonymically applied to the disease from the claw-like spreading of the veins.

Carcinoma. Gr. καρκινώμα, a cancerous tumour, also having the same original meaning as καρκίνος and *cancer*.

Nos. SYN. Σκίρρος, Σκίρρος; Gal. Καρκίνος; Hipp. Gal. Καρκινώμα; Dioscor. *Scirrhus*, *Scirrhomia*; Plin. *Cancer*, *Carcinoma*; Cels. *Scirrhus*; Sauv. Linn. Vog. Sag. Boerh. Cull. *Cancer*; Sauv. Vog. Boerh. Sag. Cull. *Carcinoma*; Sauv. Linn. Vog. Sag. Young. *Carcinus*; Good. *Cancer*; Macb. Cull. Parr. *Skirrhus*, *Carkinoma*; Swed.

VERN. SYN. Gr. Σκίρρος, σκίρρος, σκίρρωμα, σκίρρωμα, καρκίνος, καρκινώμα. Lat. *Sciros*, *scirrhus*, *sciroma*, *scirrhomia*, *cancer*, *carcinoma*, *carcinosis*. Eng. *Scirrhus*, *cancer*. Ger. *Krebs*, *krebsschaden*, *skirrus*, *krebssgeschwür*. Dut. *Kanker*, *kreeftgezwel*, *kankergezweel*. Dan. *Kræft*, *krebs*. Swed. *Skirre*, *kräfta*, *kräftskada*. Fr. *Cancer*, *scirrhe*, *carcinome*. Ital. *Scirro*, *cancro*. Span. *Scirro*, *sirro*, *cancer*, *carcinoma*, *cancro*.

1666 *Blondel*, Fr. *Epistola de cura carcinomatis absque ferro vel igne*. *Par*. 4to.

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1831 *Ullmann, Encyc. Wörterb. (art. Cancer)* b. vi. *Berlin.*

1832 *Copland, Dict. of Pract. Med. (art. Cancer)* *Lond.*

1834 *Carswell, Cyc of Pract. Med. (art. Scirrhus)* vol. iii. *Lond.*

SCORBUTUS—SCURVY.

DERIV. There is considerable difference of opinion as to the origin of the word *scorbutus*, but it seems at least certain that it is only a Latinized variation of the vernacular name of the disease among northern nations, whether *scorb*, *schorbuk*, *scharbock*, or *skorbut*. The English term, anciently *scorbie*, is obviously another branch of the same stock.

NOS. SYN. *Scorbutus*: Sauv. Linn. Vog. Sag. Boerh. Hoffm. Junck. Cull. Swed. *Scorbutus nauticus*: Young. *Porphyra nautica*: Good. *Morbus polyrizos et polymorphos*: Maynwaring (Swed.)

VERN. SYN. Eng. Scurvy. Ger. Scharbock, skorbut. Dut. Scheurbuik, blaaweschuit, schimmelziekte, blaawzugt. Dan. Skörbug, skiorbug. Swed. Skörbjug, gastkramod. Fr. Scorbut. Ital. Scorbuto. Span. Escorbuto, berben, mal de Loanda.

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- 1567 *Wierus, Joan.* Medicarum observationum lib. i. de scorbuto, &c. *Basil.* 4to.
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1797 *Nitsch*, Ab. Abhandlung vom scharbock. *Leips.* 8vo.

1798 *Hempel*, J. G. Eigene erfahrungen, &c. vom scharbocke. *Kopenh.* 8vo.

1800 *Corbella*, Ant. De las enfermedades internas y externas del escorbuto. *Madrid.* 8vo.

1802 *Jacobs*, J. C. Traité du scorbut en général. *Bruxelles.* 8vo.

1803 *Balme*, Cl. M.D. Observations et réflexions sur le scorbut. *Lyon.* 8vo.

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1804 *Keraudren*, P. M. Réflexions sommaires sur le scorbut. *Par.* 4to.

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1807 *Lamothé*, Dissertationes in scorbutum, &c. *Matrua.* 8vo.

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1813 *Heberden*, W. M.D. Some observations on the scurvy (Med. Trans. iv.) *Lond.* 8vo.

1819 *Balme*, Cl. M.D. Traité historique et pratique du scorbut chez l'homme et les animaux. *Lyon.* 8vo.

1819 *Bampfild*, R. W. A practical treatise on the tropical and scorbutic dysentery, with observations on scurvy. *Lond.* 8vo.

1820 *Fodéré*, Dict. des Sc. Méd. (art. Scorbut) t. l. *Par.*

1825 *Latham*, P. M. M.D. Account of the disease at the General Penitentiary. *Lond.* 8vo.

1827 *Rochoux*, Dict. de Méd. (art. Scorbut) t. xix. *Par.* 8vo.

1828 *Da Olmi*, Précis d'hygiène navale, suivi d'un recueil des écrits sur le scorbut, &c. *Par.* 8vo.

1834 *Kerr*, Cyc. of Pract. Med. (art. Scorbustus) vol. iv. *Lond.*

SCROFULA—SCROPHULA—STRUMA.

DERIV. We find the word *scrofula*, or rather *scrofulæ* in the plural, employed for the first time to signify the present disease, or one supposed analogous to it in cattle, by Vegetius in his work *De Re Veterinaria*.* It is generally admitted to be derived from the Latin *scrofa*, (also written *scrophu*,) a sow, although the reason of the derivation is by no means clear. The same analogy, whatever it may have been, influenced the Greek writers (and doubtless the Romans borrowed it from them) in naming the disease, as their term for *scrofula*, *χοιρας*, is a mere diminutive of *χοιρος*, a sow.† *Struma* is the classical Latin name of the disease, and is synonymous with *χοιρας*: its derivation is unknown.

Nos. SYN. *χοιρας*, *χοιραδες*: Hipp. *Struma*: Cels. Plin. Linn. Good. *Scrophula*: Sauv. Vog. Sag. Cull. Mach. Darw. Young. *Scrophulæ*: Pinel. *Choiras*: Swed.

VERN. SYN. Gr. *χοιρας*, *χοιραδες*. Lat. *Struma*, *scrofulæ*. Eng. *Scrofula*, the king's evil, the evil. Scot. The cruels. Ger. Kropf, skropheln, skrofelkrankheit. Dut. Klieren, kropzweeren, kliergezwellen. Dan. Skrofer, kiertelknuder.

* "Plerumque strumæ, vel parotides, aut scrofulæ jumentorum guttur infestant." lib. ii. cap. 23.

† Might I hazard the following conjecture as at least not more improbable than some that have been proposed, as to the reason of the application of the terms *χοιρας* and *scrofula*, i. e. a little pig, to the strumous disease? viz. that the smooth, rounded, conglomerated swellings of the sub-maxillary glands (to which the term was at first restricted) suggested the name from their fanciful resemblance to a litter of young pigs lying huddled together, or even from the form of a single swelling, bearing some resemblance in its rounded outline to the animal? This notion may seem to derive greater plausibility from the fact that the Greeks actually gave the same name of a young pig (*χοιρας*) to small rocks just rising above the surface of the sea, from their fancied resemblance to the back of a pig when swimming; and it may not be altogether irrelevant to add, that the swelling produced by a blow upon the face or head is vulgarly termed a *mouse*.

- Swed.* Körtelvulster, krofer, krittlar. *Switz.* Scrovole. *Fr.* Ecrouelles, glandes. *Ital.* Scrofula, scrofole, scrofe. *Span.* Lamparones, escrofulas.
- 1597 *Tooker, W.* Explicatio totius quæstionis, de mirabilium sanitatum gratia, in qua præcipue agitatur de solenni et sacra curatione strumæ, cui reges Angliæ divinitus medicati sunt. *Lond.* 4to.
- 1602 *Clowes, W.* A right frutefull and approved treatise for the cure of the struma or evil, cured by kings and queenes of England. *Lond.* 4to.
- 1609 *Laurentius, And.* De mirabili strumas sanandi vi solis Galliæ regibus concessa. *Par.* 8vo.
- 1618 *Barbier, J.* Les miraculeux effets de la main des rois de France. *Lion.* 12mo.
- 1676 *Tomlinson, F.* Chirurgical treatises (scrofula, &c.) *Lond.* fol.
- 1684 *Brown, John,* Adenochoiradelogia, or a treatise of glandules and strumals or king's-evil swellings. *Lond.* 8vo.
- 1709 *Fern, Th.* A perfect cure for the king's-evil. *Lond.* 8vo.
- 1710 *Vickers, W.* A brief account of a specific remedy for curing the king's-evil (3rd edit.) *Lond.* 8vo.
- 1712 *Gibbs, J. M.D.* Observations of various cures of scrofulous disorders. *Lond.* 8vo.
- 1715 *Boulton, R.* Account of the gout, king's-evil, &c. *Lond.* 8vo.
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- 1726 *Blackmore, Sir R. M.D.* Discourses on the gout, rheumatism, and king's-evil. *Lond.* 8vo.
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- 1780 *Lalouette, P. de,* Traité des scrophules vulgairement appelés ecrouelles. *Par.* 12mo.
- 1784 *White, Thos.* A treatise on struma or scrofula commonly called the king's-evil. *Lond.* 8vo.
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- 1800 *Burns, John,* Dissertations on inflammation (6th, on scrophulous inflammation) *Glasg.* 8vo.
- 1801 *Pujol, Alexis,* Essai sur le vice scrofuloux (Œuvres 4 tom.) *Castres.* 8vo.
- 1802 *Capelle, J. A.* Essai sur la nature, &c. des affections scrofulieuses. *Par.* 8vo.
- 1802 *Hebreard, F.* Essai sur les tumeurs scrofulieuses. *Par.* 8vo.
- 1802 *Herdman, John, M.D.* Dissertations on white swellings, &c. *Edin.* 8vo.
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- 1805 *Lambe, W. M.D.* Inquiry into the origin of constitutional diseases. *Lond.* 8vo.
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- 1819 *Hufeland, C. W.* Ueber die natur, erkenntniss mittel und heilart der skrofelkrankheiten (3rd edit.) *Berl.* 8vo.
- 1820 *Fournier-Pescay & Begin,* Dict. des Sc. Méd. (art. Scrofulé) t. I. *Par.*
- 1821 *Lloyd, E. A.* A treatise on the nature and treatment of scrofula. *Lond.* 8vo.
- 1821 *Macher, M.* Ueber die ursachen, &c. der skrofelkrankheit. *Wien.* 8vo.
- 1822 *Farr, W.* Treatise on the nature of scrofula. *Lond.* 8vo.
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- 1827 *Siebold, F. M. J.* Die Englische krankheit. *Würzb.* 4to.
- 1829 *Lugol, J. G. A.* Mémoire sur l'emploi de l'iode dans les maladies scrofulieuses. *Par.* 8vo.
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1831 *O'Shaughnessy, W. B. M.D.* Essay on the effects of iodine in scrofulous diseases. Translation of Lugol, with an appendix by the translator. *Lond*. 8vo.

1834 *Cumin, Cyc.* of Pract. Med. (art. *Scrofula*) vol. iv. *Lond*.

SIVVENS, OR SIBBENS.

DERIV. This term, which is the Scotch word for the wild raspberry, is applied to the disease precisely as the French word, *framboise*, has been applied to the disease termed yaws, from supposed similarity of appearance.

NOS. SYN. *Thymiosis* (from *θυμιον*, a fungous wart), *Lepra Norwegica*: Swed.? *Exanthema arcticum*: Voug? *Syphilis, Syphiloides*: Good. *Syphilis Scotica*: Young.

VERN. SYN. *Ital.* Mal di Scherlievo, mal di Fiume? *Norw.* Radesyge? *Ger.* Nordische aussatz? *Fr.* Scerlievo. *Erse*, Soucruu.

1765 *Gilchrist, Eb. M.D.* Account of a very infectious distemper (*sibbens*) (Essays Phys. and Lit. iii)

1772 *Hill, Jas.* Cases in surgery, including an account of the disease called sibbens. *Edin*. 12mo.

1804-5 *Frank, Jos.* Reise nach Paris, London, &c. 2 th. *Wien*. 8vo.

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1809 *Böcker, H.H. M.D.* An account of the pseudo-syphilitic disease, radesyge (*Edin. Journ.* v.) *Edin*. 8vo.

1814 *Buteman, Th. M.D.* History of a tubercular eruption of a syphilitic appearance (*Med. Chir. Trans.* v.) (?) *Lond*. 8vo.

1818 *Percy & Laurent*, Dict. des Sc. Méd. (art. *Maladie de Fiume* ou de *Scerlievo*) t. xxx. *Par*. 8vo.

1821 *Frank, Jos.* Prax. Med. Univ. (vol. iii. cap. 37. de *Radesyge*, &c.) 2nd. edit. *Taurin*. 8vo.

1827 *Rayer, P.* Traité des maladies de la peau (vol. ii. Vocabulaire, *Maladie de Fiume*) *Par*. 8vo.

(See also *SYPHILIS*, and *SKIN, DISEASES OF*.)

SKIN, DISEASES OF—CUTANEOUS DISEASES.

VERN. SYN. (*Skin, Diseases of the Skin*.) *Gr.* Δερμα, χροος, δερματος νοσοι, χροος νοσοι. *Lat.* Cutis, morbi cutis. *Eng.* Skin, diseases of the skin, skin diseases, cutaneous diseases. *Ger.* Haut, hautkrankheiten, krankheiten der haut. *Dut.* Vel, huid, vel-ziekte, huid-ziekte. *Fr.* Peau, maladies de la peau. *Ital.* Cute, malattie della cute, malattie cutanee. *Span.* Cutis, enfermedades de cutis, enfermedades cutaneas.

1542 *Ryff, G. H.* Besichtigung und cur der aussätzigen. *Argent.* 4to.

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- 1817 *Folie, J. B.* Abhandlung über die krätze. *Bamb.* 8vo.
- 1817 *Holst, Fr. M.D.* Morbus quem radesyge vocant quinam sit, &c. (Frank Del. Op.) *Christiana,* 12mo.
- 1819 *Chaussier & Adelon,* Dict. des Sc. Méd. (art. Peau) t. xxxix. *Par.*
- 1820 *Haase, W. A.* De exanthematibus chronicis in universum. *Lips.* 4to.

1821 *Bidou, F. S.* Réflexions pratiques sur les dartres. *Par.* 8vo.

1821 *Darcet, J. P. J.* Description des appareils à fumigations, &c. *Par.* 4to.

1821 *Haubold, Car.* Vitiliginis leprose historia. *Lips.* 4to.

1821 *Mouronval, J. F. J.* Recherches sur la gale faites à l'Hôpital St. Louis. *Par.* 8vo.

1821 *Plumbe, Sam.* A practical essay on ring-worm of the scalp, &c. *Lond.* 8vo.

1822 *Burdin, J.* Méthode du Dr. Helmrich pour guérir la gale en deux jours. *Par.* 8vo.

1822 *Wilkinson, C. H.* Remarks on cutaneous diseases. *Lond.* 8vo.

1823 *Braun, Lud. Ritter von, Ueber die erkenntniss und behandlung des pemphigus.* *Frankft.* 12mo.

1823 *Chevalier, Tho.* Lectures on the anatomy and functions of the skin. *Lond.* 8vo.

1823 *Clarke, Sir A.* An essay on diseases of the skin. *Lond.* 8vo.

1824 *Bergmann, C. A.* Die krankheiten der haut, &c. *Leips.* 8vo.

1824 *Gales, J. C.* Mémoire sur les fumigations sulfureuses (2nd edit.) *Par.* 8vo.

1824 *Klaatsch, A. H.* Tabellarische uebersicht der hautkrankheiten nach Willan's system. *Berl.* fol.

1824 *Plumbe, Sam.* A practical treatise on diseases of the skin. *Lond.* 8vo.

1826-7 *Rayer, P.* Traité théorique et pratique des maladies de la peau (2 vol.) *Par.* 8vo.

1827 *Dendy, W. C.* A treatise on the cutaneous diseases incident to children. *Lond.* 8vo.

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1829 *Mahon, jeune, M.* Recherches sur le siège des teignes. *Par.* 8vo.

1829 *Struve, L. A.* Synopsis morborum cutaneorum. Uebersicht der hautkrankheiten (Lat. et Germ.) *Berl.* fol.

1829 *Thomson, A. T. M.D.* Atlas of delineations of cutaneous eruptions. *Lond.* 8vo.

1831 *Bateman, Thos. M.D.* Synopsis, &c. with notes by A. T. Thomson, M.D. *Lond.* 8vo.

1834 *Rayer, Dict. de Méd. Prat. (art. Peau)* t. xii. *Par.* 8vo.

SMALL-POX—VARIOLA.

DERIV. The source of the term *variola* is still conjectural. Dr. Good is of opinion that the Latinised word is derived from the Spanish, either from "an old Spanish word *vario*, a *pock* or *pimple*," or from the present vernacular Spanish name for the disease, *viruelas*, which he derives from the Latin *virus*. It seems, however, much more likely that the Spanish name was derived from the modern Latin one, *variola*, whatever may have been the source of this,—whether *varius*, variegated or party-coloured, or *varus*, a spot or pimple, as is differently conjectured.

The origin of the term *pox*, originally *pocks*, and of *small-pox*, is evident from the very word, *pock*, or *poc*, signifying in the ancient Saxon, as in its modern branches, a *bag* or *pouch*. The prefix *small* was not added until the introduction of the

great-pox (syphilis) into Europe. Indeed in secluded parts of the country, where syphilis is unknown, as in some of the rural districts of Scotland, the variolous disease is still known among the peasantry by the term of *the pocks* or *pox*, exclusively.

NOS. SYN. *Euphlogia*: Rhazes. *Variolæ*: Boerh. Junck. Sydenh. *Variola*: Sauv. Linn. Sag. Cull. Swed. *Febris variolosa*: Hoffm. Vog. *Synochus variola*: Young. *Empyesis variola*: Good. *Synochus variolosus*: Cricht.

VERN. SYN. *Eng.* Small-pox. *Scot.* The pox. *Ger.* Pocken, kinderblattern, kindspocken, blattern. *Dut.* Kinderziekte, kinderpokjes, pokken, pokjes. *Dan.* Kopper, børnekopper. *Swed.* Kopper, småkopper. *Fr.* Petite vérole, picotée. *Ital.* Vajuolo. *Span.* Viruelas, viruela.

1577 *Alphani, Fr.* De pestilentia, neqñon de variolis et morbillis. *Neap.* 4to.

1593 *Kelling, Simon*, Defensative against the plague, and short treatise of the small-pox. *Lond.* 4to.

1617 *Cachet, Ch.* Vray et assuré préservatif de petite vérole. *Toul.* 12mo.

1633 *Blar, Mat.* Beschreibung der kinderblattern. *Constanz.* 12mo.

1645 *Fueldez, Ant.* Observations curieuses touchant la petite vérole. *Lyon.* 8vo.

1656 *Maxwell, D.* Nature the best physician: a poem (a case of small-pox) *Lond.* 8vo.

1661 *Whitaker, Tob. M.D.* An elenchus of opinions concerning the cure of the small-pox. *Lond.* 8vo.

1685 *Harvey, Gideon, M.D.* Of the small-pox and malignant fevers, &c. *Lond.* 8vo.

1685 *Lampard, John*, A direct method of ordering and curing people of that lothesome disease the small-pox. *Lond.* 4to.

1688 *Porchon, A.* Nouveau traité du pourpre, de la rougeole, et de la petite vérole. *Par.* 12mo.

1692 *Morton, R. M.D.* Pyretologia, sive de febribus inflammatoriis, variolis, &c. *Lond.* 8vo.

1695 *Byfield, T.* Discourse on the rise, &c. of small-pox and putrid fevers. *Lond.* 4to.

1702 *Phillips, Dan. M.D.* Dissertation of the small-pox (Lat. and Eng.) *Lond.* 12mo.

1714 *Lynn, Walt.* An essay towards a more safe and easy method of curing the small-pox. *Lond.* 8vo.

1715 *Lynn, Walt.* Some reflexions on the modern practisers of physic in relation to the small-pox. *Lond.* 8vo.

1721 *Bellinger, F.* Treatise concerning the small-pox. *Lond.* 8vo.

1723 *Blackmore, Sir R. M.D.* A treatise upon the small-pox. *Lond.* 8vo.

1723 *Jurin, J. M.D.* A letter containing a comparison between the mortality of the natural and inoculated small-pox. *Lond.* 8vo.

1724 *Clinch, W. M.D.* Historical essay on the rise and progress of the small-pox. *Lond.* 8vo.

1728 *Holland, Rich. M.D.* A short view of the nature and cure of small-pox. *Lond.* 12mo.

1729 *Chandler, J.* A discourse concerning small-pox, occasioned by Dr. Holland's essay. *Lond.* 8vo.

1730 *Fuller, Th. M.D.* Exanthemalogia, or an account of eruptive fevers, especially the measles and small-pox. *Lond.* 4to.

- 1731 *Apperley, Th.* Practical observations in physic, with a treatise on small-pox. *Lond.* 8vo.
- 1731 *Lobb, The.* M.D. Treatise of the small-pox. *Lond.* 8vo.
- 1735 *Hillary, W. M.D.* A rational and mechanical Essay on the small-pox. *Lond.* 8vo.
- 1736 *Douglas, W. M.D.* Practical essay concerning the small-pox. *Bost.* 8vo.
- 1737 *Deering, Ch. M.D.* Account of an improved method of treating the small-pox. *Notting.* 8vo.
- 1737 *Lister, M. M.D.* Tractatus de variolis. *Genevæ,* 8vo.
- 1740 *La Metherie, J. C. de,* Traité de la petite vérole. *Par.* 12mo.
- 1742 *Drake, J.* Orationes tres de febre intermittente, de variolis, &c. *Lond.* 4to.
- 1746 *Dodd, Pierce, M.D.* Several cases in physic (small-pox after inoculation) &c. *Lond.* 8vo.
- 1748 *Mead, R. M.D.* A discourse on the small-pox and measles (transl. by Stack) *Lond.* 8vo.
- 1750 *Sutherland, Alex.* Medical essay on the small-pox. *Lond.* 8vo.
- 1752 *Thompson, Th. M.D.* An inquiry into the origin, nature, and cure of the small pox. *Lond.* 8vo.
- 1758 *Langrish, Browne,* Plain directions in regard to the small-pox. *Lond.* 4to.
- 1759 *Frewen, Thom.* Some reasons why a person infected with the small pox may not be cured by antidote. *Lond.* 8vo.
- 1760 *Descherney, D. M.D.* An essay on the small-pox. *Lond.* 8vo.
- 1761 *Ponticelli, S. A.* Infortunj del vajuolo e metodo de andarne al riparo. *Parma,* 8vo.
- 1761 *Wheler, J.* A treatise upon the small-pox and fevers. *Lond.* 8vo.
- 1767 *Bromfield, Sir W.* Thoughts concerning the present method of treating inoculated small-pox. *Lond.* 8vo.
- 1767 *Dimsdale, T. M.D. (Baron,)* The present method of inoculating, &c. *Lond.* 8vo.
- 1767 *Glass, Th. M.D.* Letter to Dr. Baker on the treatment of small-pox. *Lond.* 8vo.
- 1767 *Glass, Th.* A second letter to Dr. Baker on the treatment of small-pox. *Lond.* 8vo.
- 1768 *Closs, J. F.* New method of treating small-pox, rendering the natural small-pox as void of danger as the inoculated. *Lond.* 8vo.
- 1768 *Kröniz, J. G.* Verzeichniß der vornehmsten schriften von der kinderpocken. *Leips.* 8vo.
- 1768 *Paulet, J. J.* Histoire de la petite vérole (2 vol.) *Par.* 12mo.
- 1768 *Poulet, J. J.* Mémoire pour servir de suite à l'histoire de la petite vérole. *Par.* 12mo.
- 1770 *May, Nich.* Impartial remarks on the Suttonian method of inoculation. *Lond.* 8vo.
- 1770 *Wrisberg, H. A.* Beyträge zur pocken-geschichte. *Goett.* 4to.
- 1773 *De Cardis, Phil.* De variolis ejusque causa efficiente. *Rom.* 4to.
- 1774 *Amar, Jos.* Instruccion curativa de las viruelas. *Madrit.* 8vo.
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- 1775 *Haen, Ant. von,* Abhandlung von der sichersten heilungsart der naturlichen pocken. *Wien.* 8vo.
- 1776 *Hoffmann, C. L.* Abhandlung von den pocken, &c. *Munster,* 8vo.
- 1777 *Mudge, J. M.D.* Dissertation on the inoculated small-pox. *Lond.* 8vo.
- 1780 *Fries, P. A.* Warum die meisten pocken im gesichte ausschlagen. *Dusseld.* 8vo.
- 1780 *Fries, P. A.* Von der nothwendigkeit, das ausbruchfieber der pocken gehörig zu behandeln. *Munster,* 8vo.
- 1780 *Roe, Ch.* A treatise on the natural small-pox, &c. *Lond.* 8vo.
- 1781 *Black, W. M.D.* Observations medical and political on the small-pox and inoculation, &c. *Lond.* 8vo.
- 1781 *Christan, Th.* Beiträge zur geschichte der naturlichen pocken. *Wien.* 8vo.
- 1781 *Greding, K. W.* Epistola de primis variolarum initiis. *Lips.* 4to.
- 1782 *Unzer, J. A.* Abhandlung von den pocken. *Halberst.* 8vo.
- 1785 *Haygarth, John, M.D.* An inquiry how to prevent the small-pox. *Chester,* 8vo.
- 1786 *Lynn, Will.* Case of a lady who communicated the small-pox to the foetus. *Lond.* 8vo.
- 1786 *Volpi, And.* Medicina teorica e pratica sopra la malattia del vajuolo. *Nap.* 8vo.
- 1787 *Hildebrand, J. F.* Bemerkungen über die pocken in 1787. *Bruns.* 8vo.
- 1790 *Adair, J. M. M.D.* Candid inquiry into the effects of the cooling regimen in small-pox, with remarks on a method used in Hungary. *Lond.* 8vo.
- 1790 *Buchholz, F. G. A.* Analecta de variolis : specimen i. *Gott.* 8vo.
- 1790 *Goets, F. Ig.* Traité complet de la petite vérole et de l'inoculation. *Par.* 12mo.
- 1790 *Gruner, C. G.* De variolis et morbillis fragmenta medica Arabistarum. *Jena,* 4to.
- 1790 *Walker, R. M.D.* An inquiry into the small-pox, medical and political. *Lond.* 8vo.
- 1791 *Bosch, J. J. van den,* Verhandeling over den aart der kinderpokjes, &c. *Rotterd.* 8vo.
- 1791 *Lassi, G. G.* Del vajuolo e della nuova maniera di curarlo. *Rom.* 4to.
- 1791 *Olberg, Fr.* Beitrag zur litteratur der blattern. *Hal.* 8vo.
- 1792 *Bosch, J. J. van den,* Abhandlung ueber die wahre beschaffenheit der kinderpocken, &c. *Stendal.* 8vo.
- 1792 *Orlandi, Fr.* De vero variolarum cursu et de propria eas curandi methodo. *Rom.* 8vo.
- 1793 *Haygarth, John, M.D.* A sketch of a plan to exterminate the small-pox from Great Britain. *Lond.* 8vo.
- 1796 *Woodville, W. M.D.* The history of the inoculation of the small-pox in Great Britain. *Lond.* 8vo.
- 1798 *Hufeland, C. W.* Bemerkungen über die blättern, &c. *Leips.* 8vo.
- 1799 *Hopfengartner, P. F.* Beobachtungen über die pockenkrankheit. *Stuttg.* 8vo.
- 1800 *Desgenettes, R. N.* Avis sur la petite vérole. *Kaire,* 8vo.
- 1800 *Eyerell, Jos.* Praktische beiträge zur geschichte der kinderpocken, &c. *Wien.* 8vo.
- 1811 *Christie, Tho. M.D.* An account of the ravages of the small-pox in Ceylon. *Chelt.* 8vo.
- 1815 *Moore, James,* History of the small-pox. *Lond.* 8vo.
- 1818 *Monro, Al. M.D.* Observations on the different kinds of small-pox. *Edin.* 8vo.
- 1820 *Cross, J. G.* A history of the variolous epidemic in Norwich in 1819. *Lond.* 8vo.
- 1820 *Thomson, J. M.D.* An account of the variolous epidemic in Edinburgh. *Edin.* 8vo.
- 1821 *Monfalcon, Dict. des Sc. Méd. (art. Variole)* t. lvii. *Par.*
- 1828 *Guerseut, Dict. de Méd. (art. Variole)* t. xxi. *Par.*
- 1834 *Gregory, Cyc. of Pract. Med. (art. Small-pox)* vol. iv. *Lond.*

SOFTENING (OF ORGANS).

The derivation of this term is self-evident. I introduce it with the view of deprecating the employment of the French synonym *ramollissement*, when our vernacular name is at once equally expressive, and certainly more euphonous and convenient.

SOMNAMBULISM.

DERIV. From *somnus*, sleep, and *ambulo*, to walk, *sleep-walking*. The state is also called, though less appropriately, *noctambulism*, from *nox*, night, and *ambulo*. The subject or patient is called in the modern Latin *somnambulus* or *noctambulus*.

NOS. SYN. *Somnambulismus*: Sauv. Linn. Sag. *Noctambulatio*: Junck. *Paroniria ambulans*: Good. *Oneirodynia activa*: Cull. *Hypnobotasis* (ὑπνοβασις): Vog. *Erethismus oneirodynia*: Young. *Rhembasmus* (ρεμβασμος): Swed. *Nyctobasis* (νυκτοβασίς), *Noctisurgium*, *Catalepsis delirans*: Auct.

VERN. SYN. Eng. Sleep-walking, somnambulism. Ger. Schlaf-spazieren, nacht wandeln. Dut. Nagtwandeling. Dan. Søvngængen, natgaengen. Swed. Sömnvandrang, nattgång. Fr. Somnambulisme. Ital. Somnambulismo. Span. Somnambulismo.

(For Literature, see NERVOUS DISEASES)

SPINE AND SPINAL MARROW,
DISEASES OF.

SYN. (1. Spine) Gr. *σπίναξ*. Lat. Spina, spina dorsi. Lat. rec. Columna vertebralis. Eng. The spine, the chine, the backbone, the vertebral column. Ger. Rückgrat, rückgrath. Fr. Rachis, colonne vertébrale. Ital. Spina, colonna spinale, colonna vertebrale.

(2. Spinal marrow) Gr. *σπίνας μυελος*. Lat. Medulla spinalis. Eng. Spinal marrow. Ger. Rückenmark. Fr. Moelle de l'épine, moelle épinière. Ital. Spinale midallo.

1778 Pott, Perc. Remarks on palsy of the lower limbs, &c. Lond. 8vo.

1780 Magny, Alex. Mémoire sur le raktis ou maladie de la colonne vertébrale. Par. 8vo.

1782 Pott, Perc. Further remarks on the useless state of the lower limbs. Lond. 8vo.

1783 Sheldrake, T. An essay on the causes and effects of the distorted spine. Lond. 8vo.

1788 Jones, Phil. An essay on crookedness. Lond. 8vo.

1790 Frank, J. P. De vertebralis columnæ in morbis dignitate (Del. Op. xi.) Pavia, 8vo.

1793 Gesscher, D. Van, Ueber entstellungen des ruckgrätes. Goett. 8vo.

1793 Soemmering, S. T. Bemerkungen ueber verenkung und bruch des rückgrats. Berl. 8vo.

1798 Wilkinson, C. H. Essays physiological and philosophical on distortion of the spine, &c. Lond. 8vo.

1800 Okes, T. V. An account of spina bifida. Lond. 8vo.

1803 Earle, Sir J. Observations on the cure of the curved spine. Lond. 8vo.

1804 Abercrombie, John, M.D. On paralysis of the lower extremities from diseased spine. Edin. 8vo.

1810 Bergamaschi, Giu. Osservazioni sulla infiammazione della spinale midollo e delle sue membrane. Par. 4to.

1812 Demussy, Alex. Histoire de quelques affections de la colonne vertébrale. Par. 4to.

1813 Baynton, Th. Account of a successful method of treating diseases of the spine. Lond. 8vo.

1813 Brera, V. A, Harles, J. C. F. Ueber den entzündung des rückenmarks. Nurnb. 8vo.

1815 Copeland, Th. Observations on the symptoms and treatment of the diseased spine. Lond. 8vo.

1816 Jörg, D. J. C. G. Ueber die verkrümmungen des menschlichen körpers. Leips. 4to.

1816 Rachetti, Vinc. Della struttura e dell'e malattie della midollo spinale. Milano, 8vo.

1816 Sheldrake, T. A treatise on diseased and distorted spine. Lond. 8vo.

1817 Macartney, Jds. Observations on curvature of the spine. Dub. 4to.

1818 Bradley, J. M.D. Observations on a stridulous affection of the bowels and on some varieties of spinal diseases. Lond. 8vo.

1818 Choulant, J. L. Decas pelvium spinarumque deformatarum. Lips. 4to.

1820 Bergamaschi, Giu. Sulla mielitide stenica e sul tetano, loro identita, &c. Par. 8vo.

1820 Klohss, K. L. Dissertatio de myelitide. Hal. 8vo.

1822 Ward, W. T. Practical observations on distortions of the spine, &c. Lond. 8vo.

1823 Casper, J. L. Ueber die verletzungen des rückenmarks. Berl. 8vo.

1823 Jarrold, T. Inquiry into the causes of curvature of the spine. Lond. 8vo.

1823 Shaw, John, On the nature and treatment of distortions of the spine, &c. Lond. 8vo.

1823-4 Shaw, John, Engravings illustrative of a work on distortions of the spine. Lond. 4to.

1823 Wolf, Leo. Beobachtung einer chronischen entzündung des rückenmarks. Hamb. 8vo.

1824 Bampffield, R. W. Essay on curvatures and diseases of the spine. Lond. 8vo.

1824 Dods, A. M.D. Pathological observations on the rotated and contorted spine. Lond. 8vo.

1824 Desfray, L. J. Essai sur le spinitis ou inflammation de la moëlle de l'épine. Par. 4to.

1825 Boyle, J. A treatise on moxa. Observations on spinal diseases, &c. Lond. 8vo.

1825 Shaw, John, Further observations on the lateral or serpentine curvature of the spine. Lond. 8vo.

1825 Wenzel, C. Ueber die krankheiten am rückgräthe. Bamb. fol.

1826 Begin, L. J. Mémoire sur les déviations du rachis. Par. 8vo.

1827 Harrison, E. M.D. Pathological and practical observations on spinal diseases. Lond. 8vo.

1827 Ollivier, C. P. Traité de la moëlle épinière et de ses maladies (2nd edit. 2 vol.) Par. 8vo.

1827 Pravaz, C. G. Méthode nouvelle pour le traitement des déviations de la colonne vertébrale. Par. 8vo.

1828 Delpech, J. De l'orthomorphie, ou recherches sur les causes, les moyens de prévenir et de guérir les déformités (2 vol.) Par. 8vo.

1828 Brown, Th. M.D. On irritation of the

spinal nerves (Glasgow Journ. vol. i.) *Glasg.* 8vo.

1829 *Reydellet*, Dict. des Sc. Méd. (art. *Moelle*) t. xxxiii. *Par.*

1829 *Teale, J. P.* A treatise on neuralgic diseases. *Lond.* 8vo.

1834 *Bouillaud*, Dict. de Méd. Prat. (art. *Myélite*) vol. xi. *Par.* 8vo.

1834 *Griffin, W. & D.* Observations on functional affections of the spinal cord, &c. *Lond.* 8vo.

1835 *Todd*, Cyc. of Pract. Med. (art. *Spine, Diseases of*) vol. iv. Supp. *Lond.*

SPLEEN, DISEASES OF.

DERIV. GR. *σπλην*, gen. *σπληνος*, the spleen.

VERN. SYN. *Lat.* Lien, splen. *Eng.* Spleen, milt. *Scot.* Melt. *Ger.* Milz. *Dut.* Dan. Milt. *Swed.* Mjält. *Fr.* Rate. *Ital.* Milza. *Span.* Bazo.

GR. *σπληνεις* (plur.), diseased spleen : Hipp. *Lat.* *Lienes* (plur.), diseased spleen.

Splenalgia—*Splenis tumor*.

DERIV. From *σπλην*, spleen, and *αλγειν*, to be painful.

NOS. SYN. *Dolor lateris, Obstructio lienis*: Sennert. *Splenalgia*: Sauv. Sag. Swed. *Splenica*: Linn. *Physconia splenica*: Sauv. Cull. Parr. *Parabysma splenicum*: Good. *Splenis tumor*: Darw. *Splenoncus*: Swed. *Emphraxis splenis*: Swed. *Obstructio lienis, Scirrhus lienis*: Auct.

VERN. SYN. GR. *Σμικρος σπληνος, οιδημα σπληνος*. *Lat.* Splenis dolor, lienis tumor. *Eng.* Pain in the side, pain in the spleen, ague-cake. *Ger.* Milzweh, schmerzender milz. *Dut.* Miltziekte. *Dan.* Miltsyge, miltstot. *Swed.* Mjältsjuka. *Fr.* Douleur de la rate, mal de rate. *Ital.* Dolore di milza, ostruzione di milza. *Span.* Dolores de bazo.

Splenitis.

DERIV. From *σπλην*, spleen, with the addition of the terminal sign of inflammation, *itis*. There is a classical Greek word *σπληνιτις*, but it is an adjective, signifying *splenal*, or relating to the spleen.

NOS. SYN. *Splenitis*: Plater, Sauv. Linn. Vog. Junck. Sag. Macb. Cull. Swed. *Lienis inflammatio*: Boerh. Sennert. *Splenalgia suppuratoria*: Sauv. *Cuxma splenitis*: Young. *Empresma splenitis*: Good. *Lienitis*: Auct.

VERN. SYN. *Lat.* Inflammatio lienis. *Eng.* Inflammation of the spleen. *Ger.* Entzündung der milz, milzentzündung. *Dut.* Miltonsteeking. *Fr.* Inflammation de la rate. *Ital.* Infiammazione di milza. *Span.* Inflamación de bazo, esplenitis.

1578 *Ulmus, F.* Libellus de liene. *Lut. Par.* 8vo.

1693 *Drelincurtius, Car.* Dissertatio de lienosis. *Lugd. Bat.* 4to.

1657 *Vethusius, Lamb.* Tractatus de liene et de generatione. *Traj. ad Rhen.* 12mo.

1667 *Pellin, M. Z.* Ordo et methodus cognoscendi scirrhum lienis. *Jen.* 4to.

1684 *Grew, N. M. D.* Observations on a diseased spleen (Phil. Trans.). *Lond.* 4to.

1684 *Lambert, Fr.* Explication des accidens que la ratte cause, &c. *Toul.* 12mo.

1704 *Hoffmann, Fr.* Dissertatio de morbis lienosis (Opp. Suppl. ii.) *Hal.*

1723 *Stukeley, W. M. D.* Of the spleen, its uses and diseases. *Lond.* fol.

1725 *Scheid, J. V. & J. G.* Observationes lienum disruptorum (Hall. D. ad M.) *Argent.* 4to.

1751 *Kaltschmid, C. F.* De liene raræ magnitudinis (Hall. Diss. iv.) *Jen.*

1781 *Mayer*, Dissertatio vomicae lienalis historiam exponens (Doering i.) *Fr.*

1781 *Ruckstuhl*, Dissertatio de morbis lienis (Doering i.)

1784 *Mereke*, De anatomia et physiologia lienis ejusque abscessu. *Gless.*

1800 *Assollant, L. & J. P.* Recherches sur la rate. *Par.* 8vo.

1805 *Pleischl, A. M.* De splenis inflammatione. *Berl.* 8vo.

1808 *Ammon, K. W.* Unterricht für thierarzte ueber den milzbrand. *Ansbach*, 8vo.

1811 *Bree, R. M. D.* On pains of the side from diseased spleen (Med. Chir. Trans. ii.) *Lond.*

1816 *Schmidt, C. H.* Commentatio de pathologia lienis. *Goett.* 4to.

1817 *Heusinger, C. F.* Ueber den bau und die verrichtung der milz. *Thionv.* 8vo.

1818 *Audouard, M. F. M.* Des congestions sanguines de la rate. *Par.* 8vo.

1819 *Contrelli, Ag.* Lettera sopra la suppurazione della milza. *Miss.* 8vo.

1820 *Heusinger, C. F.* Betrachtungen über den entzündung der milz. *Eisin.* 8vo.

1820 *Ribes*, Dict. des Sc. Méd. (art. *Rate*) t. xvii. *Par.*

1821 *Grotanelli, Stan.* Animadversiones in acutæ et chronicæ splenitidis historiam. *Flor.* 8vo.

1823 *Moreschi, Alex.* Del vero e primario uso della milza. *Milan.* 8vo.

1827 *Andral*, Dict. de Méd. (art. *Splenite*) t. xix. *Par.*

1827 *Ollivier*, Dict. de Méd. (art. *Rate*) t. xvii. *Par.*

1834 *Bigsby*, Cyc. of Pract. Med. (art. *Spleen*) vol. iv.

STOMACH AND INTESTINES, DISEASES OF (CARDIA—PYLORUS).

VERN. SYN. GR. *γαστήρ, στομαχος, κοιλια*. *Lat.* Ventriculus, stomachus, venter. *Eng.* Stomach, maw (of animals). *Scot.* Wame. *Ger.* Magen. *Dut.* Maag. *Fr.* Estomac, ventricule. *Ital.* Stomaco. *Span.* Estomago.

1557 *Fumanellus, Ant.* De ventriculi affectibus præter naturam (Opp. p. 513.) *Tig.* fol.

1608 *Heurn, J.* De morbis ventriculi (Op. Om.) *Lugd. Bat.* 4to.

1619 *Varandæus, J.* De morbis ventriculi lib. iii. *Monspel.* 8vo.

1675 *Swalve, Bern.* Querelæ ventriculi renovatæ. *Amst.* 12mo.

1677 *Glisson, Fr.* Tractatus de ventriculo et intestinis. *Lond.* 4to.

1701 *Sand*, Dissertatio de raro ventriculi abscessu (Hall. Diss. Pr. iii.) *Reg.*

1743 *Wencker, Ch.* Virginis per viginti-septem annos ventriculum perforatum habentis historia (Hall. Disp. Chir. v.) *Argent.*

1750 *Langguth, G. A.* De tabe ex pylori angustia (Hall. D. ad M. iii.)

1751 *Kämpf, Joan.* De infarctu vasorum ventriculi (Hall. D. ad M. iii.)

1778 *Vlieck, Jac.* De ventriculi morbis (Diss. Lov. i.)

1783 *Dacher, B. J.* Essai sur l'influence de l'estomac en toutes les opérations de l'économie animale. *Amst.* 12mo.

1787 *Bleuland, J.* De difficili aut impediti alimentorum ex ventriculo in duodenum, &c. *Lugd.* 4to.

1787 *Jas, Pet.* De sympathia inter pectus et ventriculum sectio iii. (Schlegel Opusc. de sympathia) *Lips.* 8vo.

1787 *Petzold, J. N.* Vom verengerung und verhärtung der untern magenmundes. *Dresd.* 8vo.

1788 *Boehme, C. G.* Anleitung die vorzüglichsten krankheiten der ersten wege zu heilen. *Leips.* 8vo.

1789 *Hildebrandt, G. F.* Geschichte der unreinigkeiten im magen und in den gedärmen. *Braunsch.* 8vo.

1793 *Webster, Ch. M.D.* Facts tending to shew the connexion of the stomach with life, disease, and recovery. *Edin.* 8vo.

1803 *Gerard, Al.* Des perforations spontanées de l'estomac. *Par.* 8vo.

1803 *Helm, Jac.* Zwey krankengeschichten—ein weib mit einem loche in dem magen, &c. *Wien.* 8vo.

1808 *Chardel, Fr.* Monographie des dégénérationes skirreuses de l'estomac. *Par.* 8vo.

1811 *Monro, Al. M.D.* The morbid anatomy of the human gullet, stomach, &c. *Edin.* 8vo.

1816 *Chaussier & Adelon*, Dict. des Sc. Méd. (art. *Estomac*) t. xiii. *Par.*

1816 *Anon.* Ventriculi situs, errores, deformitas, autopsia, &c. *Hamb.* fol.

1818 *Speer, T. C.* General views relating to the stomach. *Lond.* 8vo.

1819 *Laisné, Gab. M.D.* Considérations sur les érosions et perforations spontanées de l'estomac. *Par.* 8vo.

1820 *Elliotson, J. M.D.* Cases illustrative of the efficacy of hydrocyanic acid in affections of the stomach. *Lond.* 8vo.

1820 *Kleugden, H. F.* Phthiseos ventriculi pathologia. *Bonn.* 4to.

1821 *Hare, T.* A view of the structure, functions, &c. of the stomach. *Lond.* 8vo.

1823 *Gairdner, J. M.D.* On perforation of the stomach of infants after death. *Edin.* 8vo.

1823 *Rayer*, Dict. de Méd. (art. *Estomac*, path.) t. viii. *Par.*

1824 *Benech, L. V.* Traité des cancers de l'estomac. *Par.* 8vo.

1825 *Billard, C.* Recherches sur la membrane muqueuse gastro-intestinale. *Par.* 8vo.

1826 *Dunlisson, Rob. M.D.* On diseases of the stomach and bowels of children. *Lond.* 8vo.

1826 *Gairdner, J. M.D.* Cases of disorganization of the stomach of an infant. *Edin.* 8vo.

1828 *Abercrombie, J. M.D.* Pathological and practical researches on diseases of the stomach, &c. *Edin.* 8vo.

1830 *Carswell, R. M.D.* Recherches sur la dissolution chimique des parois de l'estomac (Journ. Hebd. de Méd. t. vii. *Par.* 8vo. Same in English, *Edin. Journ.* vol. xxiv. *Edin.* 1830.)

1831 *Cruveilhier*, Dict. de Méd. Prat. (art. *Estomac*, Maladies de l') t. vii. *Par.* 8vo.

1835 *Houghton*, Cyc. of Pract. Med. (art. *Stomach*, Diseases of) vol. iv. Supp. *Lond.*

(See DYSPEPSIA.)

SYCOSIS.

DERIV. Gr. *συκοεις*, from *συκον*, a fig, from

the resemblance of the ulceration in this disease to the pulp of a fig.*

Nos. SYN. *Ulcus sycois*: Cels. *Sycosis*: Vog. Batem. Swed. *Mentagra*: Plenck. *Phyma sycosis*: Good. *Sycoma*, *Ficus*, *Phymus*, *Condyloma*, *Herpes pustulosus*: Auct.

VERN. SYN. Ger. Feigwarzen. Dut. Vyggezweel. Fr. Sycose, mentagre, dartre pustuleuse.

(See SKIN, DISEASES OF.)

SYMPATHY.

DERIV. Gr. *συμπαθία* or *συμπαθεια*, from *συν*, with, and *παθεω* (obs.) to feel, or *παθος*, feeling.

SYN. Gr. *Συμπαθία*, *συμπαθεια*. Lat. *Sympathia*. Eng. *Sympathy*, consent of parts. Ger. *Sympathie*, mitleidenschaft, mitleidenheit, mitgeföhl, ubereinstimmung der theile. Dut. *Medelyding*. Fr. *Sympathie*. Ital. *Span*. *Simpatia*.

1658 *Rattray, Silv.* Aditus novus ad sympathiæ causas. *Glasg.* 8vo.

1660 *Endter, J. A.* Theatrum sympatheticum in quo sympathiæ actiones exhibentur. *Norimb.* 12mo.

1670 *Bayle, F.* Dissertationes medicæ tres—de sympathia partium cum utero, &c. *Tolos.* 4to.

1692 *Brisseau, P.* Traité des mouvemens sympathiques, &c. *Montp.* 12mo.

1700 *Herwig, H. M. M.D.* The art of curing sympathetically, &c. *Lond.* 12mo.

1721 *Rega, H. J.* De sympathia potissimum ventriculi in statu morbofo. *Hærl.* 8vo.

1740 *Crawford, James, M.D.* Practical remarks on the sympathy of the parts of the body (Edin. Med. Ess. vol. vi.) *Edin.* 8vo.

1771 *Lansel de Magny, M.D.* Traité de la sympathie des parties du corps dans les maladies. *Par.* 8vo.

1774 *Kirkland, Th.* A treatise on childbed fevers, with a dissertation on sympathy, &c. *Lond.* 8vo.

1780 *Waterhouse, Benj. M.D.* Dissertatio de sympathia. *Lugd. Bat.* 4to.

1781 *Jackson, S. H.* A treatise on sympathy. *Lond.* 8vo.

1786 *Neufville, M. W. de*, Versuch einer praktischen abhandlung von der sympathie des verdaungssystems. *Gott.* 8vo.

1787 *Michell, J. P.* De sympathia inter caput et partes genitales (Schlegel Opusc. de sympathia, part iii.) *Lips.* 8vo.

1787 *Schlegel, J. C. M.D.* Sylloge opusculorum de sympathia. *Lips.* 8vo.

1787 *Veegens, D.* De sympathia inter ventriculum et caput (Schlegel de sympathia) *Lips.* 8vo.

1788 *Rahn, J. H. M.D.* Exercitationes de causis physicis de sympathia. *Turici.* 4to.

1795 *Rahn, J. H. M.D.* De miro inter caput et viscera abdominis commercio (Ludw. Script. Neur. iv.) *Lips.* 4to.

1797 *Veit, D.* De organorum corporis humani energia et sympathia. *Hal.* 8vo.

1803 *Chaumeton, F. P.* Essai médical sur les sympathies. *Par.* 8vo.

1803 *Gutfeldt, A. H. F.* Ueber das verhältniss der wechsellerrung, nervenwirkung, &c. *Goett.* 8vo.

* “Est etiam ulcus, quod a fici similitudine *συκοεις* a Græcis nominatur.”—Cels. lib. vi. c. 3.

1803 *Rocher-Deratte, C.* Mélanges de physiologie, &c. contenant un traité sur les sympathies. *Par.* 8vo.

1804 *Luzuriaga, J. M. R.* Von der wechselseitige thätigkeit des blutes und nervensystems. *Bruns.* 8vo.

1804 *Michell, J. P.* Ueber die mitleidenheit der geschlechtsteile mit dem kopfe. *Wien.* 8vo.

1809 *Loew, Jos.* Ueber die sympathetische wirkung der dinge. *Landrh.* 4to.

1809 *Roux, P. J.* Mémoire sur la sympathie (Mélanges de Chirurg.) *Par.* 8vo.

1810 *Dutrochet, R. H. J.* Théorie nouvelle de l'habitude et des sympathies. *Par.* 8vo.

1811 *Hufeland, F.* Ueber sympathie. *Weim.* 8vo.

1818 *Wilson, A. M. D.* Practical observations on the action of morbid sympathies. *Edin.* 8vo.

1819 *Stamffer, A. F.* Sympathie des menschen. *Constanz.* 8vo.

1821 *Monfalcon, Dict. des Sc. Méd.* (art. *Sympathie*) t. liii. *Par.*

1822 *Fodera, M.* Recherches sur les sympathies, &c. *Par.* 8vo.

1822 *Gelcen, F. M.* Des sympathies des organes du corps humain. *Par.* 8vo.

1825 *Reis, Paul,* Des sympathies considérées dans les différens appareils d'organes. *Par.* 8vo.

1828 *Adelon, Dict. de Méd.* (art. *Sympathie*) t. xx. *Par.*

SYNCOPE (LEIPOTHYMIA—LEIPOPSYCHIA.)

DERIV. *Syncope.* Gr. *συγκοπή*, fainting, sudden failure of the vital powers, literally *a cutting to pieces*, from *συγκοπῶ*, to cut or break to pieces: th. *συν*, and *κοπῶ*.

Leipothymia. Gr. *λειποθυμία*, from *λειποθυμῶ*, to faint, from *λείπω*, to leave, and *θυμός*, the soul.

Leipopsychia. Gr. *λειποψυχία*, from *λείπω*, and *ψυχή*, the soul.

Nos. SYN. *Συγκοπή*: Ægin. *Λειποψυχία*: Hipp. *Αψυχία*: Gal. *Leipothymia*: Sauv. Linn. Vog. Sag. Ploucq. *Leipopsychia*: Sauv. *Syncope*: Veget. Sauv. Sag. Vog. Junck. Cull. Good. Swed. *Animi deliquium*: Mercat. *Asthenia syncope*: Young.

VERN. SYN. Gr. *Συγκοπή*, *λειποθυμία*, *λειποψυχία*, *αψυχία*. Lat. *Syncope*, defectio virium, animi deliquium. Eng. Fainting fit, swoon. Ger. Ohnmacht, bewusstlosigkeit. Dut. Onmacht, zwyneling, flauwte, quaalykheid, hartvang, aamagtigheid. Dan. Lügfold, vanmoegtighed, afmagt, besvimelse. Sued. Däning, swimming. Fr. Défaillance, pamoison, évanouissement. Ital. Svanimento, sincope, deliquio. Span. Desmayo, desfallecimiento, desacuredo, sincope.

1618' *Albertini, Hann.* De adfectionibus cordis lib. iii. *Venet.* 4to.

1618 *Eccius, Melchior*, Positionum medicarum semicenturia de syncope. *Urtteb.* 4to.

1735 *Quege, H.* De syncope et causis eam producentibus (Hall. Disp. Anat. vii.)

1782 *Hare, J.* De syncope (Smellie Thes. iv.) *Edin.* 8vo.

1802 *Martin, H.* Nouvelle théorie de la syncope. *Par.* 8vo.

1821 *Chamberet, Dict. des Sc. Méd.* (art. *Syncope*) t. liv. *Par.*

1828 *Rochoux, Dict. de Méd.* (art. *Syncope*) t. xx. *Par.*

1834 *Ash, Cyc. of Pract. Med.* (art. *Syncope*) vol. iv. *London.*

(See HEART, DISEASES OF.)

SYPHILIS—LUES VENEREA— VENEREAL DISEASE.

DERIV. The real origin of this term is unknown, although we find numerous conjectures and theories propounded by etymological writers respecting it. Swediaur has, very clumsily, I think, imagined it to be derived from *σὺς*, a swine, and *φιλεῖν*, to love, *quasi*, the fruit of a swinish or impure congress;—others from *συν*, with, and *φιλία*, love, simply, an attendant on venereal gratification; others, again, have traced it from *σιφλος*, *disfigured*, more particularly in the face, and certainly with more probability; while a still more numerous class have adopted the classical legend of Fracastorius, and derive the name directly from a certain shepherd of king Alcithous, *Syphilis* by name, who was made the first victim of this disease as a punishment for certain sacrilegious acts of his against Sol or Apollo—

“—— à primo traxit cognomina morbus
Syphilidemque ab eo labem dixere coloni.”*

The origin of the phrases, *lues Venerea*, the venereal infliction, *morbus Venereus*, the venereal disease, *morbus Gallicus*, the French disease, &c. is sufficiently manifest.

Nos. SYN. *Syphilis*: Sauv. Linn. Vog. Sag. Cull. Darw. Pinel, Parr, Young, Swed. *Lues venerea*: Fernel. Boerh. Hoffm. Junck. Astruc. Macb. Cricht. *Syphilis venerea*: Sauv. *Scabies venerea*: Locher. *Lues syphilis*: Good. *Lues syphilitica*, *Morbus Neapolitanus*, *Morbus Gallicus*, *Morbus venereus*: Auct.

VERN. SYN. Eng. Pox, venereal disease, bad disorder, foul disease, French disease. Ger. Lustseuche, venerische krankheit, Franzosen. Dut. Venus ziekte, Spaanse pokken. Sued. Fransoser, Franska koppor. Dan. Lystsyge, Fransoser, klepholdt. Fr. Vérole, vérole commune, grande vérole; maladie vénérienne, mal de Naples. Ital. Mal Francese, lue venerea. Span. Bubas, Gallico, mal venereo.

1529 *Hock de Brackenau, Wind.* Mentagra sive tractatus de morbo Gallico vulgo *Mal Franzoss.* *Lugd.* 12mo.

1530 *Fracastorius, Hier.* Syphilis: poema. *Veronæ*, 4to.

1532 *Massa, Nic.* Liber de morbo Gallico, in quo omnes modi possibiles sanandi continentur. *Venet.* 8vo.

1555 *Macchelli, Nic.* Tractatus de morbo Gallico. *Venet.* 8vo.

1556 *Rostinio, Pietro*, Trattato di mal Francese. *Venet.* 12mo.

1566 *Luisinus, Aloysius*, Scriptorum de morbo Gallico omnes qui extant. *Ven. t.* fol.

1596 *Minadous, J. T.* Tractatus de virulentia venerea. *Venet.* 4to.

* *Syphilis*, lib. iii. p. 654. Hier. Fracast. Op. *Lugd.* 1591. 8vo.

- 1604 *Rudius, Eust.* De morbo Gallico lib. v. *Venet.* 4to.
- 1666 *Bunworth, R.* New discovery of the French disease. *Lond.* 12mo.
- 1672 *Harvey, Gid.* Of the venereal evil or French disease. *Lond.* 12mo.
- 1675 *Maynwaring, E. M.D.* History and mystery of the venereal lues. *Lond.* 8vo.
- 1684 *Abercrombius, Dav.* Tuta ac efficax luis venereæ curandæ methodus. *Lond.* 12mo.
- 1684 *Thuillier, Ch.* Observations sur les maladies vénériennes. *Rouen,* 8vo.
- 1686 *Fracastorius, Hier.* Poetical history of the French disease (transl. by N. Tate) *Lond.* 8vo.
- 1689 *Musitanus, Car.* De lue venerea lib. iv. *Neap.* 8vo.
- 1706 *Marten, John,* True and succinct account of the venereal disease. *Lond.* 12mo.
- 1716 *Cockburn, Gul.* Virulentæ gonorrhœæ symptomata, natura, &c. *Lugd. Bat.* 12mo.
- 1722 *Vercellonus, Jac.* De pudendorum morbis et lue venerea. *Lugd. Bat.* 8vo.
- 1724-39 *Turner, D.* Syphilis: a practical treatise on the venereal disease (2 parts) *Lond.* 8vo.
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- 1728 *Luisinus, Aloys. M.D.* Aphrodisiacus, sive de lue venerea, continens omnia quæcunque de hac re sunt conscripta (edit. nov.) *L. Bat.* fol.
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- 1740 *Astruc, Johan.* De morbis veneriis lib. ix. (2 vol.) *Par.* 4to.
- 1747 *Astruc, John,* A treatise on the venereal disease (transl.) 2 vol. *Lond.* 8vo.
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- 1762 *Locher, Max.* Observationes practicæ circa luem veneream, &c. *Viennæ,* 8vo.
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- 1774 *Verveer, H.* Verhandling over Venus-smet. *Rotterd.* 8vo.
- 1777 *Andree, J. M.D.* An essay on the venereal gonorrhœa. *Lond.* 8vo.
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- 1779 *Westall, H.* Observations on a new mercurial preparation for the cure of the venereal disease. *Lond.* 8vo.
- 1780 *Clare, Pet.* A new method of curing lues venerea (3rd edit.) *Lond.* 12mo.
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- 1788 *Carriere, J. F. M.D.* Recherches sur les maladies vénériennes chroniques. *Par.* 8vo.
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- 1789 *Hunter, C. G.* Aphrodisiacus, sive de lue venerea (omissa a Luisino) *Jen.* fol.
- 1792 *Houlston, W.* Sketches respecting the venereal disease. *Lond.* 8vo.
- 1793 *Bell, Benj.* A treatise on gonorrhœa and lues venerea (2 vol.) *Edin.* 8vo.
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- 1793 *Monteggia, G. B.* Annotazioni pratiche sopra i mali veneri. *Milano.* 8vo.
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1807 *Adams, Jos. M.D.* Observations on morbid poisons, syphilis, &c. *Lond.* 4to.

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1815 *Kiernan, F.* A practical treatise on the nature and treatment of the venereal disease. *Lond.* 8vo.

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1823 *Thiene, Dom.* Lettere sulla storia de' mali venerei. *Venez.* 8vo.

1824 *Boyle, J.* A treatise on syphilis. *Lond.* 8vo.

1825 *Welbank, R.* Practical commentaries on the present knowledge and treatment of syphilis. *Lond.* 8vo.

1826 *Jourdan, A. J. L. M.D.* Traité complet des maladies vénériennes (2 vol.) *Par.* 8vo.

1830 *Travers, B.* Observations on the pathology of venereal affections. *Lond.* 8vo.

1830 *Lawrence, W.* A treatise on the venereal diseases of the eye. *Lond.* 8vo.

TABES MESENERICA—MESENERIC DISEASE.

DERIV. The origin of this term is obvious. **Lat.** *tabes*, literally a wasting or melting, hence applied to consumption and other emaciating diseases.

Nos. SYN. *Atrophia mesenterica*: Hoffm. *Atrophia infantilis*: Hoffm. *Febris hectica infantum*: Sydenh. *Scrofula mesenterica*: Sauv. *Tabes scrophulosa*: Cull. *Parabysma mesentericum*: Good. *Physconia mesenterica*: Baumes, Sauv. *Pædatrophia glandularis*: Swed. *Tabes infantum*, *Pædatrophia*, *Tabes atrophica*, *Marasmus infantilis*: Auct. *Mesenteritis chronica*: Auct. Gall. Rec.

VERN. SYN. **Eng.** Mesenteric disease, mesenteric decline, atrophy. **Ger.** Darrsucht der kinder, gekröschwindsucht, atrophie der kinder. **Dut.** Teering, quynende ziekte. **Fr.** Carreau, chartré, atrophie méésentérique, ecrouelles méésentériques. **Ital.** Span. Atrofia.

1630 *Martini, M.* De morbis mesenterii abstrusioribus. *Lips.* 8vo.

1726 *Chüden, C. F.* Methodus nova præservandi et curandi atrophiam seu maciem infantum. *Salz.* 4to.

1730 *Grambs, J. J.* Anatomische beschreibung eines monstrosen gewächses am mesenterio. *Fr.* 4to.

1788 *Baumes, J. B. T. M.D.* Traité de l'amalgissement des enfans—maladie du méésentère ou carreau. *Nimes.* (2nd edit. *Par.* 1806. 8vo.)

1808 *Junceau, J. P.* Essai sur le rachitis et l'atrophie méésentérique. *Par.* 8vo.

1810 *Clarus, J. C. A.* Atrophie infantum expositio. *Lips.* 4to.

1812 *Lullier-Winslow,* Dict. des Sc. Méd. (art. *Atrophie méésentérique*) t. iv. *Par.*

1822 *Guersent,* Dict. de Méd. (art. *Carreau*) t. iv. *Par.*

1829 *Vogel,* Encyc. Wörterb. (art. *Atrophia*) b. iii. *Berl.*

1830 *Roche,* Dict. de Méd. Prat. (art. *Carreau*) t. iv. *Par.*

1834 *Joy, Cyc.* of Pract. Med. (art. *Tabes mesenterica*) vol. iv. *Lond.*

(See CHILDREN, DISEASES OF, and ABDOMEN.)

TETANUS.

DERIV. **Gr.** *τετανος*, literally *stretched, strained*, or *stiff*, but used substantively as the name of the disease, from *τιταίνω* or *τεινω*, to stretch. It has obtained particular appellations according to the particular manner in which the body is bent—viz.

Emprosthotonos. **Gr.** *εμπροσθοτονος*, or *εμπροσθοτονια*, when the body is bent forwards, from *εμπροσθεν*, forwards, and *τεινω*, to stretch.

Opisthotonos. **Gr.** *οπισθοτονος* or *οπισθοτονια*, when the body is bent backwards, from *οπισθεν*, backwards, and *τεινω*.

Pleursthotonos, from *πλευροθεν*, side-wards, and *τεινω*, when the body is bent laterally.

Trismus. **Gr.** *τρισμας*, literally gnashing of the teeth, when the flexor muscles of the jaws are chiefly affected, from *τριζω*, to grind the teeth.

Nos. SYN. *Τετανος*: Auct. **Græc.** *Cels.* *Τετανος σπασμοι*: Aret. *Tetanus*, *Opisthotonus*: Plin. *Tetanus*: Sauv. Linn. Vog. Sag. Macb. Cull. Swed. *Opisthotonos*, *Episthotonos*: Vog. *Tris-*

mus: Sauv. Linn. Sag. Cull. *Pleurosthotonus*: Strack. *Tonos trismus*: Parr. *Capistrum*: Vog. *Entonia rigida*: Young. *Entasia trismus*, *Entasia tetanus*: Good. *Catochus*: Auct.

VERN. SYN. Gr. Τίτανος, τίτανοι σπασμοί. Lat. Tetanus. Eng. Tetanus, locked-jaw, tetany. Ger. Todtenkrampf, starrkrampf, tetanos, halsstarre. Dut. Kramptrekking, spanning, halsstijfte, doodstuipen. Dan. Dødningkrampe. Swed. Kjust. Fr. Tétanos, tetanus. Ital. Tetano. Span. Tetano, envoramiento.

1708 Bilger, J. D. De tetano seu convulsione universali. Argent. 4to.

1763 Bilfinger, C. L. De tetano liber singularis. Lindav. 4to.

1763 Watson, W. Observations upon the effects of electricity applied to the tetanus. Lond. 8vo.

1764 Fermin, P. Traité des maladies fréquentes à Surinam. Maestr. 8vo.

1764 Grainger, J. M.D. An essay on the more common West India diseases. Lond. 8vo.

1771 Desportes, J. B. R. P. Histoire des maladies de Saint-Domingue (3 vol.) Par. 8vo.

1775 Cochran, Th. Observation on the use of cold-bathing in tetanus (Med. Comm. iii.) Edin. 8vo.

1777 Trnka de Krzowitz, W. M.D. De tetano commentarius. Vind. 8vo.

1778 Dazille, J. B. M.D. Observations sur le tétnos. Par. 8vo.

1781 Stark, J. C. Commentatio de tetano ejusque speciebus. Jen. 8vo.

1783 Munro, G. De tetano (Smellie Thes. iv.) Edin. 8vo.

1784 Wright, W. M.D. On the use of cold bathing in locked jaw (Med. Obs. & Inq. vi.) Lond. 8vo.

1785 Stadtmann, Dissertatio de tetano (Doe-ring i.)

1786 Anon. Projet d'instruction sur une maladie convulsive fréquente dans les colonies. Par. 8vo.

1789 Heurteloup, N. Précis sur le tetanus des adultes. Par. 8vo.

1789 Rush, B. Observations on the cause and cure of tetanus (Mem. Med. i. 1782. ii. 1789.) Lond. 8vo.

1791 Bilguer, J. U. Abhandlung vom hunds-kampf bey wunden, &c. Berl. 8vo.

1792 Worthington, R. M.D. A treatise on the dorsal spasm. Lond. 8vo.

1797 Dallas, Th. Histories of tetanic complaints (Ann. of Med. iii.) Edin. 8vo.

1798 Laurent, J. A. Mémoire clinique sur le tétnos chez les blessés. Strasb. 8vo.

1800 Anon. Bekanntmachung einer neuen curmethode des wundstarrkrampf. Tub. 8vo.

1801 Ehrmann, Nouvelle méthode de traiter le tétnos qui survient aux plaies. Mayence. 8vo.

1803 Fournier-Pescay, Fr. Du tétnos traumatique. Bruxelles, 8vo.

1803 Moseley, B. M.D. Treatise on tropical diseases (chap. on tetanus and locked-jaw) Lond. 8vo.

1804 Stütz, W. A. Abhandlung über den wundstarrkrampf. Stuttg. 8vo.

1805 Currie, Jas. M.D. Medical reports on the effects of water (chap. on cold bathing, &c. in tetanus) Lond. 8vo.

1805 Schneider, J. Abhandlung über den kinnbackenkrampf der kinder, &c. Herb. 8vo.

1809 Ward, M. Facts establishing the efficacy of opiate frictions; on hydrophobia and tetanus, &c. Manch. 8vo.

1811 Valentin, L. Coup-d'œil sur les différentes modes de traiter le tetanus. Par. 8vo.

1813 Latham, J. M.D. Cases of tetanus in consequence of wounds (Med. Trans. iv.) Lond. 8vo.

1813 Lohnes, F. H. B. De hydrargyro in febre, annexis thesibus de tetano. Tub. 8vo.

1814 Parry, C. H. M.D. Cases of tetanus and rabies canina. Lond. 8vo.

1815 McGrigor, Sir J. M.D. Sketch of the medical history of the British armies, &c. (Med. Chir. Trans. vol. vi.) Lond. 8vo.

1816 Dickson, D. J. H. Observations on tetanus (Med. Chir. Trans. vol. vii.) Lond. 8vo.

1816 McArthur, D. M.D. Letter on tetanus (Med. Chir. Trans. vol. vii.) Lond. 8vo.

1816 Morrison, John, A treatise on tetanus. Newry, 8vo.

1817 Reid, Rob. M.D. On the nature and treatment of tetanus, &c. Dub. 8vo.

1821 Fournier-Pescay, Dict. des Sc. Méd. (art. Tétanos) t. lv. Par.

1822 Meglin, M. Mémoire sur l'usage des bains dans le tétnos. Par. 8vo.

1825 Swan, Jos. An essay on tetanus. Lond. 8vo.

1828 Rochoux, Dict. de Méd. (art. Tétanos) t. xx. Par.

1835 Symonds, Cyc. of Pract. Med. (art. Tetanus) vol. iv. Supp. Lond.

THROAT, DISEASES OF—PHARYNGITIS—

CYNANCHE PHARYNGEA; — ISTHMITIS — PARISTHMITIS; — TONSILLITIS — CYNANCHE TONSILLARIS—ANTIADITIS.

DERIV. *Pharyngitis*. Gr. φαρυγξ, gen. φαρυγγος, pharynx, the interior and lower part of the throat, and the particle *itis*.

Cynanche pharyngæa. For the derivation of cynanche, see the word in letter C.—*Pharyngæa*, adj. relating to the pharynx.

Isthmitis. Gr. ισθμος, the throat, and the particle *itis*: inflammation of the throat.

Paristhmitis. Gr. παρα, about, ισθμος, and the particle *itis*: inflammation about the throat.

Tonsillitis. From Lat. *tonsillæ*, the tonsils, with the terminal particle *itis*—"denominatio damnan-da," as Kühn says, since it presents a Latin word with a Greek termination.

Cynanche tonsillaris. Gr. subst. κυναγχη, and Latin adj. *tonsillaris*. This combination is liable to the same objection as tonsillitis.

Antiaditis. Gr. αντιας, gen. -αδος, plur. αντιαδες, the tonsils, and the terminal particle *itis*. This is a word formed on better principles, but at present it is very little used.

NOS. SYN. Παρισθμία: Hipp. Gal. Παρασυναγχη, Κυναγχη, Συναγχη: Auct. Græc. *Tonsillarum inflammatio*: Cels. *Prunella*: Paracels. *Angina*: Cels. Vog. Hoffm. Juncq. *Cynanche*: Linn. Sag. Sauv. *Cynanche pharyngæa*, *Cynanche tonsillaris*: Sauv. Cull. *Angina inflammatoria*, *Dysphagia inflammatoria*: Boerh. *Isthmitis*: Ploucq. Swed. *Cynanche faucium*: Parr. *Antiaditis*, *Antiadoncus*

phlogisticus: Swed. *Cauma paristhmitis*: Young. *Empresma paristhmitis*: Good. *Angina tonsillaris*: Auct. *Pharyngitis*: Auct. Rec.

VERN. SYN. Gr. *Παρίσθμις, κυναγχή, συναγχή*. Lat. Angina. Eng. Sore throat, quinsy, squinsy. Ger. Kehlucht, halsentzündung, halsweh, bräune. Dut. Keelontsteeking, kwaade keel, worg, bruine. Dan. Halsbættendelse, halspine, halsvee, halsbrynde. Swed. Halssjuka, halstäppa, halsbrand. Fr. Mal de gorge, esquinancie, angine. Ital. Angina, mal di gola, schienanzia. Span. Mal de garganta, garotillo, esquinencia.

(For Literature, see CYNANCHE.)

TONGUE, DISEASES OF.

VERN. SYN. (Tongue.) Gr. *γλῶσσα, γλωττα*. Lat. Lingua. Eng. Tongue. Ger. Zunge. Dut. Tonge. Fr. Langue. Ital. Lingua. Span. Lengua.

1620 *Vigierus, J.* Tractatus absolutissimus de catarrho, rheumatismo, vitiis linguæ, &c. *Genev.* 8vo.

1701 *Valtherus, Dav. Chr.* De rarissima affectu glossagra. *Erford.* 4to.

1732 *Scheuchzer, J. J.* Vom fliegenden zungenkrebs, einer viehseuche. *Zurich.* 4to.

1789 *Hayes, Th.* Cases of unusual affection of the tongue (Mem. Med. ii.) *Lond.*

1791 *Breindenstein, C. H.* De morbis linguæ. *Erlang.* 8vo.

1818 *Percy & Laurent*, Dict. des Sc. Méd. (art. *Langue*) t. xxvii. *Par.* 8vo.

1827 *Guersent*, Dict. de Méd. (art. *Stomatite*) t. xix. *Par.* 8vo.

1834 *Blandin*, Dict. de Méd. Prat. (art. *Langue*) t. xi. *Par.* 8vo.

(See GLOSSITIS.)

TOXICOLOGY—POISONING.

DERIV. From *τοξικον*, a poison (plur. *τοξικα*), and *λογος*, a discourse. *Τοξικον* itself is commonly derived from *τοξον*, a bow,—either, as Dioscorides says, because barbarians were accustomed to anoint their arrows with poison; or, as others think, because poison destroys life as rapidly and certainly as an arrow from the bow; or, lastly, because Hercules dipped his arrows in the (poisonous) blood of the hydra. Some, however, are of opinion—and I own this to me seems the most probable conjecture—that the word *τοξικον* is the name of a poisonous plant, growing in Syria or Africa. (See Castelli Lexicon, in voce.)

1473 *Abano, P. de.* De venenis eorumque remediis (Hall. B. M. P. i.) *Ven.* 4to.

1492 *Ponzetti, F.* De venenis commentarius lib. iii. *Venet.* fol.

1518 *Guainerius, Ant.* Liber de venenis. *Papiae.* 4to.

1548 *Carrerius, Pet.* Quæstio de venenis. *Venet.* fol.

1557 *Arma, J. F.* De venenis. *Turin.* 8vo.

1562 *Ardoynus, Sant.* Opus de venenis. *Basil.* fol.

1564 *Cardanus, H.* De venenis lib. iii. *Basil.* fol.

1567 *Moibanus, J.* Giftgäger, sive antidotus. *Aug. Vind.* 8vo.

1568 *Grevin, J.* Deux livres des venins. *Anvers.* 4to.

1571 *Grevin, J.* De venenis libri duo gallicè scripti et in latinum conversi. *Anvers.* 4to.

1575 *Schober, J.* Schatzkammerlein wider gift. *Graetz.* 8vo.

1584 *Ewich, J. M.D.* De sagarum (quas vulgo veneficas appellant) natura, arte, &c. *Bremæ.* 8vo.

1584 *Mercurialis, Hier.* De venenis et morbis venenosus lib. iii. *Franc.* 8vo.

1586 *Baccius, And.* De venenis et antidotis *Rom.* 4to.

1587 *Fonseca, Rod. à.* De venenis eorumque curatione. *Rom.* 4to.

1597 *Uffenbach, P. de.* De venenis et morbiferis medicamentis. *Bas.* 4to.

1598 Anon. Examination and condemnation of H. Robson for poisoning his wife. *Lond.* 4to.

1603 *Bra, H. à.* De curandis venenis per medicamenta, &c. lib. ii. *Arn. h.* 8vo.

1604 *Armin, R.* Discourse of E. Caldwell who attempted to poison her husband. *Lond.* 4to.

1610 *Burggrav, J. E.* Alexipharmacum omnium venenorum. *Lugd. Bat.* 8vo.

1611 *Zuccarius, M.* Methodus occurrendi venenatis corporibus. *Neap.* 4to.

1615 *Burser, J.* Paradoxum de venenis. *Basil.* 4to.

1622 *Pona, F.* Antidotus bezoardica adversus omnia venena. *Veronæ.* 12mo.

1630 *Severinus, M. A.* De viperæ natura, veneno, medicina. *Patav.* 4to.

1634 *Pous, J.* Avertissement pour la préservation et cure contre les poisons. *Lion.* 8vo.

1636 *Castro, Rod. à.* De venenis cum eorum signis et remediis lib. iii. *Tolos.* 4to.

1645 *Ochoa, T. C.* De venenis. *Granat.* 4to.

1657 *Bulgetius, Att.* De morbis venenatis venenisque: Appendix ad librum de affectionibus cordis. *Patav.* 4to.

1661 *Bataller, J. B.* Discerptatio de signis veneni sumpti. *Origuelæ.* 8vo.

1661 *Ramsay, Walt.* *Θανασιμα και δηλητηρια*: tractatus de venenis, or a treatise of poisons. *Lond.* 12mo

1665 *Ramsay, Walt. M.D.* Life's security, or the names, natures, and virtues of all sorts of venomous and venomous things. *Lond.* 12mo.

1671 *Löber, V.* Anchora sanitatis, cui annexa est mantissa de venenis et eorum antidotis. *Frank.* 8vo.

1672 *Platt, Th.* Experiments on the poison of vipers (Phil. Trans.) *Lond.* 4to.

1676 *Quick, John.* Hell opened, being the relation of the poisoning of a whole family at Plymouth. *Lond.* 8vo.

1678 *Scharff, B.* *Τοξικολογια*, seu de natura venenorum. *Jen.* 8vo.

1684 *Newton, John.* Sermon on the burning of E. Ridgway for poisoning her husband. *Lond.* 4to.

1696 *Baglivi, Geo.* Dissertatio de morsu et effectibus tarantulæ (Opp.) *Rom.* 4to.

1708 *Linder, J.* (postea *Lindens Stolpe*), De venenis prodromus. *Lond.* 12mo.

1710 *Friccius, M.* De virtute venenorum medica. *Ulm.* 8vo.

1715 *Marshall, John.* Remarks on arsenick, considered as a poison and a medicine. *Lond.* 8vo.

1725 *Borrchius, Ol.* Oratio de venenis. *Hufnæ.* 8vo.

1727 *Etmüller, N. E.* De veneni signis et indicis. *Lips.* 4to.

- 1731 *Madden, T. M.D.* - On laurel water as a poison (Phil. Trans.) *Lond.* 4to.
- 1738 *Lanzoni, J.* De venenis liber (Opp.) *Lausan.* 4to.
- 1739 *Linder, seu Lindenstolpe, J.* De venenis in ordinem redactus liber, animadversionibus a C. G. Stenzel illustratus (ed. sec.) *Lips.* 8vo.
- 1739 *Rutty, J. M.D.* On the poison of laurel-water (Phil. Trans.) *Lond.* 4to.
- 1742 *Milward, E. M.D.* Of an antidote to the Indian poison (Phil. Trans.) *Lond.* 4to.
- 1743 *Mead, R. M.D.* Mechanical account of poisons. *Lond.* 8vo.
- 1746 *Langrish, B. M.D.* Physical experiments on brutes (on laurel-water, &c.) *Lond.* 12mo.
- 1751 *Herissant, F. D. M.D.* Experiments with the poison of lamas and tucunas (Phil. Trans. vol. xlviii.) *Lond.* 4to.
- 1752-5 *Brogiani, Dom.* De veneno animantium naturali et acquisito tractatus. *Florent.* 4to.
- 1753 *Spragel, J. A. T.* Experimenta circa venena (Hall. D. ad M. vi.) *Laus.* 4to.
- 1753 *Vari, Ign.* Della venifica indole del rame. *Ferrara.* 4to.
- 1762 *Rossi, P.* De nonullis plantis quæ po venenatis habentur. *Pis.* 4to.
- 1763 *Awsiter, J. M.D.* Essay on the effects of opium considered as a poison. *Lond.* 8vo.
- 1766 *Krapf, C.* Experimenta de nonullorum ranuncolorum venenata qualitate. *Vien.*
- 1768 *Laurent, J. N.* Synopsis reptilium emendata, cum experimentis circa venena. *Vien.* 8vo.
- 1770 *Cooke, John, M.D.* Treatise of poisons, with their cure. *Lond.* 12mo.
- 1774 *Cæls, T. P.* De Belgii plantis venenatis. *Brux.* 4to.
- 1774 *Falconer, W. M.D.* Observations and experiments on the poison of copper. *Lond.* 8vo.
- 1775 *Prestwich, John,* Dissertation on poisons, &c. *Lond.* 8vo.
- 1776 *Gmelin, J. F.* Allgemeine geschichte der gifte. *Leipz.* 8vo.
- 1777 *Carminati, B.* De animalium ex mephiticis halitibus interitu. *Laud. P.* 4to.
- 1777 *Gmelin, J. F.* Geschichte der pflanzen-gifte. *Leipz.* 8vo.
- 1777 *Gmelin, J. F.* Geschichte der mineralischen gifte. *Leipz.* 8vo.
- 1777 *Ingram, Dale, An* inquiry into the cause of the death of W. Scawen, Esq. *Lond.* 8vo.
- 1777 *Navier, P. T.* Contrepoisons de l'arsenic, du sublimé corrosif, &c. (2 vol.) *Par.* 12mo.
- 1781 *Anon.* An essay on culinary poisons. *Lond.* 8vo.
- 1781 *Fontana, Fel.* Sur les poisons et sur le corps animal (2 vol.) *Flor.* 4to.
- 1781 *Reisseisen,* Dissertatio de veneficio doloso (Doering i.)
- 1781 *Wilmer, B.* Observations on the poisonous vegetables indigenous in Great Britain. *Lond.* 8vo.
- 1783 *Logan, G.* Versuch ueber die gifte. *Petersb.* 8vo.
- 1784-98 *Bulliard, P.* Histoire des plantes vénéneuses de la France. *Par.* fol.
- 1784 *Chaussier, Fr.* Consultations médico-légales sur une accusation d'empoisonnement. *Par.* 8vo.
- 1784 *Houlston, T.* Observations on poisons. *Lond.* 8vo.
- 1784 *Percival, Thos.* Observations and experiments on the poison of lead. *Lond.* 8vo.
- 1784 *Retz, A. J.* Recherches sur les signes de l'empoisonnement. *Par.* 8vo.
- 1785 *Buchos, P. J.* Dissertation sur l'ipo, espèce de poison dont se servent les sauvages. *Par.* fol.
- 1785 *Puihn, J. G.* Materia venenaria regni vegetabilis. *Dresd.* 8vo.
- 1785 *Plenk, J. J.* Toxicologia, seu doctrina de venenis. *Vien.* 8vo.
- 1786 *Hahnemann, S.* Ueber den arsenikvergiftung, ihre hülfe, &c. *Lips.* 8vo.
- 1786 *Halle, J. S.* Gifthistorie des thier, pflanzen, und mineralreichs. *Berl.* 8vo.
- 1787 *Skinner, Jos.* A treatise on the venom of the viper, cherry-laurel, &c. (transl. from Fontana, 2 vol.) *Lond.* 8vo.
- 1787 *Wilke, G. W. C. von,* Ueber die gift-pflanzen der kräutergärten. *Hal.* 8vo.
- 1788 *Moseley, B. M.D.* On tropical diseases (poisons of serpents, &c.) *Lond.* 8vo.
- 1788 *Schulze, J. E. F.* Toxicologia veterum (Doering i.) *Hal.* 4to.
- 1790 *Boenninger,* De plantis venenatis (Doering i.) *Duisb.* 4to.
- 1790 *Fothergill, A. M.D.* Cautions on the poisons of lead and copper. *Bath.* 8vo.
- 1791 *Hamilton, R. M.D.* Practical hints on opium considered as a poison. *Ipsw.* 8vo.
- 1792 *Doelz, J. C.* Neue versuche ueber pflanzen-gifte. *Nürnb.* 8vo.
- 1792 *Kolbani, P.* Abhandlung ueber die herrschenden gifte in der kuchen. *Presb.* 8vo.
- 1792 *Schroeter, L. P.* Bemerkungen über das muttermorn. *Rinteln.* 8vo.
- 1795 *Johnstone, James, M.D.* Medical essays and observations, and an essay on mineral poisons. *Birmingham.* 8vo.
- 1795 *Marc, C. C. H.* Allgemeine bemerkungen über die gifte. *Erl.* 8vo.
- 1796 *Dunker, J. H. A.* Kurze beschreibung der gefährlichsten giftpflanzen. *Brand.* 8vo.
- 1796 *Frege, C. A.* Anleitung zur kenntniß der schädlichen und giftigen pflanzen. *Kopenh.* 8vo.
- 1796 *Russel, P. M.D.* An account of the Indian serpents and their poisons. *Lond.* fol.
- 1797 *Clark, James, M.D.* On the poison of the cassada root (Med. Facts, viii.) *Lond.* 8vo.
- 1798 *Horsfield, Th.* Experimental dissertation on the rhus verrux, &c. *Philad.* 8vo.
- 1798 *Kolbani, P.* Giftgeschichte des thierpflanzen-und mineralreichs. *Wien.* 8vo.
- 1798 *Mayer, J. C. A.* Einheimische giftgewächse. *Berl.* fol.
- 1799 *Thomas, E. M.D.* On the poison of fish (Mem. Med. v.) *Lond.* 8vo.
- 1800 *Frank, Jos.* Handbuch der toxicologie. *Wien.* 8vo.
- 1800 *Kirchseisen, J. P. G.* Beobachtungen über das muttermorn. *Allenb.* 8vo.
- 1801 *Anon.* Giftpflanzenbuch, oder die schädlichsten giftgewächse Deutschlands. *Berl.* 8vo.
- 1802 *Turtra, A. E.* Traité de l'empoisonnement par l'acide nitrique. *Par.* 8vo.
- 1803 *Frank, Jos.* Manuel de toxicologie (transl.) *Anvers.* 8vo.
- 1803 *Halle, J. S.* Die deutsche giftpflanzen, zur verhütung trauriger vorfälle. *Berl.* 8vo.
- 1803 *Paldamus, V. H. L.* Versuch einer toxicologie. *Hal.* 8vo.
- 1803 *Renault,* Expériences sur les contrepoisons de l'arsenic. *Par.* 8vo.
- 1805 *Kohlhaus, J. J.* Giftpflanzen auf stein abgedruckt. *Regensb.* 4to.
- 1807 *Chansavel,* Observations sur diverses substances vénéneuses, &c. *Bordeaux.* 8vo.
- 1807 *Orphal, W. C.* Musterung aller für giftig gehaltenen Thiere Deutschlands. *Leips.* 8vo.

- 1808 *Jaeger, G. F.* De effectibus arsenici in varios organismos. *Tub.* 8vo.
- 1809 *Ackermann, C. G.* De plumbi viribus, speciatim ejus nociva quæ sterilitatem inferat. *Norimb.* 12mo.
- 1810 *Home, Sir E.* On the poison of the rattlesnake (Phil. Trans.) *Lond.* 4to.
- 1811-12 *Brodie, B. C.* Experiments on poisons (Phil. Trans.) *Lond.* 4to.
- 1811 *Ireland, J. P.* On arsenic as an antidote to the poison of serpents (Med. Chir. Trans. ii.) *Lond.* 8vo.
- 1811 *Sage, B. G.* Moyens de remédier aux poisons végétaux, &c. *Par.* 8vo.
- 1811 *Seiler, B. W.* De nonnullorum venenorum in corpore humano effectibus. *Wittemb.* 4to.
- 1812 *Donner, C. L.* Abhandlung über die hochst verderblichen folgen des innern gebrauchs des arseniks im wechselfieber, &c. *Berl.* 12mo.
- 1813 *Puihn, J. G.* Die gifte des mineralreichs. *Lips.* 8vo.
- 1814 *Murat, J. M.* De l'empoisonnement par les substances végétales. *Strasb.* 8vo.
- 1814 *Orfila, M. P. M.D.* Traité des poisons, ou toxicologie générale (2 vol.) *Par.* (1818, 1826.) 8vo.
- 1815-17-21 *Orfila, M. P. M.D.* A general system of toxicology (2 vol. and Supp.) transl. by Waller. *Lond.* 8vo.
- 1817 *Salt, Char.* An essay on constitutional disease from morbid poisons. *Lond.* 8vo.
- 1817 *Schnabel, A.* De effectibus radicis veratri albi et hellebori nigri. *Tub.*
- 1818 *Bertrand, C. A. H. A.* Manuel médico-légal des poisons. *Par.* 8vo.
- 1818 *Chaussier, Hect.* Contrepoisons, ou moyens reconnus les plus efficaces, &c. *Par.* 8vo.
- 1818 *Meister, J. C. F.* Leitfaden zu vorlesenen ueber gifte, &c. *Bresl.* 8vo.
- 1818 *Montgurny, T. H. de.* Essai de toxicologie. *Par.* 8vo.
- 1818 *Orfila, M. P. M.D.* Secours à donner aux personnes empoisonnées, &c. *Par.* 12mo.
- 1818 *Orfila, M. P. M.D.* Directions for the treatment of persons who have taken poison (transl. by Black) *Lond.* 12mo.
- 1818 *Schuffner, L. F.* Versuch einer darstellung der arsenikvergiftung. *Berl.* 8vo.
- 1818 *Wendt, J.* Die hülfe bey vergiftungen, &c. *Bresl.* 8vo.
- 1819 *Runge, F.* De nova methodo veneficium belladonnæ, &c. explorandi. *Jena.* 8vo.
- 1820 *Billard, C. R. C.* Considérations sur l'empoisonnement par les irritans. *Par.* 4to.
- 1820 *Cloquet, Dict. des Sc. Méd. (art. Poison)* t. xliii. *Par.*
- 1820 *Hink, G.* Ueber arsenik in medicinisch-gerichtlich, &c. hinsicht. *Wien.* 8vo.
- 1820 *Kerner, J.* Neue beobachtungen ueber die vergiftungen durch den genuss geräucherter würste. *Tub.* 8vo.
- 1821 *Fodéré, Dict. des Sc. Méd. (art. Toxicologie)* t. lv. *Par.*
- 1821 *Schneider, P. J.* Ueber die gifte in medizinisch-gerichtlich, &c. beziehung. *Tub.* 8vo.
- 1823 *Christison, R. Coindet, C.* Experimental inquiry on poisoning by oxalic acid. *Edin.* 8vo.
- 1823 *Montmahon, E. S. de.* Considérations médico-légales sur une accusation d'empoisonnement par l'acétate de morphine. *Par.* 8vo.
- 1824 *Chansarel,* Nouvelle doctrine chimique, suivie d'une dissertation sur les poisons et les contrepoisons, &c. *Par.* 8vo.
- 1824 *Heller, H. S.* De la nécessité de ne point trop insister sur l'usage des excitans dans l'em-

poisonnement par l'acide hydrocyanique. *Par.* 8vo.

1824 *Krimer, W.* Anleitung zu einer hülfeleistung bei vergiftungen. *Aachen.* 8vo.

1824 *Montmahon, E. S. de,* Manuel médico-légal des poisons. *Par.* 12mo.

1825 *Molinier, M.* Rapport médico-légale contre un soupçon d'empoisonnement. *Carcas.* 8vo.

1826 *Guerin, H. de Mamers,* Toxicologie nouvelle, ou traité des poisons. *Par.* 8vo.

1827 *Orfila, Dict. de Méd. (art. Poison)* t. xvii. *Par.*

1829 *Addison, T. M.D. Morgan, J.* An essay on the operation of poisonous agents. *Lond.* 8vo.

1829 *Christison, Rob. M.D.* A treatise on poisons. *Edin.* 8vo. (2d edit. 1832.)

1830 *Mutel,* Des poisons considérés sous le rapport de la médecine. *Par.* 8vo.

1831 *Devergie, Dict. de Méd. et de Chir. Prat. (art. Empoisonnement)* t. vii. *Par.*

1834 *Apjohn, Cyc. of Pract. Med. (art. Toxicology)* vol. iv. *Lond.*

TRANSFUSION OF BLOOD.

DERIV. Lat. *transfusio*, from *trans* and *fundo*.

VERN. SYN. Gr. Μεταγγισμος. Lat. *Transfusio*. (Cels. Plin.) Eng. *Transfusion*. Ger. *Transfusion* des blutes, ueberleiten des blutes. Dut. *Bloed-bringing*. Fr. *Transfusion*. Ital. *Trasfusione*. Span. *Transfusion*.

1615 *Libavius, And.* Examen philosophiæ novæ. *Franc.* fol.

1667 *Coxe, Thom.* On bleeding a mangy dog into a sound one (Phil. Trans.) *Lond.* 4to.

1667 *Dennis, J.* Concerning the cure of diseases by transfusion of blood. *Lond.* 4to.

1667 *Gadroys, C.* Lettre pour confirmer la transfusion du sang. *Par.* 8vo.

1667 *King, Sir E. M.D.* On an easier way of transfusing blood (Phil. Trans.) *Lond.* 4to.

1667 *Montunari, G.* Pensieri sopra alcune esperienze, &c. *Bologna,* 4to.

1667 *Pet t, P. (Eutyphrontis)* De nova curandorum morborum ratione per transfusionem sanguinis. *Par.* 4to.

1667 *Tardy, Claud.* De l'écoulement de sang d'un homme dans un autre. *Par.* 4to.

1668 *Anon.* Physical reflexions about curing diseases by transfusion of blood. *Lond.* 4to.

1668 *Anon.* Recueil des observations sur la transfusion du sang, &c. *La Haye.* 12mo.

1668 *Clarek, Tim. M.D.* On the transfusion of blood, &c. (Phil. Trans.) *Lond.* 4to.

1668 *Denis, J.* Lettres touchantes la transfusion du sang. *Par.* 4to.

1668 *Lamy, Guil.* Lettre contre les prétendues utilités de la transfusion. *Par.* 4to.

1663 *Manfredi, P.* De nova et inaudita operatione, sanguinem transfundente de individuo in individuum, &c. *Rom.* 4to.

1668 *Santinelli, Bart.* Confusio transfusionis, sive confutatio operationis transfundentis sanguinem. *Rom.* 12mo.

1668 *Sorbiere, S. de,* Discours touchant la transfusion du sang. *Rouen,* 8vo.

1675 *Anon.* Relazione delle esperienze fatte in Inghilterra, &c. intorno alla transfusione. *Rom.* 4to.

1679 *Mercklinus, G. A.* De ortu et casu transfusionis sanguinis. *Nov.* 8vo.

1680 *Folli, Francesco,* Stadera medica, nella quale si bilanciano le ragioni favorevoli e le con-

trarie alla trasfusione del sangue. *Firenze*, 12mo.

1746 *Langrish, B. M.D.* Experiments on brutes, &c. *Milan*. 8vo.

1785 *Fuller, J. M.D.* Some new hints relative to the recovery of persons found drowned. *Lond.* 8vo.

1802 *Scheel, Paul*, Die transfusion des blutes und einspritzung der arzneyen in die adern. *Kopenh.* 8vo.

1813 *Pozzi, C.* Discorsi sulla trasfusione del sangue, &c. *Milan*. 8vo.

1815 *Hufeland, Ed.* De usu transfusionis sanguinis. *Berl.* 8vo.

1821 *Patissier*, Dict. des Sc. Méd. (art. *Transfusion*) t. iv. *Par.*

1825 *Waller, Ch.* Observations on the transfusion of blood. *Lond.* 8vo.

1828 *Blundell, J. M.D.* On transfusion (appended to *Ashwell* on Parturition) *Lond.* 8vo.

1828 *Rochoux*, Dict. de Méd. (art. *Transfusion*) t. xx. *Par.*

1834 *Kay*, Cyc. of Pract. Med. (art. *Transfusion*) vol. iv. *Lond.*

TUBERCLE.

DERIV. Lat. *tuberculum*, a small swelling, diminutive of *tuber*, a swelling. It is only of late years that the word has been restricted to its present meaning, of a small swelling or collection of a peculiar scrofulous matter.

1805 *Bayle, G. L.* Remarques sur les tubercules (*Journ. de Méd.* t. vi. & ix. x.) *Par.*

1817 *Dupuy, M.* De l'affection tuberculeuse. *Par.* 8vo.

1819 *Baron, J. M.D.* An inquiry respecting the tuberculated accretions of serous membranes and the origin of tubercles. *Lond.* 8vo.

1821 *Bricheteau*, Dict. des Sc. Méd. (art. *Tubercule*) t. lvi. *Par.*

1822 *Baron, J. M.D.* Illustrations of the inquiry respecting tuberculous diseases. *Lond.* 8vo.

1823 *Gendrin, A. N.* Recherches sur les tubercules du cerveau. *Par.* 8vo.

1827 *Lombard, H. C.* Essai sur les tubercules. *Par.* 4to.

1828 *Andral*, Dict. de Méd. (art. *Tubercule*) t. xx. *Par.*

1828 *Baron, J. M.D.* Delineations of the origin and progress of various changes of structure. *Lond.* 4to.

1834 *Curswell, R.* Pathological anatomy (fasc. iv.) *Lond.* fol.

1834 *Curswell*, Cyc. of Pract. Med. (art. *Tubercle*) vol. iv. *Lond.*

(See PHTHISIS and SCROFULA.)

TYMPANITES.

DERIV. Gr. *τυμπανιτης*, (also *τυμπανεις* and *τυμπανας*), from *τυμπανον*, a drum, so called from the drum-like distention of the abdomen.

Nos. SYN. *Τυμπανιτης*: Hipp. Cels. *Τυμπανιας*: Gal. *Tympanias*: Frommann. *Tympanites*: Sauv. Linn. Vog. Sag. Boerh. Juncq. Cull. Swed. *Affectio tympanitica*: Hoffm. *Meteorismus*: Sauv. Sag. *Tympanita*: Sennert. *Emphysema tympanites*: Parr. *Emphysema tympaniticum*: Young. *Emphysema abdominis*: Good. *Hydrops siccus*: Auct.

VERN. SYN. Gr. *Τυμπανιτης*, *τυμπανιας*. Lat. *Tympanites*. Eng. *Tympany*, dry dropsy, wind dropsy. Ger. *Trommelsucht*, windsucht, bungen-sucht. Dut. *Trommel-water*, wind-zugt. Dan. *Trommesyge*, vindsot, bomsot. Swed. *Vädersot*. Fr. *Tympanite*. Ital. *Timpanitide*, idiopisia secca. Span. *Timpanitis*.

1697 *Font, C. de la*, Dissertatio medica de hydropse tympanite. *Genev.* 12mo.

1727 *Blackmore, Sir R.* Dissertation on a dropsy, tympany, &c. *Lond.* 8vo.

1747 *Brendel*, Dissertatio de tympanitide (Opp. ii.) *Goett.* 4to.

1747 *Combalusier, F. de, P.* Pneumato-pathologia seu tractatus de flatulentis humani corporis affectibus. *Par.* 12mo.

1754 *Combalusier, F. de, P.* Pneumato-pathologie, ou traité des maladies venteuses. *Par.* 12mo.

1757 *Careno, J. B.* De aeris ingressu in ventriculum, &c. *Mediol.* 8vo.

1761 *Zeviani, G. E.* Trattato del flato a favore degli ipocondriaci. *Veron.* 4to.

1772 *Kadelbach, C. F.* De tympanitidis pathologia et therapeia. *Lips.* 4to.

1775 *Riem, F.* Anleitung das aufgeblähte vieh zu retten. *Berl.* 8vo.

1780 *Seeliger, M. J.* De tympanitide (Diss. Lov. ii.) *Lovan.* 8vo.

1783 *Plenker*, Dissertatio de meteorismo ejusque speciebus (Eyerell Coll. Diss. iii.) *Vienn.*

1786 *Murugi, G. L.* Le malattie flatuose *Napol.* 4to.

1788 *Flüe, Jos. (Stoll)* De tympanitide (Eyerell i.) *Vienn.* 8vo.

1788 *Tranka de Krzowitz, W. M.D.* Historia tympanitidis. *Vind.* 8vo.

1790 *Plenker, J. G. (Stoll)* De meteorismo (Eyerell iii.) *Vienn.* 8vo.

1814 *Gerardin, N. V. A.* Recherches physiologiques sur les gas intestinaux. *Par.* 4to.

1815 *Beutner, J. G.* De quibusdam præssiidiis in pneumatosi abdominali administrandis. *Heid.* 1819 *Merat*, Dict. des Sc. Méd. (art. *Météorisme*) t. xxxiii. *Par.*

1821 *Pinel & Bricheteau*, Dict. des Sc. Méd. (art. *Tympanite*) t. lvi. *Par.*

1834 *Kerr*, Cyc. of Pract. Med. (art. *Tympanites*) vol. iv. *Lond.*

(See ABDOMEN and DROPSY.)

URINARY ORGANS, DISEASES OF.

1554 *Rufus, Eph.* De vesicæ renunqque morbis fragmentum. *Par.* 12mo.

1557 *Fumanellus, Ant.* De morbis in viis urinariis contingentibus (Opp.) *Tig.* fol.

1558 *Marianus, Sanct.* De ardore urinæ et difficultate meiendi. *Venet.* 8vo.

1568 *Arcella, Just.* De ardore urinæ et stillicidio et mictu sanguinis. *Patur.* 8vo.

1609 *Baronius, Theod.* De operationis meiendi triplici læsione. *Papia.* 4to.

1611 *Venerosius, Hier.* Consultatio de urinæ stillicidio, &c. *Venet.* 4to.

1663 *Augustino, Ant.* Stranguria venerea, mercurii effectus. *Venet.* 8vo.

1696 *Gacasetti, Mich.* Consilium de stranguria. *Amsterd.* 4to.

1726 *Rutty, W. M.D.* Treatise of the urinary passages and their diseases. *Lond.* 4to.

1748 *Dibon, R.* Des rétentions de l'urine et des maladies de l'urèthre. *Par.* 4to.

- 1748 *Dibon, R.* Suite de la description, &c.—des retentions d'urine. *Par.* 8vo.
- 1754 *Lassi, Jo. Hier.* De curatione stranguriæ contumacis (Hall. D. ad M. iv.) *Laus.* 4to.
- 1763 *Agustinus, Ant.* De stranguria. *Venet.* 8vo.
- 1763 *Anauld, G.* Plain and easy instructions on the diseases of the bladder and urethra. *Lond.* 12mo.
- 1766 *Auslitz, J. M.D.* Treatise on the stone and gravel and other diseases of the urinary passages. *Lond.* 8vo.
- 1767 *Beauregard, R. de.* Nueva disertacion de las enfermedades, que se oponen a la expulsion de la orina. *Madrid.* 8vo.
- 1769 *Ludwig, C. G.* De ischuria (Adversaria medica practica) *Lips.* 8vo.
- 1783 *Van der Buesen, G.* De ischuria (Coll. Diss. Lov. iii.) *Lovan.* 8vo.
- 1784 *Trye, C. B.* Remarks on the nature and treatment of morbid retentions of urine. *Gloc.* 8vo.
- 1785 *Lafont de Freyssinet, P. P.* Réflexions sur les maladies de l'urèthre, &c. *Par.* 8vo.
- 1785-8 *Troja, Mich.* Lezioni intorno ai mali della vesica urinaria (2 vol.) *Nap.* 8vo.
- 1786 *Frank, J. P.* Oratio de vesica urinaria ex vicinia morbosæ ægrotante. *Pap.* 8vo.
- 1787 *Parizani, G.* Malattia verminosa della vesica urinaria. *Venez.* 8vo.
- 1787 *Van der Heyden, A. G.* Dissertatio de dysuria (Diss. Lovan. iv.) *Lovan.* 8vo.
- 1791 *Chopart, F.* Traité des maladies des voies urinaires. *Par.* 8vo. (1821, 2 vol.)
- 1791 *Schwartz, Commentarius* de quæstione—lotii suppressio unde? (Doering i.) *Marb.* 4to.
- 1792 *Willan, R. M.D.* Cases of ischuria renalis in children (Med. Facts iii.) *Lond.* 8vo.
- 1794 *Bonn, A.* Bemerkungen über harnverhaltung und blasenstich (transl. from the Dutch) *Leips.* 8vo.
- 1794 *Dufour, W.* A treatise on diseases of the urinary passages. *Lond.* 8vo.
- 1795 *Manzoni, Ant.* Observationes pathologicae. *Veron.* 8vo.
- 1796 *Navus, J. de.* Memorias de las enfermedades de las vias de la orina. *Madr.* 8vo.
- 1798 *Foot, Jesse.* Cases of vesicæ lotura in diseased bladder. *Lond.* 8vo. (pt. i. 1798. pt. ii. 1803.)
- 1799 *Sherwen, John, M.D.* Observations on the diseases of the urinary bladder, &c. *Lond.* 8vo.
- 1800 *Desault, P.* Traité des maladies des voies urinaires: publiée par Bichat. *Par.* 8vo.
- 1800 *Walter, F. A.* Einige krankheiten der nieren und harnblase, &c. *Berl.* 4to.
- 1801 *Brera, V. L.* Storia della malattia e della morte del Professore Spalanzani. *Pavia.* 8vo.
- 1804 *Gigini, G.* Sull' abuso della sciringa nell' ischuria vesicale. *Pavia.* 8vo.
- 1806 *Coley, J. M.* Dissertation on the ischuria vesicalis or retention of urine. *Lond.* 8vo.
- 1806 *Nauche, J.* Nouvelles recherches sur les rétentions d'urine. *Par.* 8vo.
- 1806 *Schmidt, Willib.* Ueber die krankheiten der harnblase, &c. denen männer im hohen alter ausgesetzt sind. *Wien.* 8vo.
- 1809 *Sommering, S. T.* Abhandlung ueber die todlichen krankheiten der harnblase, &c. alter männer. *Frankf.* 4to. (1822. 8vo.)
- 1810 *Nauche, J.* Des maladies de la vessie et du conduit urinaire chez les personnes avancées en age. *Par.* 8vo.
- 1812 *Larbaud, M. F.* Recherches sur le catarrh, &c. de la vessie. *Par.* 8vo.
- 1813 *Bell, Ch.* Engravings of morbid parts—urethra, vesica, ren morbosæ. *Lond.* fol.
- 1814 *Michaelis, E. F.* Abhandlung über den steinschnitt und verhalten des urins. *Marb.* 4to.
- 1816 *Howship, John,* On the diseases of the urinary organs. *Lond.* 8vo.
- 1818 *Jourdan,* Dict. des Sc. Méd. (art. Ischurie) t. xxvi. *Par.*
- 1820 *Bell, Ch.* A treatise on diseases of the urethra, bladder, &c. *Lond.* 8vo.
- 1821 *Wilson, James,* Lectures on the physiology and diseases of the urinary organs. *Lond.* 8vo.
- 1822 *Ducamp, Theod. M.D.* Traité des rétentions d'urine. *Par.* 8vo.
- 1823 *Bingham, R.* A practical essay on diseases of the bladder. *Lond.* 8vo.
- 1823 *Civiale, J.* Nouvelles considérations sur les rétentions d'urine. *Par.* 8vo.
- 1823 *Dubouchet, H.* Traité des rétentions d'urine. *Par.* 8vo.
- 1823 *Howship, J.* A practical treatise on the most important complaints that affect the secretion and excretion of the urine. *Lond.* 8vo.
- 1825-7 *Lallemant, F.* Observations sur les maladies des organes génito-urinaires (2 parts) *Par.* 8vo.
- 1827 *Roux,* Dict. de Méd. (art. Rétention d'urine) t. xviii. *Par.*
- 1828 *Krimer, W.* Ueber die radikale heilung der harnröhrenverengerungen und deren folgen, &c. *Aachen.* 8vo.
- 1828 *Segalas, P. S.* Traité des rétentions d'urine. *Par.* fol. & 8vo.
- 1834 *Guthrie, G. J.* On the anatomy and diseases of the neck of the bladder, &c. *Lond.* 8vo.
- (See CALCULUS, KIDNEYS, DISEASES OF, and URINE)

URINE, (CHIEFLY AS A SIGN.)

DERIV. The English word is probably derived immediately from the French, but ultimately, of course, from the Latin, and that as clearly from the Greek.

VERN. SYN. Gr. Ουρον, ουρημα. Lat. Urina, lotium. Eng. Urine, water, (piss). Ger. Harn, urin, wasser. Dut. Dan Swed. Pis. Fr. Urine, eau. Ital. Orina. Span. Orina, orin.

1474 *Gordon, B. de.* Liber de urinis. *Lion.* 8vo.

1494 *Ægidius,* Carmina de urinis et pulsibus. *Venet.* 4to.

1495 *Ketam, J. de.* Fasciculus medicinæ de judiciis urinarum. *Venet.* fol.

1506 *Binder, U.* Speculum videndi urinas hominum. 4to.

1512 *Anón.* The iudycyall of uryns, &c. *Lond.* fol.

1533 *Vassæus, Joannes,* De judiciis urinarum. *Lugd.* 12mo.

1546 *Cordus, E.* De abusu uroscopiæ adversus medicastros *Marp.* 8vo.

1548 *Recorde, Rob.* The urynal of physick and the judicial of urynes. *Lond.* 4to.

1551 *Vasse, Jo.* His judgment of urines, translated by H. Lhuyd. *Lond.* 8vo.

1552 *Pseudynom, (W. C.—W. Copland?)* The booke of the properties of herbes, &c. and with it a booke of seeing of vrynes, of all co-

lours that vrynes be of, with the medecynes annexed to every vryne, and every uryne his urnal. *Lond.* 8vo.

1558 *Colin, Seb.* Miroir des urines. *Poitiers*, 8vo.

1576 *Thurneisen, Leonh.* Erfindung und beschreibung des harns, &c. *Berl.* fol.

1587 *Salvianus, Salust.* De urinarum differentii, causis, et indicii. *Rom.* 12mo.

1588 *Vallesius, Fr.* De urinibus, pulsibus, ac febribus. *Aug. Taur.* 8vo.

1595 *Lopes, H. A.* El origin y nocimiento de las orinas. *Mexico.*

1605 *Fabricius, Jac.* Uroscopia, seu de urinis tractatus. *Rostoch.* 12mo.

1612 *Maius, Th.* Urinbuchlein; samt einem tractat vom urin des herren Apollinaris. *Magd.* fol.

1623 *Hart, Jas.* The arraignment of urines, &c. translated from *Forestus.* *Lond.* 4to.

1625 *Hart, Jas.* The anatomie of urines, containing the conviction and condemnation of them. *Lond.* 4to.

1637 *Brian, Thom.* The pisse prophet, or certaine pisse-pot lectures, discovering the fallacies and juggling of the pisse-pot science. *Lond.* 4to.

1656 *Hammond, Hen.* Ourography, or speculations on the excrement of the urine. *Lond.* 12mo.

1658 *Martinius, Hen.* Anatomia urinæ Galeno-spyrgica. *Franc.* 12mo.

1663 *Hayne, J.* Drey tractätlein von urinen. *Fr.* 8vo.

1667 *Prævot, J.* De urinis tractatus posthumus. *Patav.* 12mo.

1670 *Acturius, John.* De urinis lib. vii. cum dissertationibus aliorum medicorum de urinis. *Traj.* 12mo.

1670 *Font, Car. de.* Collectio operum de urinis. *Ultraj.* 8vo.

1680 *Alvey, Thos.* De urinæ materia. *Lond.* 4to.

1692 *Merret, Chr. M.D.* Some observations concerning the ordering of urines. *Lond.* 8vo.

1697 *Schmidt, J.* Uromanticus castratus. *Ultr.* 8vo.

1703 *Anon.* Compleat treatises of urines, with the right method of urinal prognostication, by T. H. *Lond.* 12mo.

1703 *Hicks, T.* A treatise of urines. *Lond.* 8vo.

1703 *Steurling, Sam.* Relationes curiosæ medicæ von den signis vom urin. *Gotha.* 8vo.

1731 *Guidotius, Th.* Theophili de urinis libellus. *Lugd. Bat.* 12mo.

1761 *Pott, J. H.* Physico-chemische abhandlung von urinsalze. *Berl.* 4to.

1761 *Rega, J. J.* Tractatus duo de urinis. *Frankf.* 8vo.

1776 *Anon.* The new method of curing diseases by inspecting the urine. *Lond.* 8vo.

1776 *Lettsom, J. C. M.D.* Observations on Dr. Mayerbach's medicines: on the impossibility of acquiring the knowledge of diseases by urine, &c. *Lond.* 8vo.

1779 *Hallé, J. N.* Observations sur les phénomènes de l'urine dans l'état de santé (Mém. Soc. Roy. de Méd.) *Par.* 8vo.

1788 *Lînk, H. F.* De analysi urinæ et origine calculi. *Goett.* 4to.

1792 *Torra, Ant.* Qualita e judicazioni del polso e della urina. *Vicenza.* 8vo.

1793 *Kortum, K. A.* Vom urin als einem zeichen in krankheiten. *Duisb.* 8vo.

1796 *Gaertner, K. F.* Observationes quædam circa urinæ naturam. *Tub.* 4to.

1799 *Fourcroy & Vauquelin,* Mémoire chimique et médicale sur l'urine (Mém. de l'Institut.) *Par.* 4to.

1803 *Loew, Jos.* Ueber den urin als diagnostisches und prognostisches zeichen. *Landr.* 8vo.

1809 *Batt, W. M.D.* De urinæ sedimentum cœruleum demittente. *Genuæ.* 8vo.

1810 *Batt, W. M.D.* Apologie des urines au sediment bleu. *Genes.* 8vo.

1810 *Brande, W. T.* On the composition of urine, &c. (Phil. Trans.) *Lond.* 4to.

1813 *Vauquelin,* Analysis of the urine of different animals (Nicholson's Journ. v.) *Lond.* 8vo.

1816 *Denis, Aug. M.D.* Recherches chimiques et médicales sur l'uroscopie ou l'art de juger par l'inspection de l'urine. *Par.* 8vo.

1817 *Marcet, A. M.D.* An essay on calculous diseases, &c. *Lond.* 8vo.

1821 *Monfalcon,* Dict. des Sc. Méd. (art. *Urine*) t. lvi. *Par.*

1821 *Percy & Laurent,* Dict. des Sc. Méd. (art. *Urine, Usage de*) t. lvi. *Par.*

1821 *Wetzlar, G.* Beyträge zur kenntniß des menschlichen harnes, &c. *Fr.* 8vo.

1825 *Prout, W. M.D.* An inquiry into the nature and treatment of diabetes, &c. *Lond.* 8vo.

1828 *Andral,* Dict. de Méd. (art. *Urine*) t. xxi. *Par.*

1834 *Bostock, Cyc.* of Pract. Med. (art. *Urine, Morbid States of*) vol. iv. *Lond.*

URTICARIA.

DERIV. From Lat. *urtica*, a nettle, from the resemblance of the eruption to that produced by this plant.

Nos. SYN. *Urticaria*: *Vog.* Cull. Willan, *Swed.* *Essera*: *Heberd.* Underw. *Febris urticata*: *Vog.* *Purpura urticata*: *Juncq.* *Scarlatina urticata*: *Sauv.* *Uredo*: *Linn.* *Erysipelas urticatum*, *Exanthesis urticaria*: *Young.* *Exanthesis urticaria*: *Good.* *Exanthema urticatum*: *Burser.* *Cnidosis*: *Ploucq.*

VERN. SYN. *Eng.* Nettlerash. *Ger.* Nessel-ausschlag, nesselieber, nesselsucht. *Dut.* Brand-netelkoorts, netelzucht. *Dan.* Nældefeber, nældesot. *Swed.* Nässelfeber. *Fr.* Fièvre ortiée, fièvre rouge pruriginente. *Ital.* Orticaria. *Span.* Ortigaria.

(For Literature, see SKIN, DISEASES OF.)

UTERUS, DISEASES OF—INFLAMMATION OF—(HYSTERITIS—METRITIS.)

DERIV. *Hysteritis.* From *ὑστέρα*, the womb, (itself the feminine of *ὑστέρος*, inferior, the womb being the lowest of the viscera,) and the particle significative of inflammation, *itis*.

Metritis. From *μῆτρα*, uterus, (from *μήτηρ*, mother,) and the particle *itis*.

Nos. SYN. *Inflammatio uteri*: *Sennert.* *Inflammatio uterina*: *Hoffm.* *Hysteritis*: *Linn.* *Vog.* Cull. *Darw.* *Swed.* *Metritis*: *Sauv.* *Sag.* *Cricht.* *Pin.* *Cauma hysteritis*: *Young.* *Empresma hysteritis*: *Good.*

VERN. SYN. *Lat.* Uteri inflammatio. *Eng.* Inflammation of the womb. *Ger.* Entzündung der Gebärmutter, Gebärmutterentzündung. *Dut.* Ontseeking in de baarmoeder, lyfmoederontsteeking. *Fr.* Inflammation de la matrice.

1480 *Bonaciolus, Ludov.* Enneas muliebris in quo uteri descriptio, conceptionis et virginitalis notæ, &c. traduntur. *Ferrara.* fol.

1556 *Montanus, J. B.* De uterinis affectibus. *Par.* 16mo.

1599 *Colutius, Phil.* De uteri querimoniis. *Rom.* 8vo.

1603 *Ulmus, M. A.* Uterus muliebris. *Bonon.* 4to.

1634 *Campolongus, Aem.* De affectibus uteri. *Par.* 4to.

1667 *Prævot, J.* De morbos uteri passionibus tractatus. *Pata.* 8vo.

1685 *Charleton, Gualt. M.D.* De causis catameniorum et uteri rheumatismo. *Lond.* 12mo.

1715 *Zerenganus, J. A.* De morbis uteri. *Lucca,* 4to.

1725 *Cochwitz, G. D. Hatzfeld, G. H.* De virgine hydropica uteri mola simul laborante (Hall. D. ad M. iv.) *Hal.*

1729 *Simson, Th.* The system of the womb, with a particular account of the menses. *Edin.* 8vo.

1750 *Schmidt, J. G.* De concrementis uteri (Hall. D. ad M. iv.) *Basil.* 4to.

1753 *D'Urban, J.* De hamorrhagia uterina (Hall. D. ad M. iv.) *Edin.* 8vo.

1754 *Kiesling, C. G.* De utero post partum inflammatio (Hall. D. ad M. iv.) *Lips.* 4to.

1754 *Ræderer, J. G. Hirschfeld, J. G. C.* De uteri schirro (Hall. D. ad M. iv.) *Gott.* 4to.

1760 *Troschel, A. G. N.* De morbis ex situ alieno uteri (Frank. Del. Opp.) *Prag.* 4to.

1788 *Cockell, W. M.D.* An essay on the retroversion of the uterus. *Lond.* 4to.

1788 *Weissenborn, J. F.* Von der umkehrung der Gebärmutter. *Erf.* 4to.

1789 *Klinge, J. H. W.* Commentatio de uteri proclitica usque pessarium. *Gott.* 8vo.

1792 *Melitsch, J.* Abhandlung von den sogenannten umbeugung der Gebärmutter. *Prag.* 8vo.

1797 *Murray, Ad.* Animadversiones in uteri retroversionem. *Upsal.* 4to.

1799 *Schwartz, A.* Commentatio de uteri degenerationibus. *Hann.* 4to.

1804 *Fries, K. J.* Abhandlung von der umkehrung oder inversion der Gebärmutter. *Munst.* 8vo.

1805 *Rees, G. M.D.* Observations on the diseases of the uterus. *Lond.* 8vo.

1810 *Merriman, S. M.D.* A dissertation on the retroversion of the womb. *Lond.* 8vo.

1816 *Nauche, Des maladies de l'uterus.* *Par.* 8vo.

1816 *Trinchinetti, G.* Osservazioni sopra la retroversione dell'utero. *Milan.* 8vo.

1816 *Wenzel, K.* Ueber die krankheiten des uterus. *Mainz.* fol.

1818 *Beyerle, F. J.* Ueber den krebs der Gebärmutter. *Mannh.* 8vo.

1818 *Newnham, W.* Essay on inversio uteri. *Lond.* 8vo.

1819 *Joerg, J. C. G.* Aphorismen ueber die krankheiten des uterus, &c. *Lips.* 8vo.

1819 *Kummer, G. F.* De uteri steatomate. *Leips.* 8vo.

1819 *Murat & Patissier, Dict. des Sc. Méd.* (art. *Matrice*) t. xxxi. *Par.*

1820 *Patricx, E. G.* Traité sur le cancer de la matrice. *Par.* 8vo.

1820 *Schmitt, W. J.* Bemerkungen ueber den zurückbeugung der Gebärmutter. *Wien.* 8vo.

1821 *Meissner, F. L.* Die dislocationen der Gebärmutter. *Lipz.* 8vo.

1823 *Eichhorn, H.* Von der zuruckbeugung der Gebärmutter. *Nurnb.* 8vo.

1824 *Siebold, A. E. von,* Ueber den Gebärmutterkrebs, dessen entstehung und verhütung. *Berl.* 8vo.

1826 *Guilbert, J. N.* Considérations pratiques sur certaines affections de l'uterus. *Par.* 8vo.

1828 *Desormeaux, Dict. de Méd.* (art. *Uterus*) t. xxi. *Par.*

1834 *Boivin, Madame, Dugès, A.* A practical treatise on the diseases of the uterus (transl. by G. O. Heming) *Lond.* 8vo.

1834 *Lee, Cyc.* of Pract. Med. (art. *Uterus, Pathology of*) vol. iv. *Lond.*

(See WOMEN, DISEASES OF.)

VACCINIA — COW-POX — VACCINE INOCULATION.

DERIV. *Vaccination*, from the *Lat.* *vacca*, a cow.

VERN. SYN. *Lat. rec.* Vaccinia, variola vaccinia, variolæ vacciniæ. *Eng.* Cow-pox, vaccine, vaccination. *Ger.* Kuhpocken, kuhpockenimpfung, schutzblattern. *Dut.* Koepokken, koepokkeninenting. *Fr.* Vaccine, vaccination. *Ital.* Vajuolo vaccino, vaccina, vajuolo peccorino, vaccinazione, inoculazione Jenneriana. *Span.* Vacuña, vacunacion.

1798 *Jenner, Ed.* An inquiry into the causes and effects of the variolæ vaccinae. *Lond.* 4to.

1798 *Pearson, G.* An inquiry concerning the history of the cow-pox, &c. *Lond.* 8vo.

1798 *Simmons, W.* Experiments on the supposed origin of the cow-pox. *Lond.* 8vo.

1799 *Jenner, Ed.* Further observations on the variolæ vaccinae. *Lond.* 4to.

1799 *Woodville, W.* Reports of a series of inoculations for the variolæ vaccinae. *Lond.* 8vo.

1800 *Aubert, A.* Rapport sur la vaccine, &c. *Par.* 8vo.

1800 *Colon, F.* Essai sur l'inoculation de la vaccine. *Par.* 8vo.

1800 *Dunning, R.* Some observations on vaccination, and the inoculated cow-pox. *Lond.* 8vo.

1800 *Jenner, Ed.* Continuation of facts and observations on the cow-pox. *Lond.* 4to.

1800 *Macdonald, A. H.* Familiar observations on the inoculation of the cow-pox. *Hamb.* 8vo.

1800 *Vaume, J. S.* Réflexions sur la nouvelle méthode d'inoculer la petite vérole avec le virus de vaches. *Par.* 8vo.

1800 *Woodville, W. Jenner, Ed.* A comparative statement of facts and observations relative to the cow-pox. *Lond.* 8vo.

1800 *Woodville, W.* Observations on the cow-pox. *Lond.* 8vo.

1801 *Aikin, C. A.* A concise view of all the most important facts which have hitherto appeared concerning the cow-pox. *Lond.* 8vo.

1801 *Brera, V. L.* Avviso al popolo sulla necessità di adattare l'innocente e non pericoloso innesto del vajuolo vaccino. *Cremon.* 8vo.

1801 *Colon, F.* Recueil d'observations et de faits, relatifs à la vaccine. *Par.* 8vo.

1801 *Loy, J. G. M.D.* An account of some experiments on the origin of cow-pox. *Whitby,* 4to.

1801 *Moreau de la Sarthe, J. L.* Traité historique et pratique de la vaccine. *Par.* 8vo.

1801 *Moulet, P. J.* Recherches sur les préjugés et les systèmes en médecine, et doutes sur la vaccine, substituée à l'inoculation de la petite vérole. *Par.* 8vo.

1801-4 *Odier, L.* Mémoire sur l'inoculation de la vaccine. *Genève.* 8vo.

1801 *Ranque, H.* Théorie et pratique de l'inoculation de la vaccine. *Par.* 8vo.

1801-3 *Ring, Jo.* A treatise of cow-pox, containing the history of vaccine inoculation, &c. (2 vol.) *Lond.* 8vo.

1801 *Sacco, Luig.* Osservazioni pratiche sull'uso del vajuolo vaccino, come preservativo del vajuolo umano. *Milan.* 8vo.

1801 *Vigarous, J. M. J.* Rapport sur l'inoculation de la vaccine. *Montpellier.* 8vo.

1802 *Bances, Diego de.* Tratado de la vacuna. *Madr.* 8vo.

1802 *Core, J. R.* Practical observations on vaccination or inoculation for the cow-pox. *Philad.* 8vo.

1803 *Chappon, P.* Traité historique des dangers de la vaccine. *Par.* 8vo.

1803 *Hallé, J. N.* Rapport de la méthode de préserver de la petite vérole par l'inoculation de la vaccine. *Par.* 4to.

1803 *Sacco, Luig.* Memoria sulla vaccina, unico mezzo per estirpare radicalmente il vajuolo umano. *Milan.* 8vo.

1804 *Dunning, R.* Minutes of some experiments to ascertain the permanent security of vaccination. *Lond.* 8vo.

1804 *Hernandez, R.* Observaciones historicas del origen, progreso y estado actual de la vacuna en Minorca. *Mahon.* 4to.

1805 *Adams, Jos.* Auswer to all the objections hitherto made against the cow-pox. *Lond.* 8vo.

1805 *Goldson, W.* Some recent cases of small-pox subsequent to vaccination. *Lond.* 8vo.

1805 *Ring, Jo.* An answer to Dr. Goldson, proving that vaccination is a permanent security against the small-pox. *Lond.* 8vo.

1805 *Ring, Jo.* An answer to Dr. Moseley, containing a defence of vaccination. *Lond.* 8vo.

1806 *Duvillard, E. E.* Analyse et tableaux de l'influence de la petite vérole sur la mortalité, &c. *Par.* 4to.

1806 *Willan, R. M.D.* On vaccine inoculation. *Lond.* 4to.

1808 *Biagini, Luig.* Rapporto storico-medico delle inoculazioni Jenneriane eseguite in Pistoja. *Firenz.* 8vo.

1809 *Brown, Thos.* An inquiry into the anti-variolous powers of vaccination. *Edin.* 8vo.

1809 *Bruni, F.* Riflessioni sopra i vantaggi della vaccina e sopra il vajuolo peccorino. *Firenz.* 8vo.

1809 *Bryce, James.* Practical observations on the inoculation of cow-pox. *Edinb.* 8vo.

1809 *Sacco, Luig.* Trattato di vaccinazione, con osservazioni sul giavardo e vajuolo pecorino. *Milan.* 4to.

1810 *Bartley, O. W.* An attempt to vindicate the practice of inoculation, &c. *Lond.* 8vo.

1810 *Brown, Th.* A correspondence with the board of the national vaccine establishment. *Musselburgh.* 8vo.

1812 *Hallé, J. N.* Exposition des faits recueillis jusqu'à présent, concernant les effets de la vaccination, &c. *Par.* 8vo.

1812 *Leese, Ed.* An explanation of the causes why vaccination has sometimes failed to prevent small-pox, &c. *Lond.* 8vo.

1816 *Ring, Jo.* A caution against vaccine swindlers and impostors. *Lond.* 8vo.

1817 *Möhl, F. M.D.* De varioloidibus et variellis. *Copenh.* 8vo.

1817 *Moore, Jas.* The history and practice of vaccination. *Lond.* 8vo.

1818 *Monro, A. M.D.* Observations on the different kinds of small-pox, especially on that which follows vaccination. *Edin.* 8vo.

1818 *Stipriaan-Luiscius, A. van.* De waarde der koepokken-inenting. *Delft.* 8vo.

1818 *Thomassen a Thuessink, E. J.* Over het beveiligend vermogen der koepokken. *Groning.* 8vo.

1819 Anon. Biblioteca vaccinica (2 vol.) *Napol.* 8vo.

1819 *Jenner, Ed.* On the varieties and modifications of the vaccine pustule occasioned by an imperfect state of the skin. *Cheltenham.* 8vo.

1820 *Blane, Gilbert.* A statement of facts tending to establish an estimate of the true value and present state of vaccination. *Lond.* 8vo.

1820 *Crosse, John.* A history of the variolous epidemic of Norwich in 1819, with an estimate of the protection afforded by vaccination. *Lond.* 8vo.

1820 *Hulbert, J. F.* Observations on variolous inoculation and vaccination. *Lond.* 8vo.

1821 *Chambon de Montaux, N.* Comparaison des effets de la vaccine avec ceux de la petite vérole, inoculée par la méthode des incisions. *Par.* 8vo.

1822 *Leman, V.* A discourse on vaccination. *Lond.* 8vo.

1822 *Thomson, J. M.D.* An account of the varioloid epidemic in Edinburgh, &c. *Lond.* 8vo.

1822 *Thomson, J. M.D.* Historical sketch of opinions on the varieties of small-pox, &c. *Lond.* 8vo.

1825 *Cribb, Jo. Jenning.* Small-pox and cow-pox. *Cambridge.* 8vo.

1825 *Ferguson, W. M.D.* Letter to Sir Henry Hallford on inoculation. *Lond.* 8vo.

1825 *Greenhow, T.* An estimate of the true value of vaccination as a security against the small-pox. *Lond.* 8vo.

1827 *Baron, J. M.D.* The life of Edward Jenner, M.D. *Lond.* 8vo.

1830 *Marshall, John.* Treatise on vaccination. *Lond.* 8vo.

1833 Anon. Report and evidence of the select committee on the Vaccine Board. *Lond.* fol.

1834 *Gregory, Cyc.* of Pract. Med. (art. Vaccination) vol. iv. *Lond.**

VARICELLA—CHICKEN-POX.

DERIV. Dr. Good says varicella is of Spanish origin, being altered from *varizella*, the diminutive, he says, of *variz*, a cutaneous tumour. It must be acknowledged, however, that this derivation is not very satisfactory. It would seem as likely to be the *Italian* diminutive of *vario* or *variola*. (See *Small-Pox*.)

Nos. SYN. *Chrystalli*: Vid. Vid. *Varicella*: Cull. Plenck, Heberd. Batem. Swed. *Variola pusilla*: Heberd. *Variola benigna*: Morton. *Variola lymphatica*: Sauv. *Pemphigus variolodes vesicularis*: Frank. *Exanthema varicella*: Parr. *Sy. ochus varicella*: Young. *Emphlysis varicella*:

* Only a few of the immense number of publications on cow-pox have been selected.

Good. *Hydrachnis*: Cusson. *Variolæ spuria*, *Variolæ lymphatica*, *Variolæ volatica*: Auct.

VERN. SYN. Eng. Chicken-pox, swine-pox, water-pox. Ger. Unachten kindspocken, falsche pocken, fliegenden pocken, windpocken, hünerspocken, schafpocken. Dut. Windpokken. Dan. Skoldekopper. Swed. Väderkopper. Fr. Vérole, vérole volante, verette. Ital. Ravaglione, rovgaglioni, varicella, morviglioni, vajuolo selvatico. Span. Viruelas locas.

(For Literature, see SKIN, DISEASES OF.)

VIGILIA—AGRYPNIA— WAKEFULNESS.

DERIV. *Vigilia*. Lat. *vigilia*, wakefulness, or rather watching, from *vigilo*.

Agrypnia. Gr. ἀγρυπνία, the same sense; by pleonasm used for αὐπνία; from α, priv. and πνις, sleep.

NOS. SYN. *Agrypnia*, *Αὐπνία*: Auct. Græc. *Vigilia*: Cels. *Agrypnia*: Sauv. Linn. Vog. Sag. Good, Swed. *Erethismus agrypnia*: Young. *Pervigilium*: Boerh. *Vigiliæ inmodicæ*, *Vigilium morbosum*: Auct.

VERN. SYN. Gr. ἀγρυπνία. Lat. *Vigilia*, insomnia, insomnietas, pervigilium, pervigilia. Eng. Wakefulness, sleeplessness. Ger. Schlaflosigkeit. Dut. Slaapeloosheid, waaken, waking. Dan. Sövnløshed. Swed. Sömlöshet. Fr. Insomnie, veille. Ital. Vegghia. Span. Vigilia, desvelo.

VOMICA.

DERIV. Lat. *vomica*, an abscess, commonly supposed to be derived from *vomo*, because it vomits or pours out its fluid contents. Triller, however, thinks that it is more probably derived from the Greek word *φύμα*, which is synonymous with the Latin *vomica*, by the formation, first, of an adjective *φύμικος*, *φύμικη*, and then taking this substantively, *φύμικη*, from which, he says, "sponte nascitur *vomica*." This is all very doubtful. Formerly the term *vomica* was applied to any internal or visceral abscess, it being only of late years that it has been restricted to abscess in the lungs.

NOS. SYN. *Vomica*: Cels. Linn. Vog. Cull. Boerh. Junck. *Apostema vomica*: Sauv. Good.

VERN. SYN. Eng. Imposthume in the lungs, abscess in the lungs. Ger. Lungengeschwür, eitersack. Dut. Longezweer, etterzak, etterbuil. Dan. Lungebyld. Swed. Lungböld, etterböld, varsäck. Fr. Vomique, abcès dans le poutmon. Ital. Vomica. Span. Vomica.

(See LUNGS, DISEASES OF, and PHTHISIS PULMONALIS.)

VOMITING.

DERIV. Lat. *vomit*, *vomitio*, *vomitum*, vomiting, from *vomito*, to keep vomiting, from *vomo*, to vomit.

NOS. SYN. Εμέσια: Hipp. *Vomit*: Cels. Sauv. Linn. Vog. Sag. *Palmus vomitus*: Young. *Emesis vomitus*: Good. *Hyperemesia*: Swed.

VERN. SYN. Gr. Εμέσις, εμέσια. Lat. *Vomit*, *vomitio*, *vomitum*. Eng. Vomiting, puking, spewing. Ger. Erbrechen, ubergeben, brechen. Dut. Braaking, spouwing. Dan. Brækning, opkastelse, spyening. Fr. Vomissement. Ital. Vomizione, vomito. Span. Vomit.

(See DYSPESIA, and STOMACH, DISEASES OF.)

WATER.

DERIV. A primitive English word.

VERN. SYN. Gr. ὕδωρ. Lat. *Aqua*. Eng. Water. Ger. Wasser. Dut. Water. Dan. Vatter. Swed. Vatten. Fr. Eau. Ital. Acqua. Span. Agua.

1527 *Vlakveld*, Joh. Galenus hydropotes elenchomenos. Dunci. fol.

1568 *Rulandus*, Mart. Hydriarium. Dillingen. 8vo.

1576 *Daça*, Alf. Dies, Los provechos y dannos de la sola bevida dell agua. Hispalí, 4to.

1576 *Micon*, Fr. Del reglo y utilidad de beber frio. Barcel. 8vo.

1591 *Herilacus*, P. Aquarium natura et facultates per v libros digesta. Colon. 8vo.

1603 *Joubert*, Laur. Traité des eaux. Par. 8vo.

1604 *Costeo*, J. De potu in morbis tractatus, in quo de aquis, &c. disseritur. Ven. 4to.

1605 *Fuscone*, P. P. Trattato del bere freddo e caldo. Genoa, 4to.

1618 *Bartholinus*, Gasp. De aquis lib. ii. Rost. 12mo.

1621 *Porras*, M. de, Breves animadversiones de nivis in potu usu. Lima, 8vo.

1622 *Schacchi*, Fr. De salubri potu. Rom. 4to.

1652 *Heyden*, H. vander, Synopsis de usu seri lactis in fluxu dysenterico, aquæ frigidæ in podagra, &c. Lond. 8vo.

1653 *Heyden*, H. vander, Physical discourses on whey, cold water, wine, and vinegar. Lond. 12mo.

1656 *Short*, Rich. M.D. Περι ψυχροποσίας, of drinking water. Lond. 8vo.

1675 *Mappus*, M. Thermoposia. Argent. 4to.

1684 *Moniglia*, J. A. De aquæ usu medico in febribus. Flor. 12mo.

1685 *Marsigli*, L. A. Della potione aquatica. Venez. 12mo.

1707 *Browne*, And. M.D. Motive of cold baths, with an advance concerning water-drinking. Lond. 8vo.

1715 *Sancassani*, D. A. La notomia dell' acqua. Rom. 8vo.

1722 *Hancocke*, John, D.D. Febrifugum magnum, or common water the best cure for fevers. Lond. 12mo.

1723 *Smith*, John, The curiosities of common water, or the advantages thereof in curing many distempers. Lond. 8vo.

1724 *Heyden*, H. vander, M.D. Arthritifugum magnum; the wonderful effects of cold water (transl. from the Latin, 2nd edit.) Lond. 8vo.

1725 *Short*, Thos. M.D. A rational discourse of the inward uses of water. Lond. 8vo.

1726 *Hancocke*, John, D.D. Febrifugum magnum, morbigugum magnum, or the grand febrifuge improved. Lond. 8vo.

1726 *Noguez*, The physical use of common water recommended from France. Lond. 8vo.

- 1727 *Crescenzo, Nic.* Ragionamenti intorno alla nuova medicina dell' acqua. *Nap.* 4to.
- 1727 *Valisneri, Ant.* Dell' uso ed abuso delle bevande calde e fredde. *Nap.* 4to.
- 1729 *Cyrillus, M.* On the use of cold water in fevers (Phil. Trans.) *Lond.*
- 1730 *Hoffmann, Fr.* Dissertatio de aqua medicina universali (Opp. t. v.) *Hal.* fol.
- 1730 *Hoffmann, Fr.* De medicina simplicissima, motu, inedia atque potu (Opp. Supp. ii.) *Hal.* fol.
- 1731 *Hoffmann, Fr.* De aquæ natura et virtute in medendo (Opp. Supp. ii.) *Hal.* fol.
- 1744 *Berkeley, G. D.D.* (Bishop of Cloyne) *Siris.* The virtues of tar-water. *Lond.* 8vo.
- 1744 *Anon.* A letter from the author of *Siris*, containing further remarks on the virtues of tar-water. *Lond.* 8vo.
- 1744 *Anon.* A letter to the Bishop of Cloyne on tar-water. *Lond.* 8vo.
- 1744 *Anon.* Anti-*Siris*, or English wisdom exemplified. *Lond.* 8vo.
- 1744 *Anon.* A cure for the epidemical madness of drinking tar-water. *Lond.* 8vo.
- 1744 *Anon.* Remarks on a letter to the Bishop of Cloyne on his treatise on tar-water. *Lond.* 4to.
- 1744 *Anon.* *Siris* in the shades; a dialogue concerning tar-water. *Lond.* 8vo.
- 1745-6 *Westphal, A.* De usu potûs ad sanitatem conservandam et restituendam. *Gryphs.* 4to.
- 1747 *Anon.* Nosologia empirica examinata, or a specimen, &c. of a pamphlet on tar-water by R. C. *Lond.* 8vo.
- 1752 *Smollet, Tobias, M.D.* Essay on the external use of water. *Lond.* 4to.
- 1754 *Bonis, Jo. Bap.* Hydroposia seu de potu aquæ in morbis lib. iv. (poema) *Nap.* 4to.
- 1756 *Lucas, C.M.D.* An essay on waters, in three parts, (simple, cold mineral, hot) 3 vols. *Lond.* 8vo.
- 1767 *Glass, Th. M.D.* A letter on small-pox and on the use of cold air and cold water in putrid fevers. *Lond.* 8vo.
- 1769 *Russel, Rich. M.D.* A dissertation on the use of sea-water, &c. *Lond.* 8vo.
- 1772 *Monnet, A. G.* Nouvelle hydrologie. *Par.* 12mo.
- 1775 *White, Rob. M.D.* The use and abuse of sea-water considered. *Lond.* 8vo.
- 1776 *Falconer, W. M.D.* An essay on the water commonly used at Bath. *Lond.* 8vo.
- 1783 *Macquart, L. C. R.* Manuel sur les propriétés de l'eau. *Par.* 8vo.
- 1788 *Jameson, Thos.* A treatise on diluents, with observations on common water. *Lond.* 8vo.
- 1790 *Lewis, Polyd. M.D.* Philosophical inquiry into the nature and properties of common water, with observations on its medicinal qualities. *Lond.* 8vo.
- 1796 *Leidenfrost, J. G.* De aquæ communis qualitibus. *Duisb.* 12mo.
- 1797 *Currie, James, M.D.* On the effects of cold water in fevers. *Liverpool.* 8vo.
- 1803 *Lambe, W. M.D.* Researches into the properties of spring water, &c. *Lond.* 8vo.
- 1805 *Currie, James, M.D.* Medical reports on the effects of water in fever, &c. (2 vol.) *Lond.* 8vo.
- 1805 *Holzmann, J. D.* Der wasserfreund. *Wien.* 8vo.
- 1805 *Stock, J. E.* Medical collections on the effects of cold water as a remedy. *Lond.* 8vo.
- 1807 *Coffier, G.* De l'eau considéré comme boisson. *Par.* 4to.
- 1811 *Nessi, Gius.* Discorso intorno all' uso dell' acqua come rimedio. *Pav.* 8vo.

- 1812 *Hallé & Nysten, Dict. des Sc. Méd.* (art. *Boisson*) t. iii. *Par.*
- 1814 *Nysten, Dict. des Sc. Méd.* (art. *Eau*) t. x. *Par.*
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- 1830 *Londe, Dict. de Méd. et de Chir.* (art. *Boisson*) t. iv. *Par.*
- 1831 *Sanson, Dict. de Méd. et de Chir.* (art. *Eau*) t. vi. *Par.*

WATERS, MINERAL.

DERIV. The term *mineral*, as applied to waters, is derived from the unclassical Latin adjective *mineralis*, signifying *metallic*, and this from the equally barbarous word *minera*, a *metallic vein*.

SYN. Aquæ minerales, aquæ medicatæ, aquæ soteriæ, (Gr. *σωτηριος*, salutaris, *ὑδατα σωτηρια*); Auct. Lat. rec. Ger. Mineralwasser. Dut. Bergwerk-wateren, mineraal-wateren. Fr. Eaux minérales. Ital. Acque minerali. Span. Aguas minerales.

1571 *Baccius, And.* De thermis lib. vii. *Venet.* fol.

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WOMEN, DISEASES OF.

SYN. (*Woman, Diseases of women.*) *Gr.* *ῥυναικος* (gen. *ῥυναικος*, from the obs. nom. *ῥυναιξ*); *ῥυναικων νοσοι*, *ῥυναικεια νοσοι*. *Lat.* Mulier, femina (less correctly); mulierum morbi, morbi muliebres. *Eng.* Woman; diseases of women, female complaints. *Ger.* Frau, frauenzimmer, weib; krank-

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WORMS—VERMES—ENTOZOA— VERMINATION.

DERIV. The English and Dutch *worm* and the Latin *vermis* are probably derived from the same original source. The disease implying the pre-sence of these animals in the human body, is fre-quently indicated by the plural of the vernacular term.

Entozoa, a modern term, is derived from the Gr. εντος, within, and ζωα, plural of ζωον, an animal, quasi inside-animals.

Vermination, Lat. *verminatio*, a breeding of worms, from *vermino*, to breed worms, from *ver-mis*.

Nos. SYN. *Verminatio*: Plin. *Helminthia*: Good. *Parasitismus intestinalis*: Young. *Hel-minthiasis*: Swed.

VERN. SYN. Gr. *Σκωληκωσις*. Lat. *Verminatio*. Eng. Worms, invermination. Ger. Würmer, wurm-sucht. Dut. Wormen. Dan. Orme. Swed. Maskar. Fr. Vers. Ital. Vermi. Span. Gusanos.

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YAWS—FRAMBÆSIA.

DERIV. *Yaw*, or *yaws*, is said to be the African name for *raspberry*, and was given to the disease by the natives of Africa from the supposed resemblance of the eruption to the fruit.

Frambesia is a sort of Latinised form of the French word for the same fruit, *framboise*, and was applied to the disease by the French nosologists after translating the name into their own language.

NOS. SYN. *Frambæsia*: Sauv. Sag. Cull. Ploucq. Batem. *Phymatosis frambæsia*: Young. *Anthracia rubula* (from *rubus*, the raspberry): Good. *Lepra fungifera*: Cartheus. *Thymiosis* (θυμωσις, a kind of warty tumour): Swed.

VERN. SYN. *Afric.* *Yaw*, *yaws*, *gattoo*. *Amer.* *Pian*, *epian*. *Eng.* *Yaws*. *Ger.* Schwammformige aussatz, beerschwamm. *Fr.* *Pian*. *Ital.* *Framboasia*. *Span.* *Frambuesa*.

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